

P02



**So far, what is the severity of your symptoms?**

	<b>HH</b>		<b>MM</b>	<b>Pain</b>	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High
11	12	1	00							
10	am	2	15	<b>Low Energy</b>	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High
9		3								
8	pm	4	30							
7	6	5	45	<b>Freezing</b>	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High

Optional

	<b>HH</b>		<b>MM</b>	<b>Pain</b>	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High
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10	am	2	15	<b>Low Energy</b>	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High
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