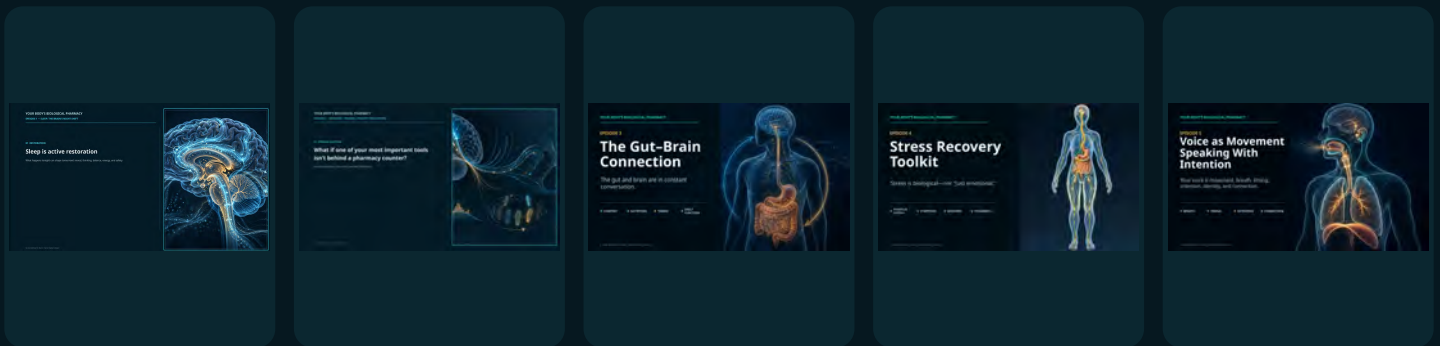


Your Body's Biological Pharmacy

Taking Control of Parkinson's

PATIENT + CARE-TEAM COMPANION WORKBOOK

A practical field guide for noticing patterns, using focused trackers, and preparing better care-team conversations.



SLEEP • MOVEMENT • DIGESTION • STRESS RECOVERY • VOICE

THE YBP PRACTICAL TOOLKIT

Watch. Notice. Track. Discuss.

Use one tool at a time: sleep logs, movement planners, digestion and medication-timing logs, stress-recovery tools, communication trackers, appointment-prep pages, and a 30-day partnership plan.

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Michael H. Byron / Byron Digital Catalyst

TABLE OF CONTENTS

GETTING STARTED

Publication + Safety Notice	2
Welcome	3
Your YBP Practical Toolkit	4
How to Use This Workbook	5
Quick Tool Finder	7
The Five-Episode Roadmap	9
Partnering With My Care Team	10
My Baseline Scorecard & Outcomes	11
My Information + Key Contacts	13

EPIISODE 1: SLEEP

Sleep: The Brain's Night Shift	14
My Sleep Profile & Disruptions	15
Seven-Night Sleep Log	18
Sleep Follow-Up Plan	21

EPIISODE 2: MOVEMENT

Movement: Training, Intensity and Control	22
My Movement-Training Plan	24
Movement Session Log	25
Movement Follow-Up Plan	29

EPIISODE 3: THE GUT-BRAIN CONNECTION

The Gut-Brain Connection	30
My Digestion Profile	31
Food, Hydration + Digestion Log	35
Gut-Brain Follow-Up Plan	39

TABLE OF CONTENTS

EPISODE 4: STRESS RECOVERY TOOLKIT

Stress Recovery Toolkit	40
My Recovery Toolkit	42
Stress + Recovery Observation Log	43
Stress-Recovery Follow-Up Plan	47

EPISODE 5: VOICE AS MOVEMENT

Voice as Movement: Speaking With Intention	48
My Communication Profile	49
Communication Tracker	50
Voice + Communication Follow-Up Plan	55

CARE PARTNERSHIP & 30-DAY PLAN

My Care-Team Map & Appointment Prep	57
Medication + Symptom Observation Log	60
My 30-Day Partnership Plan	63
Practical Tools Directory	70
My Local Resource Hub & References	72

Publication + Safety Notice

© 2026 Michael H. Byron / Byron Digital Catalyst. All rights reserved. This workbook accompanies the five-episode educational miniseries Your Body's Biological Pharmacy: Taking Control of Parkinson's.

EDUCATIONAL PURPOSE

This workbook is an observation and care-conversation tool. It does not provide a diagnosis, treatment prescription, disease-modification claim, or replacement for individualized medical care.

SAFETY FIRST

Do not start, stop, or change medication timing, exercise intensity, diet, fluids, supplements, sleep treatments, speech practice, food textures, or swallowing exercises without guidance from a qualified clinician.

URGENT HELP

Seek urgent help for sudden new neurologic symptoms, chest pain, severe shortness of breath, a serious fall or injury, inability to breathe or speak because of choking, or urgent risk of self-harm. Do not rely on a workbook during an emergency.

Privacy + practical use

This workbook may contain sensitive health information. Decide who may see it, store it securely, and bring only the pages that are useful for the conversation.

OWNER'S NAME

CARE PARTNER OR TRUSTED SUPPORTER

Welcome

A conversation tool for people living with Parkinson's and their care partners.

WORKBOOK PROMISE

Good observations are more useful than perfect memory. Track what happens, notice timing, and bring the pattern to your care team.

The biological pharmacy

Sleep, movement, digestion, stress recovery, and voice are body systems that can become active partners in care. They may support daily function, reveal useful patterns, and strengthen care-team conversations. They do not replace medication, therapy, or clinical guidance, and they do not cure Parkinson's.

Use one section at a time

You do not need to complete the whole workbook. Begin with the concern that matters most now. Use a log only long enough to reveal a pattern, then stop and prepare the clinical question.

FOR THE PERSON WITH PARKINSON'S

Write short phrases, circle choices, or ask someone to record for you. Estimates are acceptable.

FOR THE CARE PARTNER

Support observation without taking over. Preserve choice, dignity, and the person's own priorities.

WHAT I MOST WANT THIS WORKBOOK TO HELP ME DO

Your YBP Practical Toolkit

You do not need to complete this workbook front to back. Start with the concern that matters now, use the lightest amount of tracking that can reveal a useful pattern, and bring that pattern to the care team.

1**WATCH**

Understand the concept.

2**NOTICE**

Pay attention to what happens in daily life.

3**TRACK**

Use one focused tool for a defined period.

4**DISCUSS**

Bring the pattern and one clear question.

ONE TOOL. ONE PATTERN. ONE BETTER QUESTION.

These worksheets are observation and conversation aids. They are not diagnostic instruments and are not instructions to change medication or treatment on your own.

How to Use This Workbook

Use the lightest amount of tracking that answers the question.

- 1 CHOOSE - Choose one episode, symptom pattern, or care conversation.
- 2 NOTICE - Record timing, symptoms, function, safety concerns, and barriers without judging yourself.
- 3 FOCUS - Look for one repeated pattern. A single clear example may be enough.
- 4 ASK - Turn the pattern into one specific question for the appropriate clinician.
- 5 PARTNER - Make changes only with qualified guidance, then record what happened.
- 6 REASSESS - Decide whether the plan helped, needs adaptation, or needs another referral.

REDUCE TRACKING FATIGUE

Weekly reflections replace daily compliance checklists. Use extra log pages only when timing detail is clinically useful. Stop when the burden outweighs the information gained.

THE ONE SECTION I WILL START WITH

Watch Notice Track Discuss

The series explains the idea. The toolkit helps you turn what you notice into a concrete care-team conversation.

WATCH

What does the episode help me understand?

NOTICE

What is actually happening in my day-to-day life?

TRACK

What timing, context, function, or safety pattern is worth recording?

DISCUSS

What specific question should I bring to the right clinician?

SAFETY BOUNDARY

Track observations and bring patterns to your care team. Do not use this workbook to diagnose yourself or to start, stop, or change treatment without qualified guidance.

Quick Tool Finder

Start with the problem - then use the smallest tool that can help you describe the pattern.

I am not sleeping well.

[Seven-Night Sleep Log](#)

Episode 1

I do not know what is disrupting my sleep.

[What May Be Disrupting My Sleep?](#)

Episode 1

I need a realistic movement routine.

[My Movement Week](#)

Episode 2

I want to see how activity affects me.

[Movement Session Log](#)

Episode 2

Constipation, meals, or hydration are an issue.

[Food, Hydration + Digestion Log](#)

Episode 3

Medication response seems related to meals or digestion.

[Meals, Digestion + Medication Timing](#)

Episode 3

A SHORT LOG IS OFTEN ENOUGH

Use a log only long enough to reveal a useful pattern. The goal is not perfect tracking - it is a clearer conversation.

Quick Tool Finder

More ways to turn a concern into a focused care-team conversation.

Stress seems to amplify my symptoms.

[Name the Pattern + Recovery Observation Log](#)

Episode 4

I need a plan before stress peaks.

[My Recovery Toolkit](#)

Episode 4

My voice or communication is changing.

[Communication Tracker](#)

Episode 5

I need a backup communication plan.

[Communication-Partner + Backup Plan](#)

Episode 5

My medication and symptoms vary across the day.

[Medication + Symptom Observation Log](#)

Care Partnership

I have an appointment and need to organize my priorities.

[Appointment Prep + Decision Journal](#)

Care Partnership

I do not know which clinician handles which issue.

[My Care-Team Map](#)

Care Partnership

A SHORT LOG IS OFTEN ENOUGH

Use a log only long enough to reveal a useful pattern. The goal is not perfect tracking - it is a clearer conversation.

The Five-Episode Roadmap

The approved YBP series order.

1**Sleep: The Brain's Night Shift****2****Movement: Training, Intensity and Control****3****The Gut-Brain Connection****4****Stress Recovery Toolkit****5****Voice as Movement: Speaking With Intention in Parkinson's**

SERIES ORIENTATION

The five systems interact. A difficult night may affect movement, digestion, stress tolerance, and voice. The goal is to notice relationships without assuming one cause.

THE EPISODE OR CONCERN I WANT TO BEGIN WITH

Partnering With My Care Team

Leading your care means bringing priorities and observations - not doing every job alone.

OBSERVER

I notice timing, symptoms, function, and safety patterns.

QUESTION-ASKER

I turn a concern into a specific question my team can answer.

COMMUNICATOR

I share what changed, what I tried safely, and what matters most.

PLANNER

I leave visits knowing what happens next, who owns it, and when we review.

MY TOP CONCERN

THE PATTERN I NOTICED

THE DECISION OR NEXT STEP I WANT BEFORE I LEAVE

My Baseline Scorecard

Rate today honestly. This is a starting point, not a grade.

SIMPLE SCALE

Circle one: 1 Very difficult 2 Difficult 3 Mixed 4 Good 5 Very good

Area	1	2	3	4	5
Sleep quality and daytime alertness					
Movement confidence and activity					
Digestion and bowel comfort					
Stress recovery and emotional steadiness					
Voice and communication participation					
Energy for daily life					
Confidence in my care plan					

WHERE I FEEL STRONGEST

WHERE I WANT SUPPORT FIRST

Outcomes That Matter to Me

Define what 'better' would look like in daily life.

- | | |
|--|---|
| ☐ Wake feeling more restored | ☐ Reduce avoidable safety risks |
| ☐ Move with more confidence | ☐ Make appointments more useful |
| ☐ Reduce constipation discomfort | ☐ Preserve energy for what matters |
| ☐ Recover more effectively after stress | ☐ Support my care partner and household |
| ☐ Be heard in important conversations | ☐ Understand medication-related patterns |
| ☐ Participate more socially | ☐ Other |

MY CLEAREST DEFINITION OF IMPROVEMENT

HOW I WILL NOTICE OR MEASURE IT

My Information + Key Contacts

Keep the essentials in one place. Include only what you are comfortable recording.

MY NAME

PREFERRED NAME AND COMMUNICATION NEEDS

MOVEMENT-DISORDER CLINICIAN OR NEUROLOGIST

PRIMARY CARE CLINICIAN

PHARMACY

EMERGENCY CONTACT

EMERGENCY REMINDER

Call emergency services for a life-threatening emergency. This page is not a substitute for a complete medication list, medical alert system, advance directive, or emergency plan.

OTHER ESSENTIAL CONTACT OR INSTRUCTION

YOUR BODY'S BIOLOGICAL PHARMACY
EPISODE 1 • SLEEP: THE BRAIN'S NIGHT SHIFT

01 RESTORATION

Sleep is active restoration

What happens tonight can shape tomorrow's mood, thinking, balance, energy, and safety.

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EPISODE 1

Sleep: The Brain's Night Shift

Sleep care is Parkinson's care. Track what disrupts restoration and bring the pattern to the care team.

USE THESE TOOLS

- My Sleep Profile
- What May Be Disrupting My Sleep?
- Sleep Safety + Pattern Questions
- Seven-Night Sleep Log
- My Sleep Care Conversation
- Sleep Follow-Up Plan

My Sleep Profile

Healthy sleep has several dimensions. A problem in one dimension can affect the whole night.

Dimension	Question	1	2	3	4	5
Duration	How much sleep do I actually get?					
Continuity	How often is sleep interrupted?					
Timing	Do sleep and wake times follow a stable rhythm?					
Architecture	Do interruptions prevent restorative cycles?					
Restoration	Do I wake restored or exhausted?					

WHAT I WANT MY CARE TEAM TO UNDERSTAND ABOUT MY NIGHTS

What May Be Disrupting My Sleep?

More than one problem may be present. Check observations - not diagnoses.

- | | |
|---|--|
| ☐ Trouble falling asleep | ☐ Repeated leg jerks during sleep |
| ☐ Waking too early | ☐ Pain, stiffness, tremor, dystonia, or wearing off overnight |
| ☐ Repeated waking | ☐ Repeated bathroom trips |
| ☐ Unrefreshed after enough time in bed | ☐ Vivid dreams, hallucinations, or confusion |
| ☐ Shouting, punching, kicking, or falling from bed during dreams | ☐ Heavy daytime sleepiness or unexpected dozing |
| ☐ Loud snoring or witnessed breathing pauses | ☐ Sleep timing shifting into the day |
| ☐ Morning headache or dry mouth | ☐ Temperature, sweating, or blood-pressure symptoms at night |
| ☐ Uncomfortable urge to move the legs at night | |

PRIORITY SAFETY CLUES

Dream enactment can injure the person or bed partner. Unexpected sleep attacks can affect driving, cooking, stairs, and other safety-sensitive activities. Breathing pauses and high daytime sleepiness deserve specific care-team discussion.

Sleep Safety + Pattern Questions

Use one clear example to prepare the conversation.

- ☐ Did anyone observe dream enactment?
- ☐ Were there injuries or near-injuries?
- ☐ Were breathing pauses or loud snoring observed?
- ☐ Did I doze unexpectedly during a safety-sensitive activity?
- ☐ Did symptoms appear related to medication timing or wearing off?
- ☐ Did pain, nocturia, leg discomfort, mood, or confusion interrupt sleep?

MY MOST SPECIFIC EXAMPLE - WHAT HAPPENED, WHEN, AND WHAT FOLLOWED

THE PERSON WHO OBSERVED IT

PROTECT NOW

Ask promptly about immediate safety steps when dream enactment, sleep attacks, breathing pauses, or serious nighttime falls are possible. Do not start a sleep aid or change medication on your own.

Seven-Night Sleep Log - Nights 1-4

Simple observations are enough. Include medication as taken; do not change timing on your own.

Night	Bed / wake	Wakes	What woke me	Meds as taken	Next-day alertness 1-5
1					
2					
3					
4					

PATTERN OR QUESTION I WANT TO DISCUSS

Seven-Night Sleep Log - Nights 5-7

Simple observations are enough. Include medication as taken; do not change timing on your own.

Night	Bed / wake	Wakes	What woke me	Meds as taken	Next-day alertness 1-5
5					
6					
7					

PATTERN OR QUESTION I WANT TO DISCUSS

My Sleep Care Conversation

Specific examples help match treatment to the real sleep problem.

- ☐ Could my symptoms fit REM sleep behavior disorder, sleep apnea, restless legs, insomnia, or another sleep disorder?
- ☐ Could pain, nocturia, mood, autonomic symptoms, or overnight wearing off be involved?
- ☐ Could medication timing or medication effects be contributing?
- ☐ Would sleep testing, CBT-I, iron testing, or another evaluation be appropriate?
- ☐ What safety changes should we make now?

SAFETY BOUNDARY

Do not change medication or start a sleep aid on your own. If dream enactment is possible, ask promptly about protecting the sleep environment.

MY MOST SPECIFIC QUESTION

THE NEXT STEP WE AGREED ON

WHEN WE WILL REASSESS

Sleep Follow-Up Plan

Capture the decision, the owner, and the review point.

THE PATTERN OR EXAMPLE I BROUGHT

WHAT WE AGREED TO DO NEXT

WHO OWNS THE NEXT STEP

WHEN WE WILL REASSESS

CALL SOONER IF

there is injury risk from dream enactment or falls, unexpected sleep during risky activities, breathing pauses, severe daytime sleepiness, new confusion, or another urgent safety concern.

ADDITIONAL NOTES
