

D - Neuro - Huntington's Disease

Please complete the survey below.

Thank you!

1. Gold Standard Diagnosis:

Does the participant have Huntington's Disease (HD)?

- ☐ Yes
☐ No
☐ Not certain

How was this confirmed? Check all that apply

- ☐ Genetic Testing
☐ Consistent clinical presentation with genetically confirmed family history

Is the CAG repeat length known?

- ☐ Yes
☐ No

What is the CAG repeat length?

2. Disease Subtype

Disease Subtype

- ☐ Pediatric Onset
☐ Juvenile Onset
☐ Adult Onset
☐ Late Onset
☐ Unknown

3. Disease Severity

Motor Exam

UHDRS total motor score

UHDRS speech training

UHDRS total chorea score

DCL (Diagnostic Confidence Level)

HD Total Functional Capacity Rating Scale

Occupation

- ☐ 0 = unable
☐ 1 = marginal work only
☐ 2 = reduced capacity for usual job
☐ 3 = normal

Finances:

- ☐ 0 = unable
☐ 1 = major assistance
☐ 2 = slight assistance
☐ 3 = normal

Domestic chores:	<input type="radio"/> 0 = unable <input type="radio"/> 1 = impaired <input type="radio"/> 2 = normal
Activities of daily living:	<input type="radio"/> 0 = total care <input type="radio"/> 1 = gross tasks only <input type="radio"/> 2 = minimal impairment <input type="radio"/> 3 = normal
Care level:	<input type="radio"/> 0 = full time skilled nursing <input type="radio"/> 1 = home or chronic care <input type="radio"/> 2 = home
Total:	<hr/>

4. Treatment obtained

Has the participant undergone any treatment for Huntington's disease?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not certain
Please select the type of treatment:	<input type="checkbox"/> Medications <input type="checkbox"/> Prior or current SLP therapy
Please select all that apply and provide further details if available	<input type="checkbox"/> Neuroleptic <input type="checkbox"/> VMAT2 inhibitor <input type="checkbox"/> Antidepressant <input type="checkbox"/> Benzodiazepine
Neuroleptic selected. Please specify	<hr/>
VMAT2 inhibitor selected. Please specify	<hr/>
Antidepressant selected. Please specify	<hr/>
Prior or current SLP therapy selected. Please select all that apply:	<input type="checkbox"/> Prior <input type="checkbox"/> Current

Deprecated Fields

[DEPRECATED] Does the participant have Huntington's disease (HD) confirmed by genetic testing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not certain
[DEPRECATED] Does the participant have Huntington's disease confirmed by consistent clinical presentation with genetically confirmed family history?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not certain