



Clinical Global Impression of Change

Huntington's disease

Protocol

Site Number

Screening Number

Randomization Number

Assessment Date

Rater

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Build 1



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 improved | Much improved | Minimally improved | No change | Minimally worse | Much worse | Very much 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) |
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