

# Your daily experience tracker

Record how each day goes. It'll help you and your doctor better manage your condition. It'll also help you build a routine as you become more familiar with your treatment.

## Use

VYALEV is a prescription medicine used for treatment of advanced Parkinson's disease in adults. VYALEV contains two medicines, foscariodopa and foslevodopa.

## Select Safety Information

**Do not use VYALEV** if you take or have taken a nonselective monoamine oxidase (MAO) inhibitor within the last 14 days. Ask your healthcare provider if you are not sure if you take an MAO inhibitor.

Please see Patient Instructions for Use that came with your drug vials, pump,\* and supplies from your Specialty Pharmacy.\*

Please see additional Important Safety Information on [page 3](#) and [page 60](#).

Please see accompanying full [Prescribing Information](#), including [Medication Guide](#), and talk to your doctor.



## Why share this with your doctor?

You're unique. Your treatment will be, too. It's important to track how you're doing. This helps your doctor understand your successes and challenges. It can also help guide your prescribed treatment plan.

## Why add tracking to your daily routine?

It's often harder to remember details after a few days. But if you write down how you feel in the moment, you won't forget.

## What can you track?

It's important to track ordinary activities. You might also record your key experiences.

## Key terms

### “On” time

When your medication is working well.

### “On” time with troublesome dyskinesia

When your medication is helping, but you're having some bothersome extra movements you don't have control over.

### “Off” time

When your medication is not working well or is no longer helping with mobility, slowness, stiffness, and tremor.

\*A Specialty Pharmacy is a type of pharmacy that handles medication for conditions like advanced Parkinson's. These medications often need special storage and processing.

**Please see additional Important Safety Information on [page 3](#) and [page 60](#). Please see accompanying full [Prescribing Information](#), including [Medication Guide](#), and talk to your doctor.**



## Doctor discussion notes

Have other thoughts about your experiences? Write them down in the notes section on [page 59](#) of this tracker. That way, you'll remember to talk to your doctor about them. You might take notes on how your routine is going and how you've been feeling.



## Use

VYALEV is a prescription medicine used for treatment of advanced Parkinson's disease in adults. VYALEV contains two medicines, foscariidopa and foslevodopa.

## Important Safety Information

### What is the most important safety information I should know about VYALEV™ (foscariidopa/foslevodopa)?

Do not take VYALEV if you currently take or have recently taken (within the last 14 days) a medication for depression called a nonselective monoamine oxidase (MAO) inhibitor. Ask your healthcare provider or pharmacist if you are not sure if you take an MAO inhibitor.

**Tell your healthcare provider about all your medical conditions and the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. When used together, VYALEV and certain other medicines, including medications for high blood pressure, MAO inhibitors, antipsychotics, metoclopramide, and isoniazid, may affect each other and cause serious side effects.**

**VYALEV may cause other serious side effects. Talk to your healthcare provider before starting VYALEV and while on VYALEV if you have had or have any of the following:**

- **Falling asleep without warning during normal daily activities.** VYALEV may cause you to fall asleep while you are doing daily activities, such as driving, which may result in an accident. This can happen as late as 1 year after you start VYALEV. Do not drive or operate machinery until you know how VYALEV affects you. Tell your healthcare provider if you take medicines that can make you sleepy, such as sleep medicines, antidepressants, or antipsychotics.
- **Seeing, hearing, or feeling things that are not real (hallucinations). This is a common and sometimes serious side effect.**
- **Unusual urges.** Some people taking medicines for Parkinson's disease, including VYALEV, have reported problems, such as gambling, compulsive eating, compulsive shopping, and increased sex drive.

**Please see accompanying full Prescribing Information, including Medication Guide, and talk to your doctor.**

- **Infusion Site Reactions and Infections.** Some people using VYALEV have had reactions and infections at the infusion site. **This is a common and sometimes serious side effect.** Remove your cannula and **call your healthcare provider if you have any of the following symptoms of an infection:** local spreading of redness, pain, swelling, warmth, change in color when pressing area, or fever. Take oral carbidopa/levodopa tablets until you are able to resume VYALEV.
- **Uncontrolled sudden movements (dyskinesia). This is a common and sometimes serious side effect.** If you have new dyskinesia or your dyskinesia gets worse, tell your healthcare provider. This may be a sign that your dose of VYALEV or other Parkinson's medicines may need to be adjusted.
- **Heart attack or other heart problems.** Tell your healthcare provider if you have had increased blood pressure, a fast or irregular heartbeat, or chest pain.
- **Worsening of the increased pressure in your eyes (glaucoma).** The pressure in your eyes should be checked after starting VYALEV.

**Do not stop using VYALEV or change your dose unless you are told to do so by your healthcare provider. Tell your healthcare provider if you develop withdrawal symptoms, such as fever, confusion, or severe muscle stiffness.**

These are not all the possible side effects of VYALEV. For more information, ask your healthcare provider or pharmacist.

VYALEV (foscariidopa and foslevodopa) injection for subcutaneous use is available in a 120 mg foscariidopa and 2,400 mg foslevodopa per 10 mL (12 mg foscariidopa and 240 mg foslevodopa per mL) solution.

**Please see the full Prescribing Information, including Medication Guide, for additional information about VYALEV. Talk to your healthcare provider if you have questions.**

**You are encouraged to report negative side effects of prescription drugs to the FDA.**

Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**If you are having difficulty paying for your medicine, AbbVie may be able to help.**

Visit [AbbVie.com/PatientAccessSupport](http://AbbVie.com/PatientAccessSupport) to learn more.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
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"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

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- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

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Disease medication: \_\_\_\_\_

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Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

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Activities/Exercise

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Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

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Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
----------------------	----	----	----------------------	----	----

**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.



Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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- Activities/Exercise
- Falls
- Bowel movements/Constipation
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#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
----------------------	----	----	----------------------	----	----

**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.



Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
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- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.



Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
----------------------	----	----

### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

AM PM

AM PM

**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

AM PM

AM PM

**Extra dose** Discuss with your doctor if you're using more than 2 per day

AM PM

AM PM

AM PM

AM PM

AM PM

### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

AM PM

#### Used low rate

AM PM

AM PM

AM PM

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.



Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

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Today's date: \_\_\_\_\_

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Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

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----------------------	----	----

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Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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- Activities/Exercise
- Falls
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- Dyskinesia
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- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

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Today's date: \_\_\_\_\_

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Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

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Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

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----------------------	----	----

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Pump base flow rate: \_\_\_\_\_

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	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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### What else happened today?

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- Activities/Exercise
- Falls
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- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
----------------------	----	----

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Today's date: \_\_\_\_\_

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Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
----------------------	----	----	----------------------	----	----

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
----------------------	----	----	----------------------	----	----

<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.



Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
----------------------	----	----	----------------------	----	----

**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
----------------------	----	----

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
----------------------	----	----	----------------------	----	----

**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

AM PM

AM PM

**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

AM PM

AM PM

**Extra dose** Discuss with your doctor if you're using more than 2 per day

AM PM

AM PM

AM PM

AM PM

AM PM

### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

AM PM

#### Used low rate

AM PM

AM PM

AM PM

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

<input type="text"/>	AM	PM
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Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
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----------------------	----	----

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Today's date: \_\_\_\_\_

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Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM						AM											
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
----------------------	----	----

#### Used low rate

<input type="text"/>	AM	PM
----------------------	----	----

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Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

## How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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## What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/  
Constipation
- Dyskinesia
- Tremor
- Stiffness

### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

## How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's

Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

### Syringe change

 AM PM

 AM PM

**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

 AM PM

 AM PM

**Extra dose** Discuss with your doctor if you're using more than 2 per day

 AM PM

 AM PM

 AM PM

 AM PM

 AM PM

## What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

Activities/Exercise

Falls

Bowel movements/  
Constipation

Dyskinesia

Tremor

Stiffness

### Used high rate

 AM PM

### Used low rate

 AM PM

 AM PM

 AM PM

Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.



Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Cannula** Change at least every 3 days, or more frequently (e.g., every other day or daily) as directed by your doctor

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

Check any of the options below. Feel free to write down more details in the back of this book.

- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.

Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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- Activities/Exercise
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#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
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Today's date: \_\_\_\_\_

### How are you feeling?

Check the boxes to keep track of your daily experiences. If you're unsure of the exact time, it's okay to estimate.

Pump base flow rate: \_\_\_\_\_

Other Parkinson's Disease medication: \_\_\_\_\_

	AM						PM											AM						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
"On" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"On" time with troublesome dyskinesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Off" time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Infusion routine

Keep track of when you replace your syringe. Write the time you change your cannula or give yourself an extra dose.

#### Syringe change

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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**Extra dose** Discuss with your doctor if you're using more than 2 per day

<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM	<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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### What else happened today?

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- Activities/Exercise
- Falls
- Bowel movements/Constipation
- Dyskinesia
- Tremor
- Stiffness

#### Used high rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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#### Used low rate

<input type="text"/>	AM	PM
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<input type="text"/>	AM	PM
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Extra dose, high rates, and low rates may not be enabled on your pump. Call your doctor if you are unsure.



## Use

VYALEV is a prescription medicine used for treatment of advanced Parkinson's disease in adults. VYALEV contains two medicines, foscariodopa and foslevodopa.

## Important Safety Information

### What is the most important safety information I should know about VYALEV™ (foscariodopa/foslevodopa)?

Do not take VYALEV if you currently take or have recently taken (within the last 14 days) a medication for depression called a nonselective monoamine oxidase (MAO) inhibitor. Ask your healthcare provider or pharmacist if you are not sure if you take an MAO inhibitor.

**Tell your healthcare provider about all your medical conditions and the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. When used together, VYALEV and certain other medicines, including medications for high blood pressure, MAO inhibitors, antipsychotics, metoclopramide, and isoniazid, may affect each other and cause serious side effects.**

**VYALEV may cause other serious side effects. Talk to your healthcare provider before starting VYALEV and while on VYALEV if you have had or have any of the following:**

- **Falling asleep without warning during normal daily activities.** VYALEV may cause you to fall asleep while you are doing daily activities, such as driving, which may result in an accident. This can happen as late as 1 year after you start VYALEV. Do not drive or operate machinery until you know how VYALEV affects you. Tell your healthcare provider if you take medicines that can make you sleepy, such as sleep medicines, antidepressants, or antipsychotics.
- **Seeing, hearing, or feeling things that are not real (hallucinations). This is a common and sometimes serious side effect.**
- **Unusual urges.** Some people taking medicines for Parkinson's disease, including VYALEV, have reported problems, such as gambling, compulsive eating, compulsive shopping, and increased sex drive.

- **Infusion Site Reactions and Infections.** Some people using VYALEV have had reactions and infections at the infusion site. **This is a common and sometimes serious side effect.** Remove your cannula and **call your healthcare provider if you have any of the following symptoms of an infection:** local spreading of redness, pain, swelling, warmth, change in color when pressing area, or fever. Take oral carbidopa/levodopa tablets until you are able to resume VYALEV.
- **Uncontrolled sudden movements (dyskinesia). This is a common and sometimes serious side effect.** If you have new dyskinesia or your dyskinesia gets worse, tell your healthcare provider. This may be a sign that your dose of VYALEV or other Parkinson's medicines may need to be adjusted.
- **Heart attack or other heart problems.** Tell your healthcare provider if you have had increased blood pressure, a fast or irregular heartbeat, or chest pain.
- **Worsening of the increased pressure in your eyes (glaucoma).** The pressure in your eyes should be checked after starting VYALEV.

**Do not stop using VYALEV or change your dose unless you are told to do so by your healthcare provider. Tell your healthcare provider if you develop withdrawal symptoms, such as fever, confusion, or severe muscle stiffness.**

These are not all the possible side effects of VYALEV. For more information, ask your healthcare provider or pharmacist.

VYALEV (foscariodopa and foslevodopa) injection for subcutaneous use is available in a 120 mg foscariodopa and 2,400 mg foslevodopa per 10 mL (12 mg foscariodopa and 240 mg foslevodopa per mL) solution.

**Please see the full Prescribing Information, including Medication Guide, for additional information about VYALEV. Talk to your healthcare provider if you have questions.**

**You are encouraged to report negative side effects of prescription drugs to the FDA.**

Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**If you are having difficulty paying for your medicine, AbbVie may be able to help.**

Visit [AbbVie.com/PatientAccessSupport](http://AbbVie.com/PatientAccessSupport) to learn more.