My Communication Profile

Specific examples are more useful than "my voice is different."

- [ ] Softer voice
- [ ] Less pitch variation / monotone
- [ ] Speech becomes fast
- [ ] Breathy, hoarse, rough, or strained voice
- [ ] Telephone difficulty
- [ ] Harder to participate in appointments
- [ ] Voice fades at the end of sentences
- [ ] Words run together
- [ ] Imprecise articulation
- [ ] Speaking is harder when tired
- [ ] Difficulty in noisy rooms
- [ ] Others ask me to repeat

ONE REAL EXAMPLE: WHERE, WHEN, WHAT I SAID, AND WHAT THE LISTENER HEARD

What people most often ask me to repeat:

EPISODE 5

Voice as Movement: Speaking With Intention in Parkinson's

CENTRAL MESSAGE

Voice is movement, breath, timing, intention, identity, and connection. A reduced signal does not mean a reduced person.

USE THIS SECTION TO

Track where communication is difficult, what listeners notice, how speech changes with fatigue or timing, and whether swallowing signs are present.

CLINICAL BOUNDARY

This workbook does not diagnose speech or swallowing disorders. Persistent change deserves evaluation by an SLP or another qualified clinician, not repeated instructions to simply speak louder.

Before you begin

One concern I want to understand: _____

_____

One outcome that matters to me: _____

_____

REMEMBER

Track observations and bring patterns to your care team. Do not use this workbook to diagnose yourself or change treatment on your own.

Speech + Swallowing Care Conversation

Speech and swallowing are different functions, but both deserve qualified assessment.

Questions worth bringing to the care team

- [ ] Would a Parkinson's-focused speech evaluation help me?
- [ ] Which goals matter most for my daily communication?
- [ ] How will progress be measured, and what should I do if practice causes strain?
- [ ] Would communication technology or a backup system protect participation?
- [ ] Do my coughing, food-sticking, wet voice, weight change, dehydration, or chest infections need swallowing evaluation?

SAFETY BOUNDARY

Call emergency services immediately if a person cannot breathe, cannot speak or cough effectively, turns blue, or has a complete airway blockage. Do not change food textures, thicken liquids, or begin swallowing exercises from a general workbook.

My most specific communication example: _____

_____

My swallowing observation: _____

_____

The referral or next step: _____

_____

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.

How to use it

1. Choose one episode or concern at a time.
2. Use the matching worksheet or log for one to two weeks.
3. Record timing, symptoms, function, safety concerns, and barriers without judging yourself.
4. Bring one clear pattern and one clear question to the appropriate clinician.
5. Reassess after a clinician-guided change and record what happened.

SAFETY FIRST

This workbook is educational and does not replace medical care. 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. 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.