

P01



## So far, what is the severity of your symptoms?

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

### Optional

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