





So far, what is the severity of your symptoms?

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