My Sleep Care Conversation

Specific examples help match treatment to the real sleep problem.

Questions worth bringing to the care team

- [ ] Could my symptoms fit RBD, 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 example: _____

The next step we agreed on: _____

When we will reassess: _____

EPISODE 1

Sleep: The Brain's Night Shift

CENTRAL MESSAGE

Sleep care is Parkinson's care. The useful question is not only how long you slept, but what disrupted restoration and what care path matches that cause.

USE THIS SECTION TO

Track sleep timing, interruptions, dream enactment, breathing clues, leg discomfort, nighttime symptoms, medication timing, and next-day alertness.

CLINICAL BOUNDARY

Better sleep can improve symptoms, safety, daytime function, and quality of life, but sleep treatment is not proven to prevent, stop, or reverse Parkinson's.

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.

What May Be Disrupting My Sleep?

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

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

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.

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.