LEWY BODY DEMENTIA
RESOURCE CENTER
BRINGING AWARENESS
SUPPORTING WITH LOVE

Monthly Symptom Tracker

_____ 202__

Symptoms	Frequency during month	Change from previous month	Notes
Changes in perception			
Hallucinations / delusions	Occurred ___ times Visual Auditory Both	[ ] more [ ] fewer [ ] same	
Depth / spatial perception	Occurred ___ times	[ ] more [ ] less [ ] same	
Memory and cognition			
Fluctuations in cognition and attention	Occurred ___ times	[ ] more [ ] fewer [ ] same	
Problems finding words / finishing thoughts	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] fewer [ ] same	
Problems with thinking / memory	1 2 3 4 5 *Mild – – – → severe*	[ ] recognizing people [ ] completing a task	
Changes in personality			
Moodiness / depression	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] less [ ] same	
Anxiety / feelings of dread	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] less [ ] same	
Anger or aggression	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] less [ ] same	
Apathy	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] less [ ] same	
Changes in movement			
Trouble with balance / stumbling	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] fewer [ ] same	
Slowness	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] fewer [ ] same	
Limb rigidity / leg dragging	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] less [ ] same	
Other symptoms			
Difficulty swallowing	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] less [ ] same	
Changes in handwriting	[ ] Yes [ ] No	[ ] more [ ] less [ ] same	
Excessive drooling	[ ] Yes [ ] No	[ ] more [ ] less [ ] same	

For more information on symptoms of Lewy body dementias, please visit https://lewybodyresourcecenter.org/

Symptoms	Frequency during month	Change from previous month	Notes
Changes in sleep habits			
REM Sleep Disorder (physically acting out dreams)	[ ] Yes [ ] No	[ ] more [ ] less [ ] same	
Daytime sleepiness	Appx ____ hours	[ ] more [ ] less [ ] same	
Trouble sleeping at night	Appx ____ hours	[ ] more [ ] less [ ] same	
Physical changes			
Weight	Currently ____ lbs	[ ] heavier [ ] thinner [ ] same	
Autonomic System			
Incontinence	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] less [ ] same	
Constipation	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] less [ ] same	
Problems with blood pressure	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] less [ ] same	
Changes in body temperature	1 2 3 4 5 *Mild – – – → severe*	[ ] more [ ] less [ ] same	
Medications			
1)	Dosage: _____	Adverse reactions:	
2)	Dosage: _____	Adverse reactions:	
3)	Dosage: _____	Adverse reactions:	
4)	Dosage: _____	Adverse reactions:	

Additional Notes