

P02

So far, what is the severity of your symptoms?

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

Optional

HH	MM	
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