

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

Optional

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

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

Optional

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	Inv. Mov. None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
7	6	5	45	

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	Inv. Mov. None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
7	6	5	45	

