Parkinson’s Anxiety & Stress Inventory

Anxiety is a part of life. Anxiety can become a chronic problem leading to excessive concern, pre-occupation, physical and emotional stress. Physical problems worsened by chronic anxiety include problems with sleep, cognitive functions, mood, fatigue, digestion, appetite, headache, or pain, palpitations, breathing problems. Treating anxiety can improve how you feel, cope, and lessen many of the physical symptoms of your condition. Be sure to talk with your healthcare provider about problems you are having with anxiety or stress and potential treatment.

**Stress Triggers.** Keep a diary of when you feel the most stressed. Can you identify circumstances, activities or times of the day that add to your stress or anxiety? List these triggers here.

1. ___________________________________________________________________________________

2. ___________________________________________________________________________________

3. ___________________________________________________________________________________

4. ___________________________________________________________________________________

**Stress Symptoms.** Think about how you feel when you are stressed or anxious. Does stress of anxiety affect any of the problems listed below? If so, describe the changes in your body or activity that occur. Also rate these changes on a scale from 0 to 10 (0= no problem, 10= most severe problem).

<table>
<thead>
<tr>
<th>Problem Area</th>
<th>Severity 0 to 10</th>
<th>Describe problem, change in activity, body part that is affected (Use separate sheet if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tremor</td>
<td></td>
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<table>
<thead>
<tr>
<th>Muscle tightness or spasm</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Speech or swallowing</td>
<td></td>
</tr>
<tr>
<td>Freezing</td>
<td></td>
</tr>
<tr>
<td>↑ Sleep</td>
<td></td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td></td>
</tr>
<tr>
<td>Trouble staying asleep</td>
<td></td>
</tr>
<tr>
<td>↑ Fatigue</td>
<td></td>
</tr>
<tr>
<td>Affects exercise or activities</td>
<td></td>
</tr>
<tr>
<td>↑ Nausea, Indigestion, Change appetite</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Dizziness, palpitations or sweating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive such as trouble concentrating, memory, distractibility</td>
</tr>
<tr>
<td>Emotional such as depression, negativity, hopelessness, or sense of doom</td>
</tr>
<tr>
<td>Social activities such as withdrawal or decreased engagement in activities</td>
</tr>
</tbody>
</table>

**Changes you are already making to reduce stress.** Think about what helps you deal with stress and write down what has worked for you.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

**Have you tried counseling, meditation, yoga, guided imagery or deep breathing exercises?** Yes  No

**How can you add these relaxation strategies to each day?**
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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**Diet and Supplements:**

- Caffeine, energy drinks. Cups per day ________
- Servings of fruits and vegetables eaten daily ______
- Make a list of all processed foods or sweets eaten over the last 3 days.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What steps can you take to improve your diet?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

**Exercise:** Describe your exercise routine on an average week.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What steps can you take to enhance your exercise routine?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________