

P02

So far, what is the severity of your symptoms?

	HH	MM	
	11 12 1	00	Pain None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
10	am	2 15	Low Energy None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
9		3 30	
8	pm	4 45	Freezing None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
7	6 5		

Optional

	HH	MM	
	11 12 1	00	Pain None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
10	am	2 15	Low Energy None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
9		3 30	
8	pm	4 45	Freezing None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
7	6 5		

	HH	MM	
	11 12 1	00	Pain None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
10	am	2 15	Low Energy None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
9		3 30	
8	pm	4 45	Freezing None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
7	6 5		

So far, what is the severity of your symptoms?

HH

MM

11

12

1

00

10

am

2

15

9

pm

3

30

8

4

45

7

6

5

Pain

None

☐

☐

☐

☐

High

Low Energy

None

☐

☐

☐

☐

High

Freezing

None

☐

☐

☐

☐

High

Optional

HH

MM

11

12

1

00

10

am

2

15

9

pm

3

30

8

4

45

7

6

5

Pain

None

☐

☐

☐

☐

High

Low Energy

None

☐

☐

☐

☐

High

Freezing

None

☐

☐

☐

☐

High

HH

MM

11

12

1

00

10

am

2

15

9

pm

3

30

8

4

45

7

6

5

Pain

None

☐

☐

☐

☐

High

Low Energy

None

☐

☐

☐

☐

High

Freezing

None

☐

☐

☐

☐

High