



جامعة قطر  
QATAR UNIVERSITY

WORKBOOK



الحركة حياة  
باركنسون - قطر  
QATAR PD

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# How To Use This Workbook?

This workbook has been developed with the support and advisement of people with Parkinson's disease (PD), their caregivers, and healthcare professionals. People with PD and their caregivers can use this workbook when working in collaboration with their healthcare professionals or physical activity coach.



## Depending on who you choose to work with, your coach may be a:

- Physical therapist
- Occupational therapist
- Expert with knowledge and experience in PD



## How can a coach help me?

The purpose of your coach is to help you identify any barriers to your goals, and to support you along the way. Ideally, you and your coach will develop a partnership – you will work together to develop a program that best meets your needs and fits with your lifestyle.



**You can use this workbook to help you in the following:**

- Determine your challenges and find good strategies.
- Develop exercise goals.
- Develop a personalized physical activity plan.
- Track your current physical activity levels which will help to inform your future goals and progress.



**This workbook is an essential component of your coaching sessions and participation in ENGAGE QATAR PD program.**



**This workbook contains variety of activities and questions that will assist you with setting up your physical activity goals and tracking your physical activity progress.**


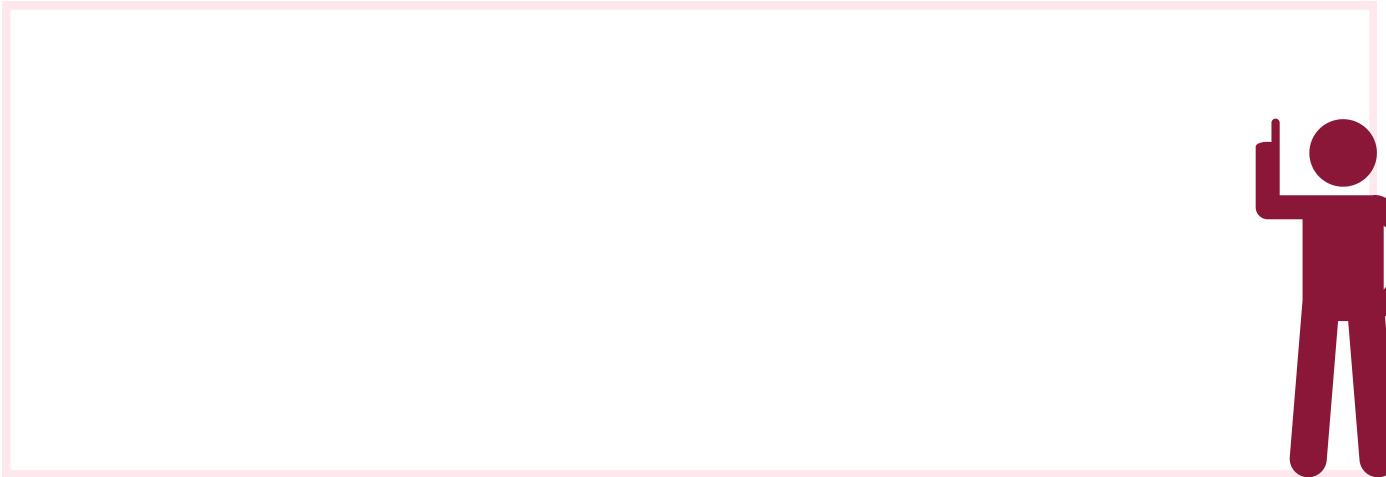


# Benefits of Exercises for PD

# Benefits of Exercises for PD


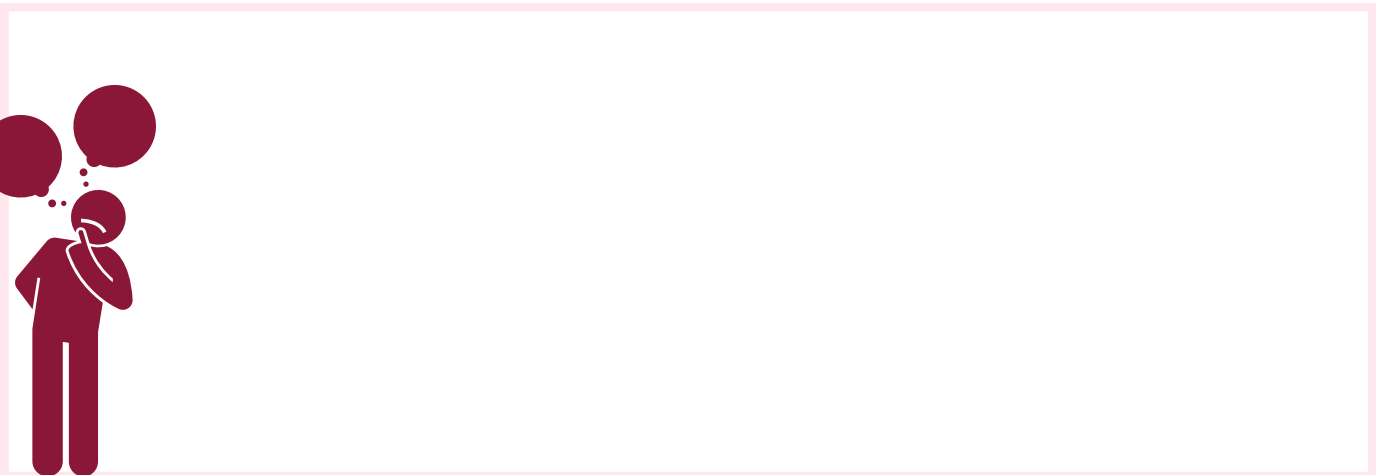
1

**?**<sup>1</sup> **Generally, why do you think that being physically active is important?**  
(List 3 reasons)



**?**<sup>2</sup> **Tick the most applicable statement to you, then answer in the box how does that statement relates to you.**


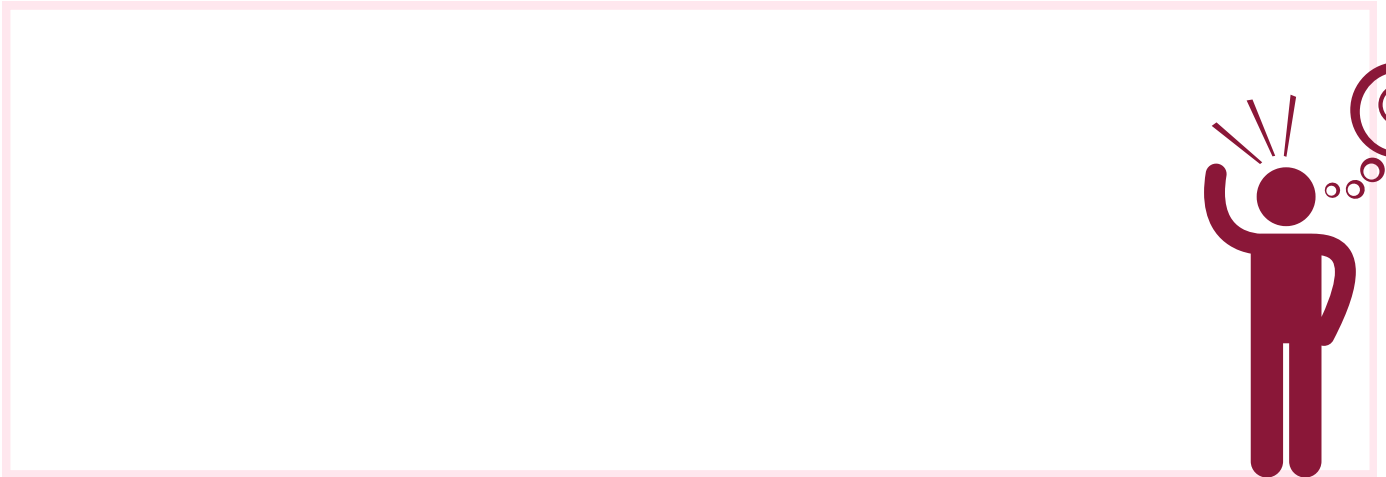
- Before being diagnosed with PD, I used to exercise/ be physically active but I stopped after it.
- Before being diagnosed with PD, I was not exercising/ physically active but I started exercising after it.
- I maintain being physically active and exercising before and after being diagnosed with PD.




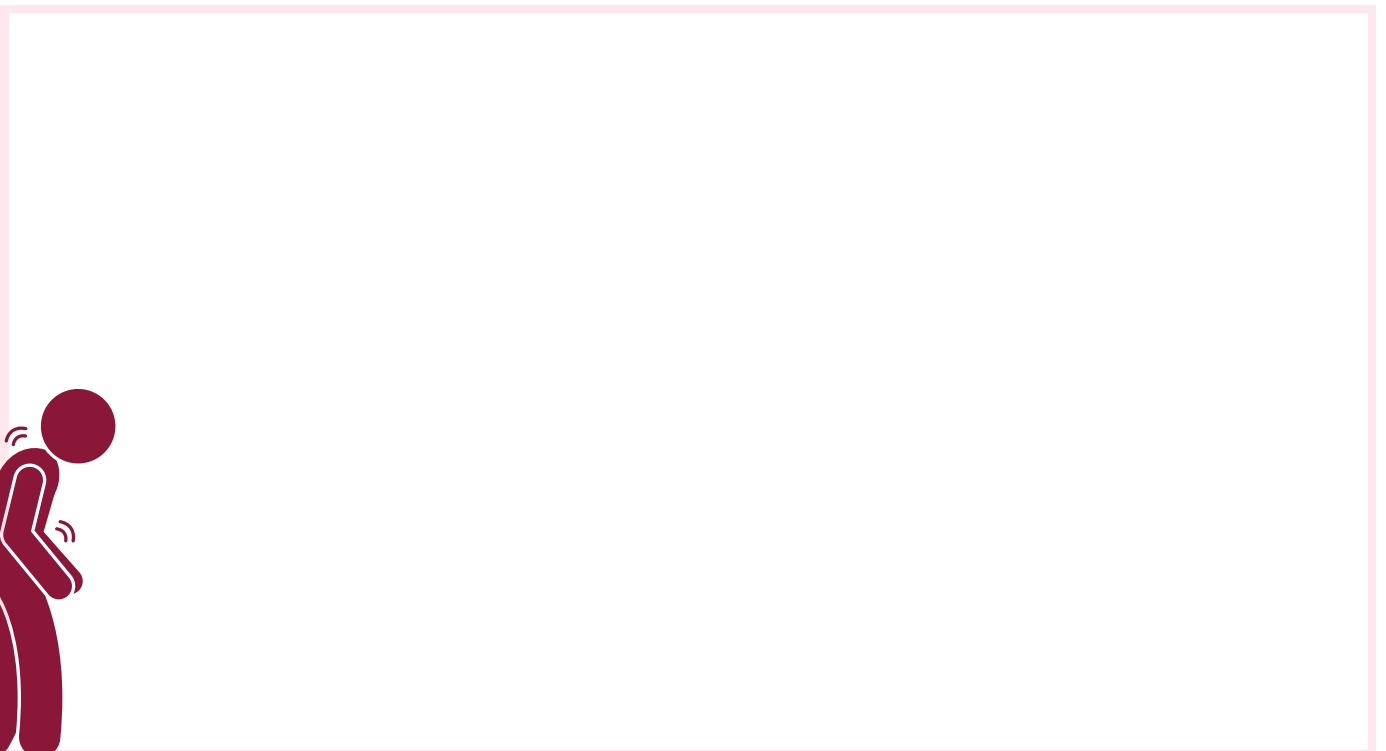
# Benefits of Exercises for PD

1

**?**<sup>3</sup> Think of a previous experience where you have exercised or did a physical activity, share with us how it went and how did you feel at that time?



**?**<sup>4</sup> From your experience with PD or your knowledge about it, how do you think that engaging in physical activity or exercise would be beneficial for PD?





# Exercise Recommendations

# Exercise Recommendations

# 2



**We would like to know your preferred exercises to help you design your exercise goals and plan to stay physically active.**

Please write down the exercises you have done or would like to do under each of the following exercise categories:



**Walking**



**Aerobic  
Activities**



**Resistance  
(Weights)**



**Flexibility  
(Stretching)**



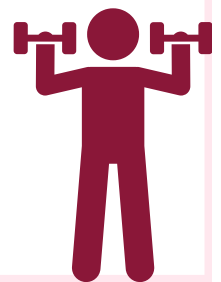
**Neuromotor  
(Balance & Agility)**

# Exercise Recommendations

# 2

**?**<sup>2</sup> **What types of exercises or physical activities do you find most enjoyable and beneficial for managing your Parkinson's symptoms, and how would you design a personalized exercise program to incorporate these activities?**  
Please include details about the frequency, duration, and intensity of the exercises you would choose.



**For example:** I enjoy activities like walking. If I were to design my own exercise program, I would include a 30-minute walk every morning with moderate intensity so I stay active without overexerting myself.





# Exercise Recommendations

# 2



**3** On a scale of 0-10, how far do you believe that following exercise recommendations for PD is important and effective?  
(0=Don't believe that at all, 10=Extremely believe that)

 1 2 3 4 5 6 7 8 9 10 

**4** On a scale of 0-10, how ready are you to start doing regular physical activity?  
(0=not ready at all, 10=Fully ready)

 1 2 3 4 5 6 7 8 9 10 

**5** On a scale of 0-10, how confident are you to follow the planned exercises?  
(0=not confident at all, 10=Fully confident)

 1 2 3 4 5 6 7 8 9 10 

- Feel free to write any notes here.



# Challenges & Strategies

# Challenges & Strategies

# 3

**1** **?** Before starting with your challenges and barriers, it is important to know and find your sources of motivation (Internally and Externally). Check the boxes that are applicable to you.

## Intrinsic Motivators (Internal)

- Maintaining my ability to perform my spiritual obligations; prayers
- Sense of accomplishment
- Enjoyment of the task
- Maintaining independence
- Enhancing mobility
- Improving quality of life
- Staying socially connected
- Setting and achieving personal health goals
- Learning about PD and its management

**Others (Please specify):**

## Extrinsic Motivators (External)

- External validation and praises from others
- Support and encouragement from family and friends
- Access to better medical treatments or equipment
- Financial or material gains
- Social media recognition for sharing their PD journey
- Biomarkers such as: weight, heart rate, steps, blood pressure, blood sugar levels, cholesterol, hours of sleep, etc...

**Others (Please specify):**



# Challenges & Strategies

# 3

**?**<sup>2</sup> **If you were given 100 QR to prioritize your motivators that would help you in being physically active and doing exercises. How would you allocate this budget to prioritize them?**

**(For example:** allocating 50 QR for “Support and encouragement from family and friends” and 30 QR for “Improving quality of life” and 20 QR for “Maintaining independence”)



# Challenges & Strategies

# 3

**?**<sup>3</sup> You need to identify your challenges/ barriers that impact your physical activity level and exercising habits.  
(You can write 3 minimum up to 6 maximum challenges)

			●
			●
			●
			●
			●
			●

# Challenges & Strategies

# 3

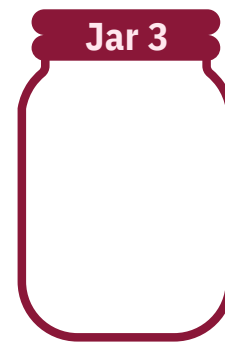
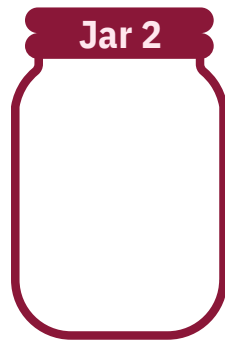
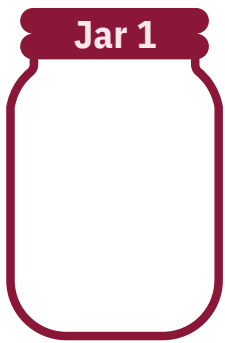
**4** **?** After identifying your challenges/ barriers that impact your physical activity level and exercising habits, now let's order them from the most challenging into the least challenging.

The worksheet contains a vertical grid of 18 empty boxes on the left side, intended for listing challenges. To the right of this grid are six jars, arranged in two rows of three. The jars are labeled Jar 1, Jar 2, Jar 3 in the top row, and Jar 4, Jar 5, Jar 6 in the bottom row. The jars are intended for ranking the challenges from most challenging to least challenging. The top row of jars is positioned above the bottom row of jars. The vertical grid of boxes is positioned to the left of the jars. A person icon is shown standing next to the grid, looking thoughtful. Above the grid are icons for a heart with an ECG line, a pair of sneakers, and two water bottles. Below the grid are icons for a kettlebell and a jump rope.

# Challenges & Strategies

# 3

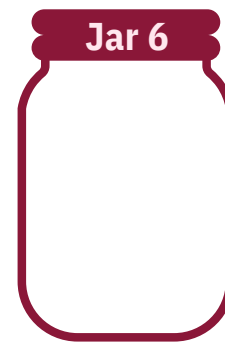
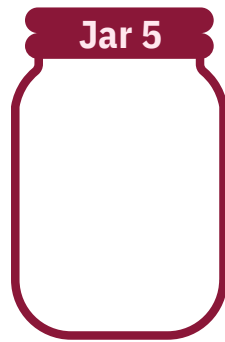
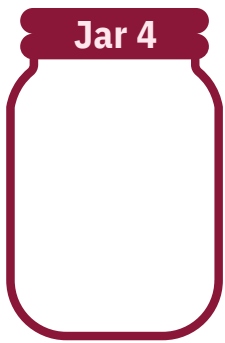
**?**<sup>5</sup> **You have to work on opening each jar by coming up with good strategies to help with overcoming each of the challenges/ barriers.**  
(Review Module 4 “Challenges & Strategies” in the guidebook to help you)



# Challenges & Strategies

# 3

**?<sup>6</sup>** You have to work on opening each jar by coming up with good strategies to help with overcoming each of the challenges/ barriers.  
(Review Module 4 “Challenges & Strategies” in the guidebook to help you)

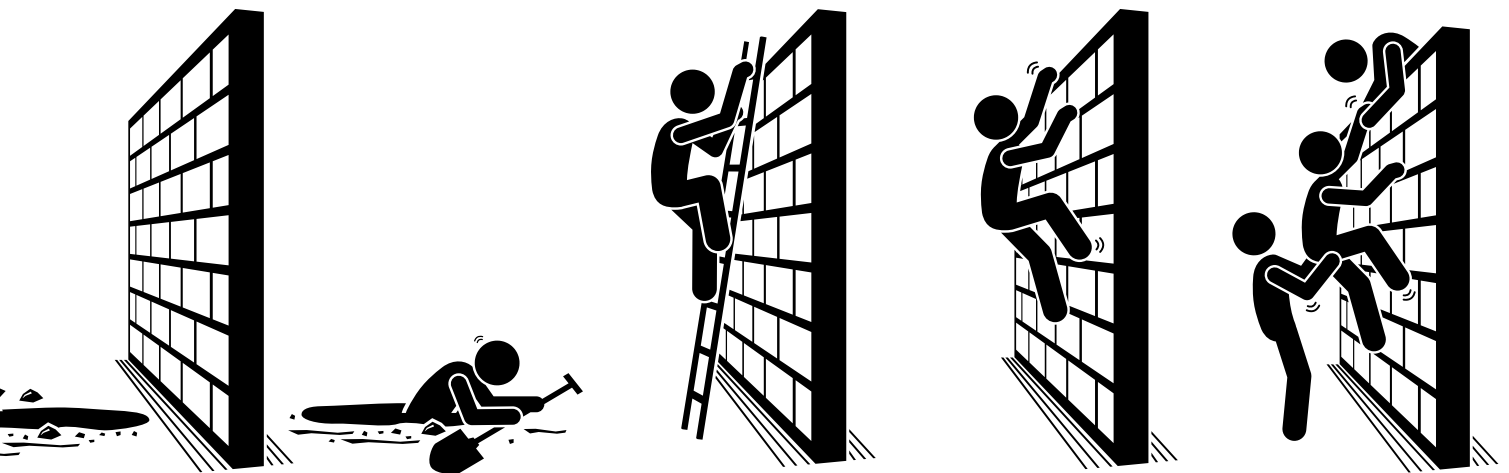


# Challenges & Strategies



# 3





Every challenge presents many ways to resolution, offering you the opportunity to harness creativity, resilience, and innovation to overcome it in your unique and empowering ways.



**7** ? On a scale of 0-10, how ready are you to overcome these challenges?  
(0=not ready at all, 10=Fully ready)


1 2 3 4 5 6 7 8 9 10


**8** ? On a scale of 0-10, how confident are you to overcome these challenges?  
(0=not confident at all, 10=Fully confident)

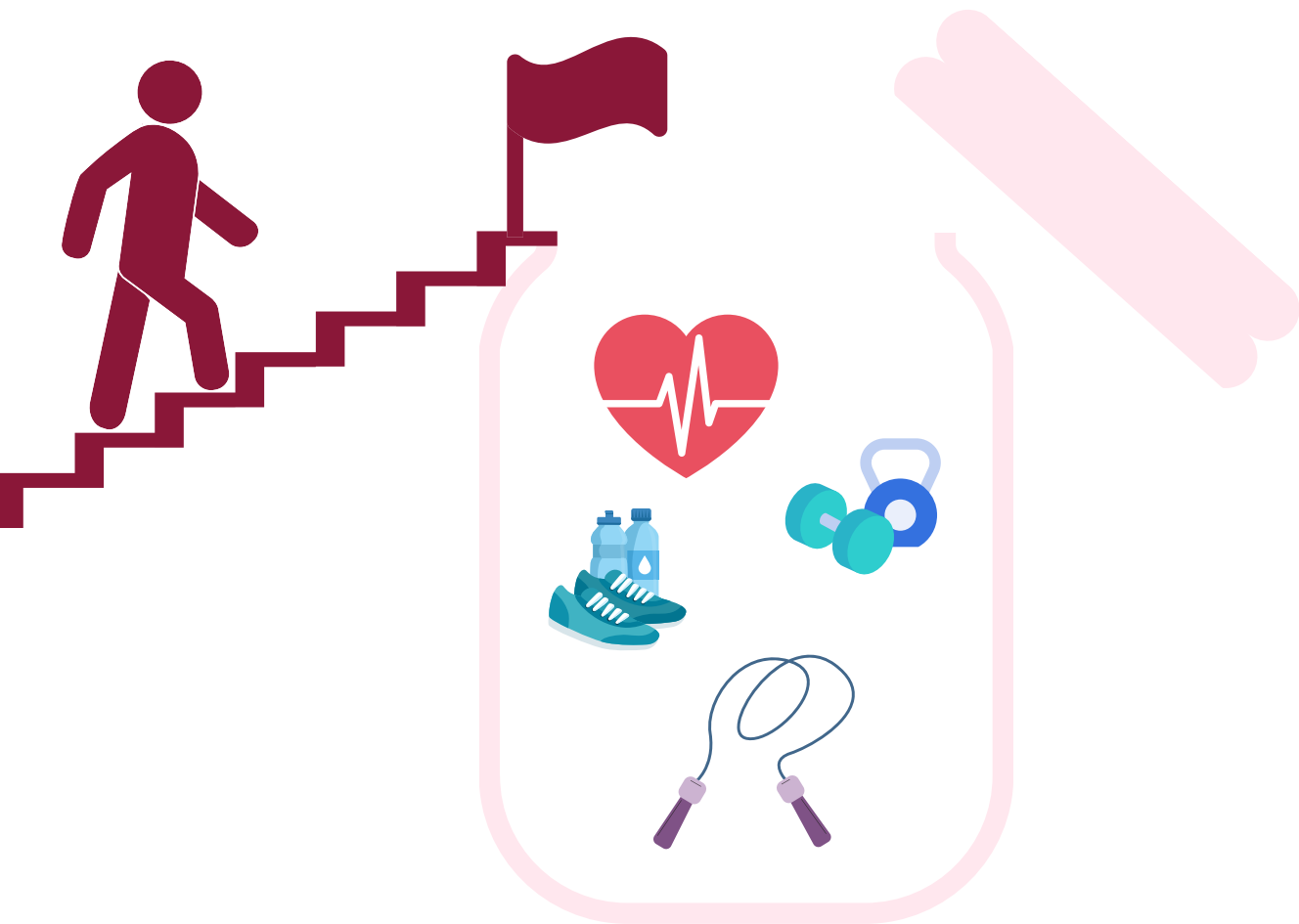

1 2 3 4 5 6 7 8 9 10


- Feel free to write any notes here.

# Challenges & Strategies

# 3

**9** **?** Having successfully opened each jar, could you share your thoughts and feelings about discovering strategies to overcome these challenges? How has this experience impacted your perspective on empowering yourself to self-manage your physical activity?



• Feel free to write here.



# Setting Up Your Goals & Plan

# Setting Up Your Goals & Plan

# 4



In this section, we will work together on establishing and setting up your goals that are related to your physical activity and exercise routine.

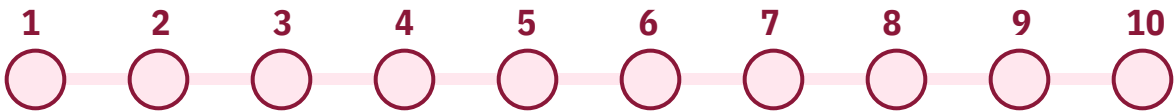


## REMEMBER!

You'll be taking the lead in setting your goal, while your coach will be here to guide and support you along the way.



**On a scale of 0-10, how ready are you to set your goals?**  
(0=not ready at all, 10=Fully ready)



- Feel free to write any notes here.

# Setting Up Your Goals & Plan

# 4

**?**<sup>2</sup> After completing the previous activity, now it is your turn to set up your physical activity goals and write them down.  
(You can write 3 minimum up to 6 maximum goals)

## Goal 1



## Goal 2



## Goal 3



# Setting Up Your Goals & Plan

# 4

**?**<sup>3</sup> After completing the previous activity, now it is your turn to set up your physical activity goals and write them down.  
(You can write 3 minimum up to 6 maximum goals)

## Goal 4



## Goal 5



## Goal 6



# Setting Up Your Goals & Plan

# 4



**Great job!**

You did a fantastic job in identifying and setting up your physical activity and exercise goals!

**4**  
**?**

**On a scale of 0-10, how confident are you to achieve these goals?**  
(0=not confident at all, 10=Fully confident)



- Feel free to write any notes here.

# Setting Up Your Goals & Plan

# 4

**5**  
**?**

On this page, please write down your physical activity and exercise plan.





# Safety & Monitoring

# Safety & Monitoring

# 5



We recommend that you use **Borg's Scale of Perceived Exertion**, which is the following table, to help you to monitor your activity levels.

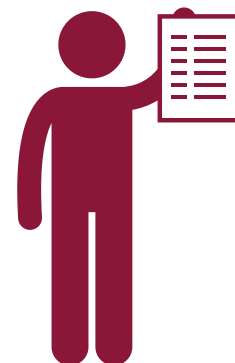
## 1-10 Borg Rating of Perceived Exertion Scale

0	Rest
1	Really Easy
2	Easy
3	Moderate
4	Sort of Hard
5	Hard
6	
7	Really Hard
8	
9	Really, Really, Hard
10	Maximal Exertion



### REMEMBER!

- Monitoring how hard your body is working can help you adjust the intensity of your activity level.
- You should keep a record of your ratings.



**1** A scenario: One day you were exercising (e.g. cycling or treadmill walking) and suddenly you could not hold a conversation and breathe well.

How would you handle this situation and what are the safety measures that you would consider?



# Safety & Monitoring

# 5

**?**<sup>2</sup> With your coach's guidance. Calculate your Maximum Heart Rate and Target Heart Rate Zone.



**REMEMBER!**

- Monitoring how hard your body is working can help you adjust the intensity of your activity level.
- You should keep a record of your ratings.





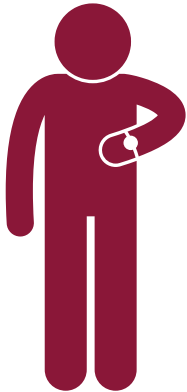
# Recording Your Progress

# Recording Your Progress

# 6



You will find some tracking materials that can be used to record your goals and progress (Attached after the acknowledgment).



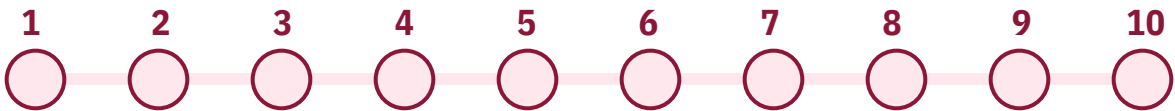
### REMEMBER!

It's up to you how to record your physical activity and exercising progress. However, the important thing is to not miss such valuable details that will help in achieving your goals and self-managing your condition.



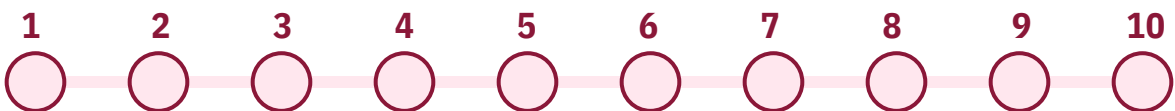
**1** On a scale of 0-10, how do you believe that tracking progress is important?

(0=Don't believe that at all, 10=Extremely believe that)



**2** On a scale of 0-10, how motivated are you to record and track your progress?

(0=not motivated at all, 10=Fully motivated)



- Feel free to write any notes here.

# AMAZING!



**You completed this workbook successfully**



# Acknowledgements



**Acknowledgment for funding support to this work is to Qatar University, Doha-Qatar.**



**Deep appreciation and gratitude are extended to the physiotherapists and individuals with Parkinson's Disease who contributed to the development of this program.**



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# 2025

# W1

START DATE: / /20

- DID YOU EXERCISE? (IF NO WRITE THE REASON)
- FOR HOW MANY MINUTES?
- HOW MANY STEPS?
- DID YOU ACHIEVE YOUR GOAL OF THE DAY?



DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

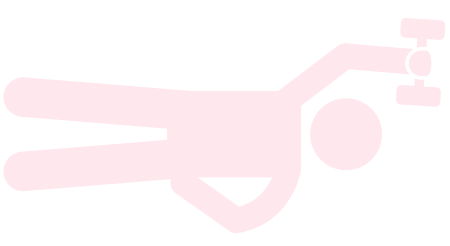
DESCRIBE YOUR  
FEELINGS FOR  
THIS WEEK

# 2025

# W2

START DATE: / /20

- DID YOU EXERCISE? (IF NO WRITE THE REASON)
- FOR HOW MANY MINUTES?
- HOW MANY STEPS?
- DID YOU ACHIEVE YOUR GOAL OF THE DAY?



DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

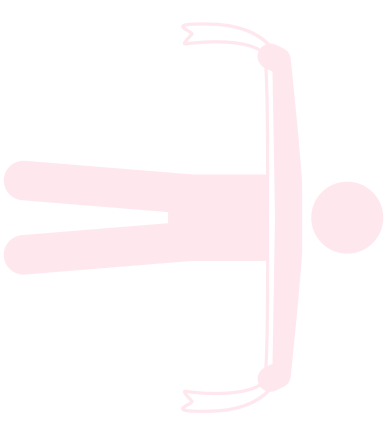
DESCRIBE YOUR  
FEELINGS FOR  
THIS WEEK

# 2025

# W3

START DATE: / /20

- DID YOU EXERCISE? (IF NO WRITE THE REASON)
- FOR HOW MANY MINUTES?
- HOW MANY STEPS?
- DID YOU ACHIEVE YOUR GOAL OF THE DAY?



DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

DESCRIBE YOUR  
FEELINGS FOR  
THIS WEEK

# 2025

# W4

START DATE: / /20

- DID YOU EXERCISE? (IF NO WRITE THE REASON)
- FOR HOW MANY MINUTES?
- HOW MANY STEPS?
- DID YOU ACHIEVE YOUR GOAL OF THE DAY?



DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

DESCRIBE YOUR  
FEELINGS FOR  
THIS WEEK

# 2025

# W5

START DATE: / /20

- DID YOU EXERCISE? (IF NO WRITE THE REASON)
- FOR HOW MANY MINUTES?
- HOW MANY STEPS?
- DID YOU ACHIEVE YOUR GOAL OF THE DAY?



DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

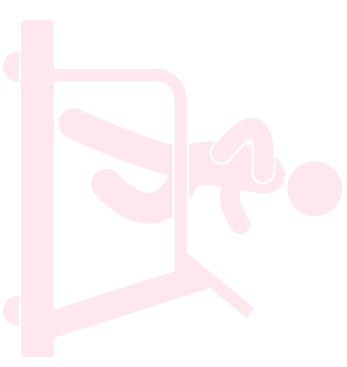
DESCRIBE YOUR FEELINGS FOR THIS WEEK

# 2025

# W6

START DATE: / /20

- DID YOU EXERCISE? (IF NO WRITE THE REASON)
- FOR HOW MANY MINUTES?
- HOW MANY STEPS?
- DID YOU ACHIEVE YOUR GOAL OF THE DAY?



**DAY 1**

**DAY 2**

**DAY 3**

**DAY 4**

**DAY 5**

**DAY 6**

**DAY 7**

**DESCRIBE YOUR  
FEELINGS FOR  
THIS WEEK**

# 2025

# W7

START DATE: / /20

- DID YOU EXERCISE? (IF NO WRITE THE REASON)
- FOR HOW MANY MINUTES?
- HOW MANY STEPS?
- DID YOU ACHIEVE YOUR GOAL OF THE DAY?



DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

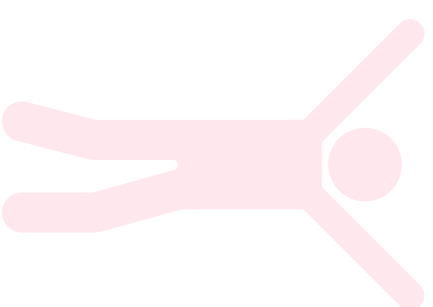
DESCRIBE YOUR  
FEELINGS FOR  
THIS WEEK

2025

W8

START DATE: / /20

- DID YOU EXERCISE? (IF NO WRITE THE REASON)
- FOR HOW MANY MINUTES?
- HOW MANY STEPS?
- DID YOU ACHIEVE YOUR GOAL OF THE DAY?



DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

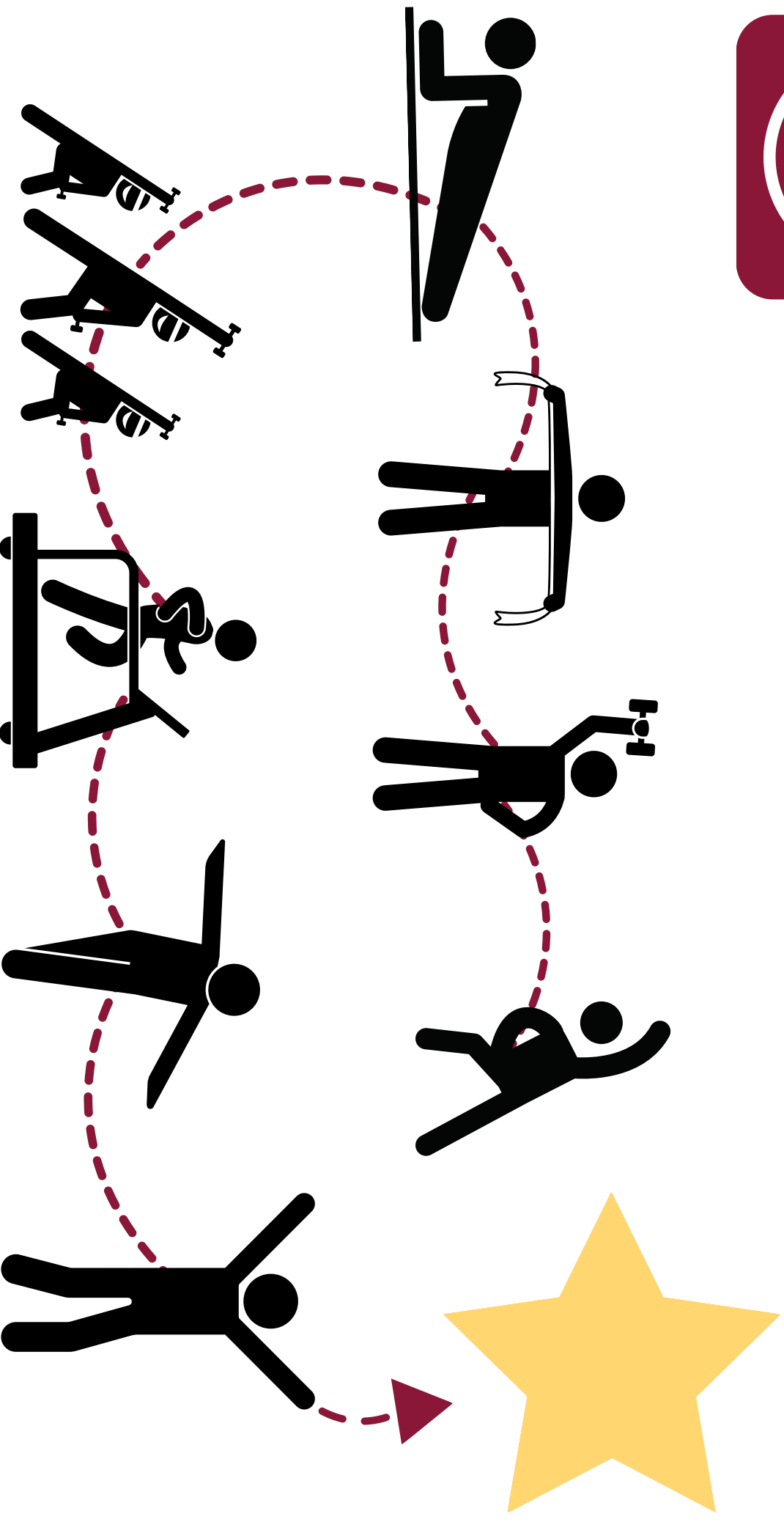
DESCRIBE YOUR  
FEELINGS FOR  
THIS WEEK

AMAZING!



END DATE: / /20

YOU HAVE FINISHED YOUR  
8 WEEKS PROGRAM!



# YOUR PHYSICAL ACTIVITY PROGRESS

**WEEK 1**

DATE: .....



## PHYSICAL ACTIVITY GOALS



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NOTES

# YOUR PHYSICAL ACTIVITY PROGRESS

**WEEK 2**

DATE: .....



## PHYSICAL ACTIVITY GOALS



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NOTES

# YOUR PHYSICAL ACTIVITY PROGRESS

**WEEK 3**

DATE: .....



## PHYSICAL ACTIVITY GOALS



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NOTES

# YOUR PHYSICAL ACTIVITY PROGRESS

**WEEK 4**

DATE: .....



## PHYSICAL ACTIVITY GOALS



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NOTES

# YOUR PHYSICAL ACTIVITY PROGRESS

**WEEK 5**

DATE: .....



## PHYSICAL ACTIVITY GOALS



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NOTES

# YOUR PHYSICAL ACTIVITY PROGRESS

**WEEK 6**

DATE: .....



## PHYSICAL ACTIVITY GOALS



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NOTES

# YOUR PHYSICAL ACTIVITY PROGRESS

**WEEK 7**

DATE: .....



## PHYSICAL ACTIVITY GOALS



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**NOTES**

# YOUR PHYSICAL ACTIVITY PROGRESS

**WEEK 8**

DATE: .....



## PHYSICAL ACTIVITY GOALS



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NOTES