

TARDIVE DYSKINESIA HEALTH DIARY

for ___/___/___ S M T W T F S

MORNING EVENING

EXERCISE _____

RELAXATION METHODS TRIED _____

SLEEP 😊 😐 ☹️

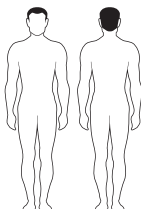
PAIN 😊 😐 ☹️

😊 HOW SEVERE WERE THE MOVEMENTS? ☹️

1 2 3 4 5 6 7 8 9 10



PLACES OF INVOLUNTARY MOVEMENT



CURRENT MEDICATION _____

DO YOU FEEL THE MEDICATION IS HELPING TODAY? _____



(10 BEING THE MOST STRESSED, ETC)



DEPRESSION/ANXIETY

1 2 3 4 5 6 7 8 9 10



(SERVING)

CAFFEINE INTAKE

1 2 3 4 5



OTHER SYMPTOMS:

- FACIAL GRIMACING
- STICKING OUT ONE'S TONGUE
- INVOLUNTARY MOVEMENTS
- SPEECH DIFFICULTIES
- SLOWER, TWISTING MOVEMENTS
- DIFFICULTY WALKING

NOTES:

