

P01

So far, what is the severity of your symptoms?

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

Optional

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

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		00	Dyskinesia	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High
		15	Slow Walk	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High
		30							
		45	Fatigue	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High

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