Parkinson's Daily Routine Checklist

Checklist · 65 items · 10 sections

A daily framework covering medication timing, evidence-based exercise, nutrition, fall prevention, sleep, and caregiver coordination for people living with Parkinson's. This is supportive structure for daily life, not medical advice or a substitute for your neurologist and care team.

Open the editable, AI-powered version online:
https://genechecklist.com/checklist/parkinsons-daily-routine-checklist

MORNING ROUTINE

- [ ] Take your first levodopa/carbidopa dose at the same clock time every morning
  HIGH
  Consistency stabilizes 'on' time (Parkinson's Foundation).
- [ ] Take levodopa 30 minutes before breakfast or 60+ minutes after a protein meal
  HIGH
  Dietary protein competes with absorption (Parkinson's Foundation, MJFF).
- [ ] Swallow levodopa with a full glass of water, not milk or a protein shake
  HIGH
  Improves uptake and reduces nausea (MJFF).
- [ ] Sit on the edge of the bed for 30-60 seconds before standing
  Reduces orthostatic dizziness and fall risk (AAN).
- [ ] Note your motor state on waking ('on,' 'off,' or partial)
  Morning 'off' is common before meds kick in.
- [ ] Open curtains and get bright light within 30 minutes of waking
  Supports circadian rhythm and mood.

MEDICATION MANAGEMENT

- [ ] Use a pill organizer or phone alarm for every scheduled dose
  HIGH
  Even 15-minute delays can trigger 'off' periods (Parkinson's Foundation).
- [ ] Keep a written or app-based medication list with doses and times
  HIGH
  Bring it to every appointment and ER visit (MJFF Aware in Care kit).
- [ ] Never stop levodopa abruptly
  HIGH
  Sudden withdrawal can cause a serious neurological reaction (AAN).

- [ ] Separate protein-heavy meals from levodopa by 30-60 minutes
  HIGH
  Most relevant for advanced or fluctuating disease (Movement Disorder Society).
- [ ] Refill prescriptions 7-10 days before running out
  Avoid weekend or holiday gaps.
- [ ] Carry a small dose pack when leaving the house for 4+ hours
- [ ] Ask your neurologist before adding new prescriptions or OTC drugs
  Many anti-nausea, sleep, and cold meds worsen Parkinson's symptoms.
- [ ] Flag new dyskinesia, hallucinations, or impulse control changes to your care team
  Dose adjustments may be needed.

EXERCISE (CORE TREATMENT)

- [ ] Aim for 150 minutes per week of moderate aerobic exercise
  HIGH
  Strongest non-medication intervention (AAN, Parkinson's Foundation).
- [ ] Include resistance training 2-3 days per week
  HIGH
  Preserves strength, posture, and bone density (AAN).
- [ ] Practice balance and agility work most days (10-15 minutes counts)
  HIGH
- [ ] Schedule exercise during your 'on' time when meds are working
  HIGH
- [ ] Consider a Parkinson's-specific program: LSVT BIG, PWR! Moves, Rock Steady Boxing, or Dance for PD
- [ ] Try tango or partnered dance once a week if available
  Evidence for balance and gait improvement (Movement Disorder Society).
- [ ] Walk with deliberate large steps and arm swing
  Counteracts shuffling and stooped posture (LSVT BIG).
- [ ] Stretch hip flexors, hamstrings, and chest daily
  Parkinson's pulls the body into flexion.
- [ ] Track weekly activity minutes in a notebook or app

NUTRITION AND HYDRATION

- [ ] Drink 6-8 glasses of water daily
  HIGH
  Dehydration worsens constipation and orthostatic symptoms.
- [ ] Eat 25-35 grams of fiber daily from vegetables, fruit, beans, and whole grains
  HIGH
  Constipation is one of the earliest non-motor symptoms (MJFF).

- [ ] Consider shifting most protein to the evening meal if you have motor fluctuations
  Discuss with a dietitian first.
- [ ] Add a daily probiotic food (yogurt, kefir, sauerkraut)
  Gut health affects motility.
- [ ] Limit alcohol to 1 drink or less
  Interacts with PD meds and worsens balance.
- [ ] Weigh yourself weekly
  Unintended weight loss is common and worth flagging.

COGNITIVE AND SPEECH PRACTICE

- [ ] Do 10-15 minutes of focused cognitive work daily (reading, puzzles, language, hobby)
- [ ] Practice dual-task exercises a few times a week (walk while naming animals, count while stepping)
- [ ] Read aloud for 5 minutes daily at full volume
  Maintenance for voice projection.
- [ ] Ask for a speech-language pathology referral if voice softens or swallowing changes
  LSVT LOUD has strong evidence for hypophonia.
- [ ] Stay socially connected at least a few times a week
  Isolation accelerates cognitive and mood decline.

FALL PREVENTION

- [ ] Remove throw rugs, loose cords, and clutter from walking paths
  HIGH
  Home hazards cause most falls.
- [ ] Add grab bars in the bathroom and a non-slip mat in the shower
  HIGH
  Bathrooms are the highest-risk room.
- [ ] Use a freezing-of-gait cue when stuck: count '1-2-3 step,' visualize stepping over a line, or use a laser cue cane
  HIGH
  Davis Phinney Foundation.
- [ ] Turn with a wide arc instead of pivoting
  Pivoting triggers freezing and falls (LSVT BIG).
- [ ] Wear supportive shoes indoors, not socks or backless slippers
  Improves proprioception.
- [ ] Keep a nightlight on the path from bed to bathroom
  Most nighttime falls happen here.
- [ ] Pause and plan before standing, turning, or carrying objects: 'stop, breathe, step'
- [ ] Ask a physical therapist for a yearly gait and balance assessment

EVENING AND SLEEP

- [ ] Take your last levodopa dose at a consistent evening time
  HIGH
  Helps nighttime mobility and bathroom trips.
- [ ] Tell your doctor if you act out dreams, shout, or thrash in sleep
  HIGH
  REM sleep behavior disorder is common and treatable (MJFF).
- [ ] Make the bed safer if RBD is present: padded rails, mattress on floor, or partner sleeping separately
- [ ] Keep a consistent bed and wake time
  Irregular sleep worsens daytime 'off' time.
- [ ] Avoid caffeine after early afternoon
  PD sleep is fragile already.
- [ ] Limit screens and bright light in the hour before bed
- [ ] Use satin sheets or pajama bottoms if turning in bed is hard

SYMPTOM TRACKING

- [ ] Keep a simple motor diary for 1 week before each neurology visit
  Log 'on,' 'off,' and dyskinesia times hour by hour (MJFF Fox Insight).
- [ ] Track non-motor symptoms: constipation, mood, sleep, lightheadedness, urinary changes
- [ ] Note any new or worsening symptom for more than a few days
- [ ] Photograph or video freezing or tremor episodes if comfortable
  Helps your neurologist see what you experience.

CARE TEAM AND CAREGIVER

- [ ] See a movement disorder specialist or neurologist at least every 6 months
  HIGH
  Better outcomes vs. general care (Parkinson's Foundation).
- [ ] Build a team over time: neurologist, primary care, PT, OT, SLP, dietitian, mental health, social worker
- [ ] Carry a Parkinson's medical alert card or wear an ID bracelet
  Critical in an ER (MJFF Aware in Care).
- [ ] Caregivers: schedule your own respite time each week
  Caregiver burnout is real and measurable.
- [ ] Caregivers: keep a shared medication and symptom log with the person you care for
  Reduces friction and missed doses.
- [ ] Join a local or online Parkinson's group at least monthly

Peer support improves mood and adherence.

- [ ] Review legal and financial planning yearly: advance directive, power of attorney, disability paperwork

RED FLAGS

- [ ] Sudden inability to take oral medications (illness, surgery, swallowing problem): call your neurologist same day

  HIGH

  Do not just skip doses.

- [ ] New confusion, hallucinations, or paranoia: contact your care team

  HIGH

  Do not stop meds on your own.

- [ ] Fall with head strike, especially if on a blood thinner: get evaluated even if you feel fine

  HIGH

- [ ] Sustained fever, severe rigidity, or altered consciousness: go to the ER

  HIGH

  Rule out neuroleptic malignant-like syndrome.

- [ ] Thoughts of self-harm or sudden severe depression: call your doctor or a crisis line today

  HIGH

  Parkinson's Foundation helpline 1-800-4PD-INFO.