

P03

So far, what is the severity of your symptoms?

	HH		MM	
11	12	1	00	Tremor None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
10	am	2	15	Fatigue None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
9	pm	3	30	
8		4	45	Inv. Mov. None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
7	6	5		

Optional

	HH		MM	
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