

P01

So far, what is the severity of your symptoms?

<div>11 12 1 10 am 2 9 3 8 pm 4 7 6 5</div>	HH	MM	
		00	Dyskinesia None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
		15	Slow Walk None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
		30	
	45	Fatigue None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High	

Optional

<div>11 12 1 10 am 2 9 3 8 pm 4 7 6 5</div>	HH	MM	
		00	Dyskinesia None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
		15	Slow Walk None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
		30	
	45	Fatigue None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High	

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		00	Dyskinesia None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
		15	Slow Walk None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High
		30	
	45	Fatigue None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> High	

So far, what is the severity of your symptoms?

HH

MM

11121

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10am2

15

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8pm4

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765

45

Dyskinesia

None

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High

Slow Walk

None

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