1. Name of person completing the form:
2. Title/ Credentials/ Training of the person completing the form:
3. Date of first motor symptom(s) as noted by participant/subject: //20 (m m/dd/yyyy)

Not applicable (skip to question 4)

1. Indicate first motor symptom(s) as noted by participant/ subject: (Choose all that apply)

Chorea

* 1. If Chorea, indicate location: (choose all that apply)

Face  Upper extremities  Lower extremities  Trunk

Fine motor coordination

Gross motor coordination

Gait disorder

Balance impairment

Dysphagia

Dysarthria

Involuntary vocalization/sounds

Slowness of movement

Tremor

Other symptoms, specify (i.e., motor symptoms, involuntary movements):

Unable to remember first symptom (s)

1. Have motor symptoms improved since first diagnosis?  Yes  No
2. Date of first motor symptom(s) as noted by informant: //20 (m m/dd/yyyy)

Not applicable (skip to question 6)

1. Indicate first motor symptom(s) as noted by informant: (Choose all that apply)

Chorea

* 1. If Chorea, indicate location: (check all that apply)

Face  Upper extremities  Lower extremities  Trunk

Fine motor coordination

Gross motor coordination

Gait disorder

Balance impairment

Dysphagia

Dysarthria

Involuntary vocalization/sounds

Slowness of movement

Tremor

Other symptoms, specify (i.e., motor symptoms, involuntary movements):

1. Indicate relationship of informant to participant/ subject:

Family member, specify:

Friend

Study Investigator/Study Coordinator

Other, specify:

1. What additional motor symptoms have developed over the course of the illness as noted by a physician? (Choose all that apply)

Chorea

* 1. If Chorea, indicate location:

Face  Upper extremities  Lower extremities  Trunk

Fine motor coordination

Gross motor coordination

Gait disorder

Balance impairment

Dysphagia

Dysarthria

Involuntary vocalization/sounds

Slowness of movement

Tremor

Other symptoms, specify (i.e., motor symptoms, involuntary movements):

None

1. Has diagnosis been made by a physician?

Yes  No (skip to question 10)  Unknown/Uncertain (skip to question 10)

* 1. If Yes, indicate year of physician diagnosis: (yyyy)  Unknown
  2. If Yes, indicate specialty of the physician who made the initial diagnosis:

Neurologist

Psychiatrist

Primary Care Physician

Other, specify

1. Was diagnosis based on genetic testing?

Yes (skip to question 10)  No  Unknown (skip to question10)

* 1. If No, what kind of abnormalities was the diagnosis based on? (check all that apply)

Motor  Behavioral  Cognitive  Functional  Unknown

1. Based on the information that is available, how confident is the investigator that this person has manifest Huntington disease?

Less than 25%

Between 26-50%

Between 51-75%

Between 76-90%

Greater than 90%

1. Is physician confidence level primarily based on (Choose all that apply):

History  Examination  Genetic testing

## General Instructions

Medical history data are collected to help verify the inclusion and exclusion criteria (e.g., no history of cognitive disabilities), ensure the participant/ subject receives the appropriate care, and describe the study population. The Huntington’s disease Medical History CRF captures conditions specifically related to HD as opposed to a more general Medical History which captures conditions that occurred at some point in time within a protocol-defined period.

Important note: None of the data elements included on this CRF Module are classified as Core (i.e., strongly recommended for all Huntington’s disease clinical studies to collect). The data elements are classified as supplemental (i.e., non Core) and should only be collected if the research team considers them appropriate for their study. Please see the Data Dictionary for element classifications.

## Specific Instructions

* Date of first motor symptom (s) as noted by participant/ subject – If participant/subject is unable to answer the question (e.g. due to dementia, disability, etc), Not Applicable should be selected.
* Date of first motor symptom(s) as noted by informant – Informant is a person that has known the participant/ subject since symptom (s) onset. If informant has not known participant/ subject since symptom (s) onset, Not Applicable should be selected.
* What additional motor symptoms have developed over the course of the illness as noted by physician – This question should be answered by the physician based on direct observation and with input from the informant and participant/ subject (as applicable).