



So far, what is the severity of your symptoms?

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

Optional

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