

# Identifying changes in my Parkinson's

Parkinson's will change over time.  
Often the changes are subtle and you may not notice them.

The following checklist may help you identify these changes.  
Complete the checklist every 9 to 12 months. Discuss the changes with your doctor.

**YES NO**

- | <b>YES</b>               | <b>NO</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you tired most of the day?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have numbness, tingling or aching?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you often constipated?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or your care partner noticed changes in your thinking, e.g., solving problems or remembering things?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Have people mentioned they have difficulty understanding you when you speak?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have problems swallowing or choking on your food?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you suddenly "dozed off" while engaged in an activity (e.g., eating a meal or having a conversation)?           |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your handwriting changed in the last 6 months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you fallen down in the last 6 months? If so, how many times?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you "freeze" (stop suddenly) when walking?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or your care partner noticed changes in your ability to drive the car?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your partner noticed you are having violent dreams?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel sad for several days at a time?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing changes with sexual function (e.g., no interest/performance/or "hyper" interest)?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Do your medications take a longer time before they start working?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you noticed your medications work for a shorter period of time?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have urinary problems?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel light-headed or dizzy when you get up from a chair or bed?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or your care partner noticed that you are shopping more often or have a keen desire to buy lottery tickets? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you noticed a change in your sense of smell?  |

**CHECKLIST**



This checklist is from our information sheet Parkinson's medications – what you need to know!

For more information or additional resources call 1-800-565-3000 or visit [parkinson.ca](http://parkinson.ca).