

# Clinical Global Impression of Change

Huntington's disease

Protocol

Site Number

Screening Number

Randomization Number

**Assessment Date** 

Rater

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## Clinical Global Impression of Change

Please choose the response below that best describes the change in his/her overall clinical status since starting this study:

Very much	Much	Minimally	No	Minimally	Much	Very much
improved	improved	improved	change	worse	worse	worse
1	2	3	4	5	6	7

Has this change in his/her overall clinical status had a meaningful impact on his/her daily life?

Yes
No

## Notes

### **Signature History**

#### **Completed and Signed by**

Name Date/Time (UTC)

#### **Edited and Signed by**

Version Name Date/Time (UTC)