

## D - Neuro - Huntington's Disease

Record ID

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### 1. Gold Standard Diagnosis:

Does the patient have Huntington's disease (HD) confirmed by genetic testing?

- ☐ Yes  
☐ No  
☐ Not certain

Is the CAG repeat length known?

- ☐ Yes  
☐ No

What is the CAG repeat length?

\_\_\_\_\_

Does the patient have Huntington's disease confirmed by consistent clinical presentation with genetically confirmed family history?

- ☐ Yes  
☐ No  
☐ Not certain

### 2. Disease Subtype

Disease Subtype

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

### 3. Disease Severity

Motor Exam

UHDRS total motor score

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UHDRS speech training

\_\_\_\_\_

UHDRS total chorea score

\_\_\_\_\_

DCL (Diagnostic Confidence Level)

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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

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Domestic chores:

- ☐ 0 = unable  
☐ 1 = impaired  
☐ 2 = normal

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Activities of daily living:

- ☐ 0 = total care  
☐ 1 = gross tasks only  
☐ 2 = minimal impairment  
☐ 3 = normal

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Care level:

- ☐ 0 = full time skilled nursing  
☐ 1 = home or chronic care  
☐ 2 = home

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Total:  

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**4. Treatment obtained**

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Has the patient undergone any treatment for Huntington's disease?

- ☐ Yes  
☐ No  
☐ Not certain

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Please select the type of treatment:

- ☐ Medications  
☐ Prior or current SLP therapy

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Please select all that apply and provide further details if available

- ☐ Neuroleptic  
☐ VMAT2 inhibitor  
☐ Antidepressant  
☐ Benzodiazepine

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Neuroleptic selected. Please specify  

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VMAT2 inhibitor selected. Please specify  

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Antidepressant selected. Please specify  

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Prior or current SLP therapy selected. Please select all that apply:

- ☐ Prior  
☐ Current