



So far, what is the severity of your symptoms?

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

Optional

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