

Patient Name: _____ Date: _____

I am a patient

I am a care partner

HOW DO DYSKINESIA AND *OFF* TIME IMPACT DAILY LIFE?

Discussing these motor complications with a healthcare provider isn't always easy. This form can help guide the conversation.

UNDERSTANDING THE DIFFERENCE BETWEEN DYSKINESIA AND *OFF* TIME¹⁻³

Dyskinesia is a side effect of levodopa and other Parkinson's disease medications. It's defined by uncontrolled, involuntary movement of the face, arms, legs, or trunk that can cause:



Body Swaying



Head Bobbing



Twitching/Fidgeting/
Rapid Jerking



Rhythmic, Dance-like
Movements

During **OFF time**, Parkinson's disease medication isn't working optimally and motor fluctuations occur, such as:



Muscle Stiffness
(Rigidity)



Slowed Movement/
Stillness



Resting Tremor



Balance Issues/
Coordination

CONTINUE FORM →

Mark the boxes below to indicate if and when the following activities have become difficult due to dyskinesia or OFF time. (Check all that apply.)^{1,4}

	MORNING	MIDDAY	EVENING	Which issue is affecting the activity? -D for dyskinesia -OT for OFF time -B for both
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Getting things out of pockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chewing/swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing/buttoning clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing/typing/phone dialing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work-related tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiating movement/walking/exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attending social events/special moments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balance issues/maintaining posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What emotions are felt when experiencing these challenges?	<input type="checkbox"/> Anxiety <input type="checkbox"/> Embarrassment <input type="checkbox"/> Frustration <input type="checkbox"/> Isolation <input type="checkbox"/> Other			

I am interested in learning about treatments that may help with dyskinesia and OFF time: Yes No

QUESTIONS TO ASK YOUR HEALTHCARE PROVIDER:

- How can someone tell if they're experiencing dyskinesia or a symptom of Parkinson's disease, like a tremor?
- Will continuing levodopa treatment eventually lead to dyskinesia?
- What are some ways to better observe and track dyskinesia and OFF time?
- Dyskinesia and OFF time are interfering with daily activities. What are the treatment options?

Take the first step in managing dyskinesia and OFF time by showing this completed form to a healthcare provider.

REFERENCES: 1. Unified Dyskinesia Rating Scale (UDysRS). International Parkinson and Movement Disorder Society. https://www.movementdisorders.org/MDS-Files1/PDFs/UDysRS_English_FINAL.pdf. Accessed July 12, 2022. 2. About Parkinson's Symptoms. The Michael J. Fox Foundation. <https://www.michaeljfox.org/symptoms>. Accessed July 12, 2022. 3. Dyskinesia. Parkinson's Foundation. <https://www.parkinson.org/Understanding-Parkinsons/Symptoms/Movement-Symptoms/Dyskinesia>. Accessed July 12, 2022. 4. MDS-UPDRS, Movement Disorder Society-Unified Parkinson's Disease Rating Scale. https://www.movementdisorders.org/MDS-Files1/PDFs/Rating-Scales/UDysRS_English_FINAL.pdf Accessed July 21, 2022.

