## Wearing Off Questionnaire



MARY'S EXAMPLE	Experience Symptoms	Usually improves After my next dose
1. Tremor	$\checkmark$	$\checkmark$
2. Difficulty in speech	$\checkmark$	4
3. Anxiety	4	
, , , ,		nly tremor improves after next dose of medication

Please tick in column 1 any symptoms that you currently experience during your normal day. Please also tick the box in column 2 if this symptom usually improves or disappears after you take a dose of your Parkinson's medication.

	Experience Symptoms	Usually improves After my next dose
1. Tremor		
2. Difficulty in speech		
3. Anxiety		
4. Experience sweating		
5. Mood changes		
6. Weakness		
7. Problems with balance		
8. Slowness of movement		
9. Reduced dexterity		
10. Numbness		
11. General stiffness		
12. Experience panic attacks		
13. Cloudy mind/dullness thinking		
14. Abdominal discomfort		
15. Muscle cramping		
16. Difficulty getting out of the chair		
17. Experience hot and cold		
18. Pain		
19. Aching		

 $\label{thm:control_problem} We aring \ Off \ Question naire \ courtesy \ of \ Dr. \ Mark \ Stacy, \ Duke \ University$ 

Please list any other symptoms that you		
find troublesome.		
	C I	
Please list the symptoms that you	u fina	
the <i>most</i> troublesome.		
For assistance in completing this		
For assistance in completing this		
form, please see the diagram on	tne	
following page.		
	A Typical Da	
Symptoms Wearing-Off Period adequately	,,	

## **Wearing Off Questionnare**



## **Typical Pattern of Wearing-Off During the Day**

