

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		3								
8	pm	4	30							
7	6	5	45	Inv. Mov.	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High

Optional

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