



If you find this diary, please email test@test.com



So far, what is the severity of your symptoms?

11	12	1	00	Gait	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High
10	am	2	15	Stiffness	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High
9		3	30							
8	pm	4	45	Slowness	None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High
7	6	5								

Optional

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