NEUROLOGIE
Hirschbichler

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Movement chart

Recording on and off periods across the day in Parkinson's disease

NAME _____ DATE OF BIRTH _____ PERIOD FROM – TO _____

KEY — PLEASE COMPLETE FOR EACH HOUR
ON = moving well · OFF = stiff, slow, hard to move · DYS = excessive movements (dyskinesia) · S = asleep

Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Notes
00:00								
01:00								
02:00								
03:00								
04:00								
05:00								
06:00								
07:00								
08:00								
09:00								
10:00								
11:00								
12:00								
13:00								
14:00								
15:00								
16:00								
17:00								
18:00								
19:00								
20:00								
21:00								
22:00								
23:00								

How to fill this in

For every hour of the day, enter the state that applies: ON, OFF, DYS or S.
Use the Notes column for anything notable — freezing, falls, meals, physical exertion.
Please keep this for 7 consecutive days — a full week reveals patterns that single days cannot show.
Please bring the completed chart to your appointment together with your list of medication.

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Medication & associated symptoms

Additional record to accompany the movement chart

Current medication

Medicine	Active substance	Dose	Times taken	Since when	Comment

Associated symptoms during the recording period

Symptom	Never	Rarely	Several times per week	Daily	Comment
Freezing (suddenly unable to move when walking)					
Falls or near-falls					
Dizziness on standing up					
Swallowing difficulties					
Disturbed sleep / vivid dreams					
Daytime sleepiness					
Constipation					
Bladder problems					
Mood changes / lack of drive					
Memory or concentration problems					
Hallucinations or seeing things that are not there					

How to fill this in

Please list all medication, including over-the-counter preparations and food supplements.
Hallucinations are a common symptom and can be treated well. Please mention them openly.
If you have had falls, please note how often and in what circumstances — this matters for adjusting treatment.