**APDA Healthcare Communication Graph**

By using the **APDA Healthcare Communication Graph** you will be able to consistently track important PD symptoms. This tool will allow you to identify any changes in symptoms and make visits with your healthcare professionals focused and productive.

**How to Use This Tool**

On the following page, you will be asked to rate how you feel in several specific areas.

The areas of focus are:

|  |  |
| --- | --- |
| **Motor Symptoms:*** Tremor
* Rigidity
* Balance/Walking difficulties
* Motor fluctuations/dyskinesia
 | **Non-Motor Symptoms:*** Fatigue/Sleep disturbances
* Anxiety/Depression/Memory
* Swallowing
* Gastrointestinal Issues/Constipation
* Sexual concerns
* Hallucinations
* Delusions
 |



Please think about how you have been feeling and rate each category on a scale of 0 (Never) to 5 (Always). You may also want to ask your care partner for their input in helping to identify the symptoms you have been experiencing.



**APDA Healthcare Communication Graph**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please rate how the following symptoms affect your daily function on a scale from 0 to 5. \***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **0 Never** | **1 Rarely** | **2 Occasionally** | **3 Sometimes** | **4 Frequently** | **5 Always** |
| TREMOR - Involuntary movement at rest. |  |  |  |  |  |  |
| RIGIDITY - Tightness or stiffness of the limbs or torso. |  |  |  |  |  |  |
| BALANCE / WALKING DIFFICULTIES - Taking small or slow steps; a shuffling gait; decrease in the natural swing of the arms. |  |  |  |  |  |  |
| MOTOR FLUCTUATIONS / DYSKINESIA - "On" and "off" periods of controlled motor symptoms; sudden, uncontrollable, movements |  |  |  |  |  |  |
| FATIGUE / SLEEP DISTURBANCES - Difficulty falling asleep or staying asleep; vivid dreams; daytime sleepiness. |  |  |  |  |  |  |
| ANXIETY / DEPRESSION / MEMORY - Feeling nervous or irritable; feeling sad, empty and hopeless; loss of pleasure in things you once enjoyed; problems with thinking, word finding, and judgment. |  |  |  |  |  |  |
| SWALLOWING - Difficulty swallowing; drooling; excessive saliva in the mouth. |  |  |  |  |  |  |
| GASTROINTESTINAL ISSUES / CONSTIPATION - Nausea; vomiting; diarrhea; infrequent bowel movements. |  |  |  |  |  |  |
| SEXUAL CONCERNS - Changes in sexual desire; erectile dysfunction. |  |  |  |  |  |  |
| HALLUCINATIONS - Seeing, hearing or sensing things that are not there. |  |  |  |  |  |  |
| DELUSIONS - Believing things that are not true, e.g. your partner is stealing your money. |  |  |  |  |  |  |

*\* Indicates Required Field*