

Caregiver Observation Log

Parkinson's Disease Protocol — Calm in Chaos Music Therapy

You can train the brain to listen.

Participant and Caregiver Information

Participant name:		Date of birth:	
Primary caregiver:		Relationship:	
Neurologist / care team:		Protocol start date:	
Current medications:			

How to Use This Log

This log is used in two phases:

- Pre-protocol baseline (Days 1-7 before Session 1): observe and record your family member's typical daily patterns before any RAS sessions begin. This gives you the comparison data you need to track change.
- Between sessions (Days 2-4 between each session): record home practice observations after each daily RAS walk.

You do not need to be precise — honest observations are more useful than clinical accuracy. If something is hard to categorize, write it in the notes section.

Pre-Protocol Baseline Summary

After completing the one-week baseline observation, fill in this summary before Session 1. Bring it to the session.

Typical freezing episodes per day (average):	
Most common trigger:	
Most common location:	

Best time of day for movement:	
Worst time of day for movement:	
Falls or near-falls in baseline week:	
Overall mood baseline (1-5):	
Other observations:	

Day 1 — Baseline Day 1

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 2 — Baseline Day 2

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 3 — Baseline Day 3

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 4 — Baseline Day 4

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 5 — Baseline Day 5

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 6 — Baseline Day 6

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 7 — Baseline Day 7

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 8 — Between Sessions 1-2, Day 1

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 9 — Between Sessions 1-2, Day 2

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 10 — Between Sessions 1-2, Day 3

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 11 — Between Sessions 2-3, Day 1

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 12 — Between Sessions 2-3, Day 2

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 13 — Between Sessions 2-3, Day 3

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 14 — Between Sessions 3-4, Day 1

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 15 — Between Sessions 3-4, Day 2

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Day 16 — Between Sessions 3-4, Day 3

Date: _____ Time completed: _____

Freezing Episodes

Record each freezing episode separately. Note what triggered it and how it resolved.

Time	Location	Trigger (turning / doorway / start / other)	Duration	How it resolved

Total freezing episodes today: _____

Gait Quality During Home Practice

Circle or underline the word that best describes walking today:

Shuffling — feet barely clearing ground	Typical — usual walking pattern	Improved — longer stride, better clearance
---	---------------------------------	--

Falls or Near-Falls

Fall or near-fall today?	Yes / No	If yes, describe:	
--------------------------	----------	-------------------	--

Mood and Energy

Mood (1=very low, 5=very good)	1 2 3 4 5	Energy level (1=very low, 5=very high)	1 2 3 4 5
--------------------------------	-----------	--	-----------

Medications

Note any changes to medications or timing today:

Caregiver Notes

Anything else worth recording — changes in environment, unusual events, participant's own comments:

Protocol Summary — End of 4 Sessions

Complete this page after Session 4.

Timed 10-Meter Walk — Baseline:	
Timed 10-Meter Walk — Post-protocol:	
Change (seconds):	
Average freezing episodes / day — baseline week:	
Average freezing episodes / day — final week:	
Falls during protocol period:	
Final working tempo (BPM):	
Participant's own assessment of change:	
Decision: Continue / Referral / Formal study / Modify	
Caregiver notes:	