

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

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

### Optional

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

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