

Sample Efficacy and Side Effects Diary

Below you will find a sample diary to help you track the effectiveness of your medications at different times of the day. Each hour, check the appropriate box: off, on, or on with dyskinesias. Then, list symptoms or side effects you are experiencing at that time, and any medications you have taken that hour. Share your diary with your physician when appropriate.

Time	Off	On	On with dyskinesias	Symptoms or side effects this hour	Medication taken this hour
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
12:00 pm					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					
7:00 pm					
8:00 pm					
9:00 pm					
10:00 pm					