



TRACKHD-IDS-2015-10-R1

TRACK-HD Annotated eCRF

Table of Contents

| | | |
|----|---|----|
| 1 | Purpose of this Document | 4 |
| 2 | Forms and Visits | 5 |
| 3 | Form "Eligibility (Eligibility)" | 7 |
| 4 | Form "Demographics (Demog)" | 9 |
| 5 | Form "Past Disorders and Comorbidities (Comorbid)" | 10 |
| 6 | Form "Previous and Concomitant Medication (Medication)" | 11 |
| 7 | Form "End of Study (End)" | 12 |
| 8 | Form "General Variable Items (Variable Items)" | 13 |
| 9 | Form "General Variable Items (Variable Items)" | 14 |
| 10 | Form "General Variable Items (Variable Items)" | 15 |
| 11 | Form "General Variable Items (Variable Items)" | 17 |
| 12 | Form "General Medical History (Medical History)" | 18 |
| 13 | Form "Huntington's Disease History (HD History)" | 20 |
| 14 | Form "Huntington's Disease History (HD History)" | 23 |
| 15 | Form "Huntington's Disease History (HD History)" | 26 |
| 16 | Form "CAG History (CAG History)" | 29 |
| 17 | Form "Withdrawal of Biosamples with Deferred Shipment (Samples EDTA/PX)" | 30 |
| 18 | Form "Withdrawal of Biosamples with Deferred Shipment (Samples EDTA/ACD)" | 31 |
| 19 | Form "Withdrawal of Biosamples with Instant Shipment (Samples ACD)" | 32 |
| 20 | Form "Withdrawal of Biosamples with Instant Shipment (Samples ACD)" | 33 |
| 21 | Form "Huntington's Disease Rating Scale '99 - Motor Assessment (Motor)" | 34 |
| 22 | Form "Quantitative Motor Assessments (QMotor)" | 36 |
| 23 | Form "Quantitative Motor Assessments (QMotor)" | 38 |
| 24 | Form "Quantitative Motor Assessments (QMotor)" | 39 |
| 25 | Form "Oculomotor Assessment (Oculomotor)" | 40 |
| 26 | Form "Oculomotor Assessment (Oculomotor)" | 41 |
| 27 | Form "Oculomotor Assessment (Oculomotor)" | 42 |
| 28 | Form "Oculomotor Assessment (Oculomotor)" | 44 |
| 29 | Form "Graphimetry Assessment (Graphimetry)" | 45 |
| 30 | Form "Graphimetry Assessment (Graphimetry)" | 46 |
| 31 | Form "Cognitive Battery (Cognitive)" | 47 |

| | | |
|----|---|-----|
| 32 | Form "Cognitive Battery (Cognitive)" | 51 |
| 33 | Form "Cognitive Battery (Cognitive)" | 56 |
| 34 | Form "Cognitive Battery (Cognitive)" | 61 |
| 35 | Form "Huntington's Disease Rating Scale '99 - Functional Assessment (Function)" | 65 |
| 36 | Form "Huntington's Disease Rating Scale '99 - Functional Capacity (TFC)" | 67 |
| 37 | Form "MRI 3T (MRI 3T)" | 68 |
| 38 | Form "MRI 1,5T (MRI 1,5T)" | 69 |
| 39 | Form "MRI DTI QC (MRI DTI QC)" | 70 |
| 40 | Form "Hospital Anxiety and Depression Scale - Snaith Irritability Scale (HADS-SIS)" | 71 |
| 41 | Form "Beck Depression Inventory II (BDI II)" | 74 |
| 42 | Form "Problem Behaviours Assessment for HD - short version (PBA-s)" | 77 |
| 43 | Form "FrSBe Self-Rating Form (FrSBe-S)" | 90 |
| 44 | Form "FrSBe Family-Rating Form (FrSBe-F)" | 94 |
| 45 | Form "ISHD Diary (ISHD)" | 98 |
| 46 | Form "SF-36v2 Health Survey (SF-36v2)" | 100 |
| 47 | Form "Ferrans and Powers QUALITY OF LIFE INDEX© GENERIC VERSION – III (QOLI)" | 103 |
| 48 | Form "Pittsburgh Sleep Quality Index (PSQI)" | 108 |
| 49 | Form "Baltimore Apathy Scale - Subject Version (Apathy-s)" | 110 |
| 50 | Form "Baltimore Apathy Scale - Companion Version (Apathy-c)" | 111 |
| 51 | Form "Baltimore Irritability Scale - Subject Version (Irritability-s)" | 112 |
| 52 | Form "Baltimore Irritability Scale - Companion Version (Irritability-c)" | 113 |
| 53 | Form "Physical Activities Review (Physical Activities)" | 114 |
| 54 | Form "HD Quality of Life Questionnaire (HDQ-D2) - Participant Version (HDQ-D2-p)" | 118 |
| 55 | Form "HD Quality of Life Questionnaire (HDQ-D2) - Companion Version (HDQ-D2-c)" | 120 |
| 56 | Form "Family History (FH)" | 122 |
| | References | 123 |
| | Revision History | 123 |

1 Purpose of this Document

The purpose of this document is to provide the annotated view of the TRACK-HD's eCRF (*electronic Case Report Form*). The annotated view shows all forms, variables and its variable names used within the TRACK-HD study. The forms and variables are described in detail within the data dictionary of the TRACK-HD study [1].

2 Forms and Visits








Forms are CRF entry screens that are displayed to data entry personnel and show how data is entered in the eCRF. The following table defines how forms and visits [1] are related.



















| Form | General | Visit 1 | Visit 2 | Visit 3 | Visit 4 | Family |
|-----------------|---------|---------|---------|---------|---------|--------|
| Eligibility | ✓ | | | | | |
| Demog | ✓ | | | | | |
| Medication | ✓ | | | | | |
| Comorbid | ✓ | | | | | |
| End | ✓ | | | | | |
| FH | | | | | | ✓ |
| BDI-II | | ✓ | ✓ | ✓ | ✓ | |
| CAG History | | ✓ | | | | |
| Cognitive | | ✓ | ✓ | ✓ | ✓ | |
| FrSBe-S | | ✓ | ✓ | ✓ | ✓ | |
| FrSBe-F | | ✓ | ✓ | ✓ | ✓ | |
| Function | | ✓ | ✓ | ✓ | ✓ | |
| Graphimetry | | ✓ | ✓ | | | |
| HADS-SIS | | ✓ | ✓ | ✓ | ✓ | |
| Medical History | | ✓ | | | | |
| MRI 1.5T | | ✓ | ✓ | | | |
| MRI 3T | | ✓ | ✓ | ✓ | ✓ | |
| MRI DTI QC | | | | ✓ | ✓ | |
| ISHD | | ✓ | ✓ | ✓ | | |
| Motor | | ✓ | ✓ | ✓ | ✓ | |
| QMotor | | ✓ | ✓ | ✓ | ✓ | |
| Oculomotor | | ✓ | ✓ | ✓ | ✓ | |
| HD History | | ✓ | | ✓ | ✓ | |
| PBA-s | | ✓ | ✓ | ✓ | ✓ | |
| QOLI | | ✓ | ✓ | ✓ | ✓ | |

| Form | General | Visit 1 | Visit 2 | Visit 3 | Visit 4 | Family |
|---------------------|---------|---------|---------|---------|---------|--------|
| Samples ACD | | ✓ | ✓ | ✓ | | |
| Samples EDTA/PX | | ✓ | ✓ | ✓ | | |
| Samples EDTA/ACD | | | | | ✓ | |
| SF-36v2 | | ✓ | ✓ | ✓ | | |
| TFC | | ✓ | ✓ | ✓ | ✓ | |
| Variable Items | | ✓ | ✓ | ✓ | ✓ | |
| Apathy-s | | | | ✓ | ✓ | |
| Apathy-c | | | | ✓ | ✓ | |
| Irritability-s | | | | ✓ | ✓ | |
| Irritability-c | | | | ✓ | ✓ | |
| PSQI | | | | | ✓ | |
| HDQ-D2-c | | | | | ✓ | |
| HDQ-D2-p | | | | | ✓ | |
| Physical Activities | | | | | ✓ | |





3 Form “Eligibility (Eligibility)”

Eligibility

| Informed Consent 79 | | |
|----------------------------|--|---|
| Date of enrolment: | <input type="text"/> . <input type="text"/> . <input type="text"/>  (format "dd.mm.yyyy") | rfstdtc   |
| Signature of subject: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | signp   |
| Signature of investigator: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | signi   |
















| Inclusion Criteria 46 | | |
|--|--|---|
| Ability to tolerate MRI and sample donation: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | incl01   |
| Subject will be either: | <input type="radio"/> control subject 0 <input type="radio"/> premanifest gene carrier 1 <input type="radio"/> early HD 2 | incl02   |
| If 'control subject' is ticked | | |
| Relation to subject: | <input type="radio"/> Partner/spouse of the subject, not at risk 1 <input type="radio"/> HD normal repeat length sibling or HD normal repeat length control volunteer 2 | relation   |
| If 'premanifest gene carrier' is ticked | | |
| Positive genetic test with CAG repeat length ≥ 40 : | <input type="radio"/> yes 1 <input type="radio"/> no 0 | incl02c   |
| Disease burden score $(CAG-35.5) \times age > 250$: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | incl02d   |
| Absence of diagnostic motor features according to the UHDRS 99: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | incl02e   |
| If 'early HD' is ticked | | |
| Positive genetic test with CAG repeat length ≥ 40 : | <input type="radio"/> yes 1 <input type="radio"/> no 0 | incl02f   |
| Presence of diagnostic motor features according to the UHDRS 99: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | incl02g   |
| Shoulson and Fahn stage 1 (TFC ≥ 11 to ≤ 13) or 2 (TFC ≥ 7 to ≤ 10) assessed according to UHDRS total functional capacity: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | incl02h   |

| Exclusion Criteria 47 | | |
|-----------------------|--|--|
|-----------------------|--|--|

| | | |
|--|--|--|
| Stage 3 (TFC \leq 6) or greater at time of enrolment: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl01   |
| Younger than 18 years of age: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl02   |
| Older than 65 years of age: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl03   |
| Major psychiatric disorder at time of enrolment: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl04   |
| Concomitant significant neurological disorder: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl05   |
| Concomitant significant medical illness: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl06   |
| Unsuitability for MRI, e.g. claustrophobia, metal implants: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl07   |
| Unwillingness to donate blood: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl08   |
| History of significant head injury: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl09   |
| Predictable non-compliance by drug and/or alcohol abuse: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl10   |
| Significant hand injuries that preclude either writing or rapid computerized responding: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl11   |
| Participant in Predict-HD: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl12   |
| Currently participating in a clinical drug trial: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | excl13   |

4 Form “Demographics (Demog)”

Demographics

| Demographics (invariable) 117 | | |
|---|---|--|
| Date of birth: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") | brthdte   |
| Sex: | <input type="radio"/> female 1 <input type="radio"/> male 2 | sex   |
| Ethnicity: | <input type="radio"/> Caucasian 1 <input type="radio"/> African - Black 11 <input type="radio"/> African - North 12 <input type="radio"/> American - Black 2 <input type="radio"/> American - Latin 3 <input type="radio"/> Asian - West 13 <input type="radio"/> Asian - East 14 <input type="radio"/> mixed 15 <input type="radio"/> other 6 <input type="radio"/> unknown 7 | ethnic   |
| | Subject's statement: <input type="text"/> | ethnicslf   |
| Handedness:  | <input type="radio"/> right 1 <input type="radio"/> left 2 <input type="radio"/> mixed 3 | handedness   |
| Education level: | <input type="radio"/> ISCED 0 - nursery school 0 <input type="radio"/> ISCED 1 - primary school (key stage 1, 2) 1 <input type="radio"/> ISCED 2 - comprehensive school/college (key stage 3) 2 <input type="radio"/> ISCED 3 - sixth form (key stage 4) 3 <input type="radio"/> ISCED 4 - college of further education 4 <input type="radio"/> ISCED 5 - university (further/higher education institutions) 5 <input type="radio"/> ISCED 6 - tertiary studies leading to an advanced research qualification 6 | education   |
| Comments 112 | | |
| Comments: | <div></div> | generalcmt   |

5 Form “Past Disorders and Comorbidities (Comorbid)”

Past Disorders and Comorbidities

| Past Disorders and Comorbidities 258 | | | | | | | | | |
|--------------------------------------|----------------------|------|-------------------------|--|--|---|--|--|---|
| Disorders | | | | Start date | | Ongoing | | End date | |
| 1. | <input type="text"/> | name | modify code certainty ⇄ | disorder   | <input type="text"/> . <input type="text"/> . <input type="text"/> |  stdtc   | <input type="checkbox"/> ongoing  | <input type="text"/> . <input type="text"/> . <input type="text"/> |  endtc   |
| | | | | | | 1 | | | |













6 Form “Previous and Concomitant Medication (Medication)”

Previous and Concomitant Medication

| Previous and Concomitant Medication 266 | | | | | | | | | | | | | | |
|---|--|--|---------------------------------------|--|--|-----------------|--|---------|-----------------|-------|------------|--|---------|----------|
| Drug name | | | Indication | | | Dose/Unit | | Regimen | Regimen per day | Route | Start date | | Ongoing | End date |
| name modify code certainty drug | | | name modify code certainty indication | | | value unit dosu | | regimen | frequency | route | state | | ongoing | endto |
| 1 | | | | | | | | | | | | | | |















7 Form “End of Study (End)”

End of Study

| End of Study 313 | | |
|--|--|--|
| Did the subject complete the study? | <input type="radio"/> yes 1 <input type="radio"/> no 0 | complete   |
| Specify primary reason for subject's premature discontinuation from study: | <input type="radio"/> death 0 <input type="radio"/> event or illness necessitating withdrawal 1 <input type="radio"/> request of primary care physician 2 <input type="radio"/> subject's request 3 <input type="radio"/> failure of subject to return to next visit and failure to be located by investigator 4 <input type="radio"/> Institutionalized (will not be followed further) 5 <input type="radio"/> failure to complete the required study procedures, regardless of reason 7 <input type="radio"/> the site investigator feels that it is in the best interest of the subject 8 <input type="radio"/> Other 6 | discon   |
| | Please specify: <input type="text"/> | disconspec   |
| Does a request for additional withdrawal of material from the study exist? | <input type="radio"/> yes 1 <input type="radio"/> no 0 | withdrawal   |
| | Please select each withdrawn material: <input type="checkbox"/> Biosamples samples <input type="checkbox"/> MRI scans scans <input type="checkbox"/> All other data data | withdrawn   |
| Latest visit data available and approved for analysis: | <input type="radio"/> No visit 0 <input type="radio"/> Visit 1 1 <input type="radio"/> Visit 2 2 <input type="radio"/> Visit 3 3 | last_visit   |
























8 Form “General Variable Items (Variable Items)”

General Variable Items

| General Variable Items 522 | | |
|--|--|---|
| Date of visit: | <input type="text"/> . <input type="text"/> . <input type="text"/>  (format "dd.mm.yyyy") | svstdtc   |
| Weight: | <input type="text"/> kg | weight   |
| Height: | <input type="text"/> cm | height   |
| BMI: | <input type="text"/> | bmi   |
| Occupation: | <input type="text"/> name code | occupation   |
| Employment: | <input type="radio"/> full-time 0 <input type="radio"/> part-time 1 <input type="radio"/> unemployed 2 <input type="radio"/> retired 3 | employ   |
| Marital status: | <input type="radio"/> single 1 <input type="radio"/> married 2 <input type="radio"/> partnership 3 <input type="radio"/> divorced 4 <input type="radio"/> widowed 5 | maritalstatus   |
| Do you have a companion that lives with you? | <input type="radio"/> yes 1 <input type="radio"/> no 0 | companion   |
| Current alcohol consumption: | <input type="text"/> units per week | alcunits   |





























9 Form “General Variable Items (Variable Items)”

General Variable Items

| General Variable Items 3806 | | |
|---|--|--|
| Date of visit: | <input type="text"/> . <input type="text"/> . <input type="text"/>  (format "dd.mm.yyyy") | svstdtc   |
| Weight: | <input type="text"/> kg | weight   |
| Height: | <input type="text"/> cm | height   |
| BMI: | <input type="text"/> | bmi   |
| What is the highest degree that you have completed? | <input type="text"/> | highest_education   |
| Occupation: | <input type="text"/> name code | occupation   |
| Employment: | <input type="radio"/> full-time 0 <input type="radio"/> part-time 1 <input type="radio"/> unemployed 2 <input type="radio"/> retired 3 | employ   |
| Marital status: | <input type="radio"/> single 1 <input type="radio"/> married 2 <input type="radio"/> partnership 3 <input type="radio"/> divorced 4 <input type="radio"/> widowed 5 | maritalstatus   |
| Do you have a companion that lives with you? | <input type="radio"/> yes 1 <input type="radio"/> no 0 | companion   |
| Current alcohol consumption: | <input type="text"/> units per week | alcunits   |
| Had the Comorbid and Medication forms been updated to the current status? | <input type="radio"/> yes 1 <input type="radio"/> no 0 | comorbmedcheck   |

10 Form “General Variable Items (Variable Items)”



























General Variable Items

| General Variable Items 4551 | | |
|---|---|--|
| Date of visit: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") | svstdtc   |
| Weight: | <input type="text"/> kg | weight   |
| Height: | <input type="text"/> cm | height   |
| BMI: | <input type="text"/> | bmi   |
| Occupation: | <input type="text"/> name code | occupation   |
| Employment: | <input type="radio"/> full-time 0 <input type="radio"/> part-time 1 <input type="radio"/> unemployed 2 <input type="radio"/> retired 3 | employ   |
| Marital status: | <input type="radio"/> single 1 <input type="radio"/> married 2 <input type="radio"/> partnership 3 <input type="radio"/> divorced 4 <input type="radio"/> widowed 5 | maritalstatus   |
| | Is the partner/spouse the same person as at visit 1: <input type="radio"/> yes 1 <input type="radio"/> no 0 | maritalstatuspers   |
| Do you have a companion that lives with you? | <input type="radio"/> yes 1 <input type="radio"/> no 0 | companion   |
| Are you currently participating in a clinical drug trial: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | cltrial   |
| Current alcohol consumption: | <input type="text"/> units per week | alcunits   |
| Subject group: | <input type="text"/> | sgroup   |
| | Relation to subject: <input type="radio"/> sibling/non-gene carrier 1 <input type="radio"/> partner/spouse of pre-HD subject 2 <input type="radio"/> partner/spouse of early-HD subject 3 | relation   |
| Had the Comorbid and Medication forms been updated to the current status? | <input type="radio"/> yes 1 <input type="radio"/> no 0 | comorbmedcheck   |

| Education 4685 | |
|---|---|
| Current education level (ISCED 2010): | <input type="text" value="---"/> isced |
| What is the highest degree that you have currently completed? | <input type="text"/> highest_education |
| Missing highest degree been collected at Visit 2: | <input type="text" value="yes"/> check_he_v2 |
| What was the highest degree that you have completed at Visit 1? | <input type="text"/> highest_education_v2 |

























































11 Form “General Variable Items (Variable Items)”























General Variable Items











| General Variable Items 5169 | | |
|--|---|--|
| Date of visit: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") | svstdtc   |
| Weight: | <input type="text"/> kg | weight   |
| Height: | <input type="text"/> cm | height   |
| BMI: | <input type="text"/> | bmi   |
| Occupation: | <input type="text"/> name code | occupation   |
| Employment: | <input type="radio"/> full-time 0 <input type="radio"/> part-time 1 <input type="radio"/> unemployed 2 <input type="radio"/> retired 3 | employ   |
| Marital status: | <input type="radio"/> single 1 <input type="radio"/> married 2 <input type="radio"/> partnership 3 <input type="radio"/> divorced 4 <input type="radio"/> widowed 5 | maritalstatus   |
| <div> <div>Is the partner/spouse the same person as at all previous visits:</div> <div> <input type="radio"/> yes, same at all visits 1 <input type="radio"/> no, same at some previous visits 2 <input type="radio"/> no, different to all previous visits 0 </div> </div> <div> <div>Partner in previous visit:</div> <div> <input type="checkbox"/> visit 1 1 <input type="checkbox"/> visit 2 2 <input type="checkbox"/> visit 3 3 </div> </div> | | |
| Do you have a companion that lives with you? | <input type="radio"/> yes 1 <input type="radio"/> no 0 | companion   |
| Are you currently participating in a clinical drug trial: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | cltrial   |
| Current alcohol consumption: | <input type="text"/> units per week | alcunits   |
| Subject group: | <input type="text"/> | sgroup   |
| <div> <div>Relation to subject:</div> <div> <input type="radio"/> sibling/non-gene carrier 1 <input type="radio"/> cohabiting partner/spouse of pre-HD subject 2 <input type="radio"/> cohabiting partner/spouse of early-HD subject 3 </div> </div> | | |
| Had the Comorbid and Medication forms been updated to the current status? | <input type="radio"/> yes 1 <input type="radio"/> no 0 | comorbmedcheck   |
| Signature of subject for V4: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | signpv4   |

12 Form “General Medical History (Medical History)”

General Medical History

| General Medical History 131 | | | |
|--|---|---|--|
| Birth trauma or serious neonatal illness: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | illnessbirth   | |
| Childhood (birth to 12 years) serious illness: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | illnesschild   | |
| Adolescent (13-17 years) serious illness: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | illnessadolescent   | |
| Adult (18+ years) serious illness: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | illnessadult   | |
| Major surgery requiring general anaesthesia: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | majorsurgery   | |
| History of alcohol abuse: | <input type="radio"/> never abused 1 <input type="radio"/> previous abuse 2 <input type="radio"/> current abuse 3 | alcoholabuse   | |
| Alcohol units per week: | | <input type="text"/> | alcunits   |
| History of drug abuse: | <input type="radio"/> never abused 1 <input type="radio"/> ex-drug abuser 2 <input type="radio"/> current abuse 3 | druguse   | |
| In case of ex-drug abuse or current abuse | | | |
| | Abuse | Frequency | |
| Marijuana | <input type="text"/> marijuana   | <input type="text"/> | marijuanafreq   |
| Heroin | <input type="text"/> heroin   | <input type="text"/> | heroinfreq   |
| Cocaine | <input type="text"/> cocaine   | <input type="text"/> | cocainefreq   |
| Club drugs (Ecstasy, GHB, Roofies) | <input type="text"/> clubdrugs   | <input type="text"/> | clubdrugsfreq   |
| Amphetamines | <input type="text"/> amphetamines   | <input type="text"/> | amphetaminesfreq   |
| Ritalin | <input type="text"/> ritalin   | <input type="text"/> | ritalinfreq   |
| Hallucinogens | <input type="text"/> hallucinogen   | <input type="text"/> | hallucinogenfreq   |
| Inhalants | <input type="text"/> inhalants   | <input type="text"/> | inhalantsfreq   |
| Opium | <input type="text"/> opium   | <input type="text"/> | opiumfreq   |
| Painkillers used for non-medical reasons | <input type="text"/> painkiller   | <input type="text"/> | painkillerfreq   |

| | | | |
|--------------------------------------|---|---|---|
| History of smoking tobacco: | Barbiturates/sedatives use for non-medical reasons | <input type="text" value="---"/> barbiturate   | <input type="text" value="---"/> barbituratefreq   |
| | Tranquilizers used for non-medical reasons | <input type="text" value="---"/> tranquilizer   | <input type="text" value="---"/> tranquilizerfreq   |
| | other | <input type="text" value="---"/> other   | <input type="text" value="---"/> otherfreq   |
| | <input type="radio"/> never smoked ¹ <input type="radio"/> ex-smoker ² <input type="radio"/> currently smokes ³ smoking   | | |
| Does the subject have any allergies? | Cigarettes per day: | <input type="text"/> | cigperday   |
| | Years of smoking: | <input type="text"/> years | smokeyears   |
| | <input type="radio"/> yes ¹ <input type="radio"/> no ⁰ allergies   | | |
| | Please list allergies: | <input type="text"/> | allergieslist   |

| Psychiatric History ¹⁶⁹³ | |
|-------------------------------------|---|
| Depression: | <input type="radio"/> yes ¹ <input type="radio"/> no ⁰ depression   |
| OCD: | <input type="radio"/> yes ¹ <input type="radio"/> no ⁰ ocd   |
| Psychosis: | <input type="radio"/> yes ¹ <input type="radio"/> no ⁰ psychosis   |
| Suicidal ideation: | <input type="radio"/> yes ¹ <input type="radio"/> no ⁰ suicidal   |
| Suicide attempts: | <input type="radio"/> yes ¹ <input type="radio"/> no ⁰ suicide   |

13 Form "Huntington's Disease History (HD History)"

Huntington's Disease History

generakcheck

| HD Clinical Characteristics and Age-of-Onset 704 | | |
|--|---|--|
| Indicate who provided the information: | <input type="checkbox"/> subject only 1 <input type="checkbox"/> informant that knows subject well but does not reside with subject 2 <input type="checkbox"/> informant that knows subject well and resides with subject 3 | informants   |
| Have motor symptoms ever been part of the subject's clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | motor   |
| | At what age did the subject's motor clinical features begin: <input type="text"/> years | motorage   |
| Has depression (includes treatment with antidepressants with or without a formally-stated diagnosis of depression) ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | depression   |
| | At what age did the depression begin: <input type="text"/> years | depressage   |
| Has irritability ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | irritability   |
| | At what age did irritability begin: <input type="text"/> years | irritage   |
| Has violent or aggressive behaviour ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | violent   |
| | At what age did violent/aggressive behaviour begin: <input type="text"/> years | violentage   |
| Has apathy ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | apathy   |
| | At what age did apathy begin: <input type="text"/> years | apathyage   |
| Has perseverative/obsessive behaviours ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | obsessive   |
| | At what age did perseverative/obsessive behaviours begin: <input type="text"/> years | obsessage   |
| Has psychosis (hallucinations or | <input type="radio"/> yes 1 <input type="radio"/> no 0 | psychosis   |

delusions) been a part of the subject's HD:

At what age did psychosis (hallucinations/delusions) begin: years

psychage  

Has significant cognitive impairment (severe enough to impact on work or activities of daily living) or dementia ever been a part of the subject's HD clinical features:

☐ yes 1 ☐ no 0

dementia  

At what age did cognitive impairment first start to have an impact on daily life: years

dementage  

Previous suicidal ideation:

☐ yes 1 ☐ no 0

suicidal  

Date of ideation: .. (format "dd.mm.yyyy")

dtsuicidal  

Did subject receive hospital treatment: ☐ yes 1 ☐ no 0

suicidaltreat  

Previous suicide attempts:

☐ yes 1 ☐ no 0

suicide  

Date of attempt: .. (format "dd.mm.yyyy")



dtsuicide  

Did subject receive hospital treatment: ☐ yes 1 ☐ no 0

suicidetreat  

Previous self-harm:

☐ yes 1 ☐ no 0

selfharm  

Date of self-harm: .. (format "dd.mm.yyyy")



dtselselfharm  

Did subject receive hospital treatment: ☐ yes 1 ☐ no 0



selfharmtreat  

HD History 160

HD diagnosed: month / mm/yyyy year

hddiagnosed  

Symptoms first noted by subject: month / mm/yyyy year

symptomssubject  

Symptoms first noted by family: month / mm/yyyy year











symptomsfamily  

Rater's estimate of symptom onset: month / mm/yyyy year

ratereestimate  

What are these symptoms?



















motor cognitive psychiatric oculomotor other mixed


























| | | | | | | | | |
|--|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----------------------|---|
| Initial major symptom noted by subject | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | majorsymptomssubject |   |
| | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | majorsymptomfamily |   |
| | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | majorsymptomrater |   |
| | | | | | | | | |
| Comments: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | | | | | | commenthistory |   |
| Enter comment: | <div></div> | | | | | | commenthistorytxt |   |

14 Form “Huntington's Disease History (HD History)”

Huntington's Disease History

generalcheck

| HD Clinical Characteristics and Age-of-Onset 4820 | |
|--|---|
| Indicate who provided the information: | <input type="checkbox"/> subject only 1 informants   <input type="checkbox"/> informant that knows subject well but does not reside with subject 2 <input type="checkbox"/> informant that knows subject well and resides with subject 3 |
| Please check whether in the meantime since Visit 1 any of the following became part of the subject's HD clinical characteristics: | |
| Have motor symptoms ever been part of the subject's clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 motor   |
| | <div>At what age did the subject's motor clinical features begin?</div> <div><input type="text"/> years motorage  </div> |
| Has depression (includes treatment with antidepressants with or without a formally-stated diagnosis of depression) ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 depression   |
| | <div>At what age did the depression begin?</div> <div><input type="text"/> years depressage  </div> |
| Has irritability ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 irritability   |
| | <div>At what age did irritability begin?</div> <div><input type="text"/> years irritage  </div> |
| Has violent or aggressive behaviour ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 violent   |
| | <div>At what age did violent/aggressive behaviour begin?</div> <div><input type="text"/> years violentage  </div> |



















| | | |
|--|--|---|
| Has apathy ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | apathy   |
| | At what age did apathy begin: <input type="text"/> years | apathyage   |
| Has perseverative/obsessive behaviours ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | obsessive   |
| | At what age did perseverative/obsessive behaviours begin: <input type="text"/> years | obsessage   |
| Has psychosis (hallucinations or delusions) been a part of the subject's HD: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | psychosis   |
| | At what age did psychosis (hallucinations/delusions) begin: <input type="text"/> years | psychage   |
| Has significant cognitive impairment (severe enough to impact on work or activities of daily living) or dementia ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | dementia   |
| | At what age did cognitive impairment first start to have an impact on daily life: <input type="text"/> years | dementage   |
| Previous suicidal ideation: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | suicidal   |
| | Date of ideation: <input type="text"/> . <input type="text"/> . <input type="text"/>  | dtcsuicidal   |
| | Did subject receive hospital treatment: <input type="radio"/> yes 1 <input type="radio"/> no 0 | suicidaltreat   |
| Previous suicide attempts: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | suicide   |


























| | | | | |
|--|---------------------|--|--|---------------|
| | | Date of attempt: | <input type="text"/> . <input type="text"/> . <input type="text"/> | dtcsuicide |
| | | Did subject receive hospital treatment: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | suicidetreat |
| | Previous self-harm: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | | selfharm |
| | | Date of self-harm: | <input type="text"/> . <input type="text"/> . <input type="text"/> | dtcselfharm |
| | | Did subject receive hospital treatment: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | selfharmtreat |

15 Form “Huntington's Disease History (HD History)”

Huntington's Disease History

generalcheck

| HD Clinical Characteristics and Age-of-Onset 5199 | |
|--|---|
| Indicate who provided the information: | <input type="checkbox"/> subject only 1 informants   <input type="checkbox"/> informant that knows subject well but does not reside with subject 2 <input type="checkbox"/> informant that knows subject well and resides with subject 3 |
| Please check whether in the meantime since previous visit any of the following became part of the subject's HD clinical characteristics: | |
| Have motor symptoms ever been part of the subject's clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 motor   |
| | At what age did the subject's motor clinical features begin: <input type="text"/> years motorage   |
| Has depression (includes treatment with antidepressants with or without a formally-stated diagnosis of depression) ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 depression   |
| | At what age did the depression begin: <input type="text"/> years depressage   |
| Has irritability ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 irritability   |
| | At what age did irritability begin: <input type="text"/> years irritage   |
| Has violent or aggressive behaviour ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 violent   |
| | At what age did violent/aggressive behaviour begin: <input type="text"/> years violentage   |

| | | |
|--|---|---|
| Has apathy ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | apathy   |
| | At what age did apathy begin: <input type="text"/> years | apathyage   |
| Has perseverative/obsessive behaviours ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | obsessive   |
| | At what age did perseverative/obsessive behaviours begin: <input type="text"/> years | obsessage   |
| Has psychosis (hallucinations or delusions) been a part of the subject's HD: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | psychosis   |
| | At what age did psychosis (hallucinations/delusions) begin: <input type="text"/> years | psychage   |
| Has significant cognitive impairment (severe enough to impact on work or activities of daily living) or dementia ever been a part of the subject's HD clinical features: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | dementia   |
| | At what age did cognitive impairment first start to have an impact on daily life: <input type="text"/> years | dementage   |
| Previous suicidal ideation: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | suicidal   |
| | Date of ideation: <input type="text"/> . <input type="text"/> . <input type="text"/>  | dtcsuicidal   |
| | Did subject receive hospital treatment: <input type="radio"/> yes 1 <input type="radio"/> no 0 | suicidaltreat   |
| Previous suicide attempts: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | suicide   |

| | |
|---------------------|--|
| | <div>Date of attempt:<div><div></div><div></div><div></div></div><div>dtcsuicide</div></div> <div>Did subject receive hospital treatment:<div><div>yes</div><div>1</div><div>no</div><div>0</div></div><div>suicidetreat</div></div> |
| Previous self-harm: | <div><div>yes</div><div>1</div><div>no</div><div>0</div></div> <div>selfharm</div> |
| | <div>Date of self-harm:<div><div></div><div></div><div></div></div><div>dtcselfharm</div></div> <div>Did subject receive hospital treatment:<div><div>yes</div><div>1</div><div>no</div><div>0</div></div><div>selfharmtreat</div></div> |

16 Form “CAG History (CAG History)”

CAG History

generalcheck

| General 175 | |
|---|---|
| Date of laboratory report: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") datecag |
| CAG Analysis 177 | |
| CAG analysis results (number of CAG repeats): | |
| Were the exact repeat lengths given in the laboratory report? | <input type="radio"/> yes 1 <input type="radio"/> no 0 repeatsinreport |
| Allele 1 CAG repeat length (smaller allele): | <input type="text"/> allelesmall |
| Allele 2 CAG repeat length (larger allele): | <input type="text"/> allelelarge |
| Analyzing laboratory : | <input type="text"/> analyselab |
| Comments: | <input type="radio"/> yes 1 <input type="radio"/> no 0 commentcag |
| Enter comment: | <input type="text"/> commentcagtxt |

17 Form “Withdrawal of Biosamples with Deferred Shipment (Samples EDTA/PX)”

Withdrawal of Biosamples with Deferred Shipment

| Withdrawal of Specimen 1309 | | | | | | | | | | |
|-------------------------------|--------------|--|-------------|---|---------------|-----------------------------------|----------------|-----------------------------|---------|----------------------|
| Date and Time of Sampling: | | <input type="text"/> . <input type="text"/> . <input type="text"/> | | <input type="text"/> : <input type="text"/> | | GMT+1 (Format "dd.mm.yyyy hh:mm") | | specimendate | | |
| Specimen | Product | Barcode | Quantity | Shipped? | Receipt state | Outcome | Date Completed | ID | | |
| <input type="checkbox"/> EDTA | specimentype | <input type="checkbox"/> Plasma | producttype | <input type="text"/> | barcode | <input type="text"/> | quantity | <input type="checkbox"/> no | shipped | <input type="text"/> |
| | | | | | | | | submitstate | | <input type="text"/> |
| | | | | | | | | finalstate | | <input type="text"/> |
| | | | | | | | | completeddate | | <input type="text"/> |
| | | | | | | | | inv_id | | <input type="text"/> |

| Shipping of Specimen 1323 | |
|--|--|
| EDTA and PaXGene blood will be processed and stored locally at the site. The shipment of all unsent EDTA and PaXGene samples will be done on a monthly basis . Please use the study site dossier, section Monthly Shipments in order to select unsent samples and notify BioRep on the shipment before delivery. | |
| Date of notification: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") requestdate |
| Date of receipt: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") receiptdate |
| Total shipping time: | <input type="text"/> h : <input type="text"/> hours/min min shiptime |

18 Form “Withdrawal of Biosamples with Deferred Shipment (Samples EDTA/ACD)”

Withdrawal of Biosamples with Deferred Shipment

| Withdrawal of Specimen 1309 | | | | | | | | | |
|---|--|--|--|--|---|--|--|---|--|
| Date and Time of Sampling: | | <input type="text"/> . <input type="text"/> . <input type="text"/> | | <input type="text"/> : <input type="text"/> | | GMT+1 (Format "dd.mm.yyyy hh:mm") | | specimendate | |
| Specimen | Product | Barcode | Quantity | Shipped? | Receipt state | Outcome | Date Completed | ID | |
| <input type="checkbox"/> EDTA <small>specimentype</small> | <input type="checkbox"/> Plasma <small>producttype</small> | <input type="text"/> <small>barcode</small> | <input type="text"/> <small>quantity</small> | <input type="checkbox"/> no <small>shipped</small> | <input type="text"/> <small>submstate</small> | <input type="text"/> <small>finalstate</small> | <input type="text"/> . <input type="text"/> . <input type="text"/> | <input type="text"/> <small>completeddate</small> | <input type="text"/> <small>inv_id</small> |

| Shipping of Specimen 1323 | |
|--|---|
| EDTA and PaXGene blood will be processed and stored locally at the site. The shipment of all unsent EDTA and PaXGene samples will be done on a monthly basis . Please use the study site dossier, section Monthly Shipments in order to select unsent samples and notify BioRep on the shipment before delivery. | |
| Date of notification: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") <small>requestdate</small> |
| Date of receipt: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") <small>receiptdate</small> |
| Total shipping time: | <input type="text"/> h : <input type="text"/> hours/min <small>min</small> <small>shiptime</small> |
















19 Form “Withdrawal of Biosamples with Instant Shipment (Samples ACD)”









Withdrawal of Biosamples with Instant Shipment

| Withdrawal of Specimen 298 | | | | | | | | | |
|--|--|--|--|---|--|--|--|---|--|
| Date and time of sampling: | | <input type="text"/> . <input type="text"/> . <input type="text"/> <input type="text"/> : <input type="text"/> | | GMT+1 (Format "dd.mm.yyyy hh:mm") | | | | subtype | |
| Should CAG be determined by BioRep? | | <input type="radio"/> yes 1 <input checked="" type="radio"/> no 0 | | | | | | specimendate | |
| Specimen | | Product | | Barcode | | Quantity | | Receipt state | |
| <input type="text"/> ACD <small>specimentype</small> | | <input type="text"/> Cell line <small>producttype</small> | | <input type="text"/> <small>barcode</small> | | <input type="text"/> --- <small>quantity</small> | | <input type="text"/> <small>submstate</small> | |
| | | | | | | | | <input type="text"/> <small>finalstate</small> | |
| | | | | | | | | <input type="text"/> . <input type="text"/> . <input type="text"/> <small>completeddate</small> | |
| | | | | | | | | <input type="text"/> <small>inv_id</small> | |
| Shipping of Specimen 1303 | | | | | | | | | |
| Airway bill no: | | <input type="text"/> | | | | | | airwaybillnum | |
| Date of notification: | | <input type="text"/> . <input type="text"/> . <input type="text"/> | | (format "dd.mm.yyyy") | | | | requestdate | |
| Date of receipt: | | <input type="text"/> . <input type="text"/> . <input type="text"/> | | (format "dd.mm.yyyy") | | | | receiptdate | |
| Total shipping time: | | <input type="text"/> h : <input type="text"/> hours/min | | <small>min</small> | | | | shiptime | |
| Evaluation of Specimen 1305 | | | | | | | | | |
| CAG smaller allele: | | <input type="text"/> value \pm <input type="text"/> precision | | | | | | cagsmaller | |
| CAG larger allele: | | <input type="text"/> value \pm <input type="text"/> precision | | | | | | caglarger | |

20 Form “Withdrawal of Biosamples with Instant Shipment (Samples ACD)”


















Withdrawal of Biosamples with Instant Shipment

| Withdrawal of Specimen 3899 | | | | | | | | | |
|---|---------------------------|--|--|-----------------------------------|---|---|--|---|--|
| Date and time of sampling: | | <input type="text"/> . <input type="text"/> . <input type="text"/> <input type="text"/> : <input type="text"/> | | GMT+1 (Format "dd.mm.yyyy hh:mm") | | subtype specimendate   | | | |
| Specimen | Product | Barcode | Quantity | Receipt state | Outcome | Date Completed | ID | | |
|  ACD | specimentype Cell line | producttype <input type="text"/> | barcode   --- quantity   | <input type="text"/> | submstate   | finalstate   | <input type="text"/> . <input type="text"/> . <input type="text"/> | completeddate   | inv_id   |

| Shipping of Specimen 1303 | |
|---------------------------|--|
| Airway bill no: | <input type="text"/>   airwaybillnum |
| Date of notification: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") requestdate   |
| Date of receipt: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") receiptdate   |
| Total shipping time: | <input type="text"/> h : <input type="text"/> hours/min min shiptime   |

21 Form "Huntington's Disease Rating Scale '99 - Motor Assessment (Motor)"





Huntington's Disease Rating Scale '99 - Motor Assessment







| General 42.1 | | | | | |
|--|--|---|---|-------------------------|--|
| Motor score: <input type="text"/> | | | | | motorscore  |
| Motor Assessment 42.4 | | | | | |
| Ocular pursuit: | | | | | |
| | Horizontal | Vertical | | | |
| | <input type="radio"/> 0 | <input type="radio"/> 0 | 0 = complete (normal) | | |
| | <input type="radio"/> 1 | <input type="radio"/> 1 | 1 = jerky movement | | |
| | <input type="radio"/> 2 | <input type="radio"/> 2 | 2 = interrupted pursuits/full range | | |
| | <input type="radio"/> 3 | <input type="radio"/> 3 | 3 = incomplete range | | |
| | <input type="radio"/> 4 ocupursulthor  | <input type="radio"/> 4 ocupursulver  | 4 = cannot pursue | | |
| Saccade initiation: | | | | | |
| | Horizontal | Vertical | | | |
| | <input type="radio"/> 0 | <input type="radio"/> 0 | 0 = normal | | |
| | <input type="radio"/> 1 | <input type="radio"/> 1 | 1 = increased latency only | | |
| | <input type="radio"/> 2 | <input type="radio"/> 2 | 2 = suppressible blinks or head movements to initiate | | |
| | <input type="radio"/> 3 | <input type="radio"/> 3 | 3 = unsuppressible head movements | | |
| | <input type="radio"/> 4 sacinitiahor  | <input type="radio"/> 4 sacinitiaover  | 4 = cannot initiate saccades | | |
| Saccade velocity: | | | | | |
| | Horizontal | Vertical | | | |
| | <input type="radio"/> 0 | <input type="radio"/> 0 | 0 = normal | | |
| | <input type="radio"/> 1 | <input type="radio"/> 1 | 1 = mild slowing | | |
| | <input type="radio"/> 2 | <input type="radio"/> 2 | 2 = moderate slowing | | |
| | <input type="radio"/> 3 | <input type="radio"/> 3 | 3 = severely slow, full range | | |
| | <input type="radio"/> 4 sacvelocityhor  | <input type="radio"/> 4 sacvelocityver  | 4 = incomplete range | | |
| Dysarthria: <input type="radio"/> 0 = normal <input type="radio"/> 1 = unclear, no need to repeat <input type="radio"/> 2 = must repeat to be understood <input type="radio"/> 3 = mostly incomprehensible <input type="radio"/> 4 = anarthria  | | | | | |
| Tongue protrusion: <input type="radio"/> 0 = can hold tongue fully protruded for 10 sec <input type="radio"/> 1 = cannot keep fully protruded for 10 sec <input type="radio"/> 2 = cannot keep fully protruded for 5 sec <input type="radio"/> 3 = cannot fully protrude tongue <input type="radio"/> 4 = cannot protrude tongue beyond lips  | | | | | |
| Finger taps: | | | | | |
| | Right | Left | | | |
| | <input type="radio"/> 0 | <input type="radio"/> 0 | 0 = normal ($\geq 15/5$ sec.) | | |
| | <input type="radio"/> 1 | <input type="radio"/> 1 | 1 = mild slowing, reduction in amplitude (11-14/5 sec.) | | |
| | <input type="radio"/> 2 | <input type="radio"/> 2 | 2 = moderately impaired (7-10/5 sec.) | | |
| | <input type="radio"/> 3 | <input type="radio"/> 3 | 3 = severely impaired (3-6/5 sec.) | | |
| | <input type="radio"/> 4 fingertaperight  | <input type="radio"/> 4 fingertapeleft  | 4 = can barely perform task (0-2/5 sec.) | | |
| Pronate/supinate-hands: | | | | | |
| | Right | Left | | | |
| | <input type="radio"/> 0 | <input type="radio"/> 0 | 0 = normal | | |
| | <input type="radio"/> 1 | <input type="radio"/> 1 | 1 = mild slowing and/or irregular | | |
| | <input type="radio"/> 2 | <input type="radio"/> 2 | 2 = moderate slowing and irregular | | |
| | <input type="radio"/> 3 | <input type="radio"/> 3 | 3 = severe slowing and irregular | | |
| | <input type="radio"/> 4 prosuphandsright  | <input type="radio"/> 4 prosuphandsleft  | 4 = cannot perform | | |
| Luria: <input type="radio"/> 0 = ≥ 4 in 10 sec, no cue <input type="radio"/> 1 = < 4 in 10 sec, no cue <input type="radio"/> 2 = ≥ 4 in 10 sec with cues <input type="radio"/> 3 = < 4 in 10 sec with cues <input type="radio"/> 4 = cannot perform  | | | | | |
| Rigidity-arms: | | | | | |
| | Right | Left | | | |
| | <input type="radio"/> 0 | <input type="radio"/> 0 | 0 = absent | | |
| | <input type="radio"/> 1 | <input type="radio"/> 1 | 1 = slight or present only with activation | | |
| | <input type="radio"/> 2 | <input type="radio"/> 2 | 2 = mild to moderate | | |
| | <input type="radio"/> 3 | <input type="radio"/> 3 | 3 = severe, full range of motion | | |
| | <input type="radio"/> 4 rigarmsright  | <input type="radio"/> 4 rigarmsleft  | 4 = severe with limited range | | |
| Bradykinesia-body:  | | | | | |
| Maximal dystonia: | | | | | |
| | Trunk | RUE | LUE | RLE | LLE |
| | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| | 0 = absent | | | | |
| | 1 = slight/intermittent | | | | |





























| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|-------|-----|-----|-----|-----|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|-----|-------|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Maximal chorea: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 = mild/common or moderate/intermittent 3 = moderate/common 4 = marked/prolonged | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gait: | <table border="1"> <thead> <tr> <th>Face</th> <th>BOL</th> <th>Trunk</th> <th>RUE</th> <th>LUE</th> <th>RLE</th> <th>LLE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> </tbody> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Face | BOL | Trunk | RUE | LUE | RLE | LLE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 0 = absent 1 = slight/intermittent 2 = mild/common or moderate/intermittent 3 = moderate/common 4 = marked/prolonged | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Face | BOL | Trunk | RUE | LUE | RLE | LLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tandem walking: | 0 = normal gait, narrow base 0 1 = wide base and/or slow 1 2 = wide base and walks with difficulty 2 3 = walks only with assistance 3 4 = cannot attempt 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | gait | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retropulsion pull test: | 0 = normal 0 1 = recovers spontaneously 1 2 = would fall if not caught 2 3 = tends to fall spontaneously 3 4 = cannot stand 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | retropulstest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnostic confidence level: | 0 = Normal (no abnormalities) 0 1 = non-specific motor abnormalities (less than 50 % confidence) 1 2 = motor abnormalities that may be signs of HD (50 - 89 % confidence) 2 3 = motor abnormalities that are likely signs of HD (90 - 98 % confidence) 3 4 = motor abnormalities that are unequivocal signs of HD (≥ 99 % confidence) 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | diagconf | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

22 Form “Quantitative Motor Assessments (QMotor)”

Quantitative Motor Assessments

| Source Data 1834 | | | |
|------------------|-----------|--|--|
| Force Transducer | (no file) | file   | |
| Tasks: | | | |
| GAITRite: | (no file) | gaitfile   | |











| Brainstem Motor Coordination Test 971 | | | |
|---|--------------------------|---|--|
| Tongue force variability (primary outcome measure): | <input type="text"/> % | tonguevariability   | |
| Mean tongue force: | <input type="text"/> N | tongueforce   | |
| Mean contact time: | <input type="text"/> sec | tonguetime   | |

| Upper Extremity Motor Coordination Test 972 | | | | |
|--|---------------------------|---|---------------------------|---|
| | Left hand | | Right hand | |
| Mean static grip force variability (primary outcome measure) | <input type="text"/> % |   | <input type="text"/> % |   |
| Mean static grip force | <input type="text"/> N |   | <input type="text"/> N |   |
| Maximal grip force | <input type="text"/> N |   | <input type="text"/> N |   |
| Maximal grip force rate | <input type="text"/> N/s |   | <input type="text"/> N/s |   |
| Maximal load force rate | <input type="text"/> N/s |   | <input type="text"/> N/s |   |
| Preload phase | <input type="text"/> msec |   | <input type="text"/> msec |   |
| Load phase | <input type="text"/> msec |   | <input type="text"/> msec |   |



















Neurophysiological Chorea Analysis 974

| | Left hand | Right hand |
|-------------------|---|--|
| Position-index | <input type="text"/> positionleft   | <input type="text"/> positionright   |
| Orientation-index | <input type="text"/> orientleft   | <input type="text"/> orientright   |

Bradykinesia Test 973







| | | |
|---|--------------------------|---|
| Tapping rate (primary outcome measure): | <input type="text"/> n | tapptrate   |
| Tapping rate variability: | <input type="text"/> % | tapptratevar   |
| Tapping intensity: | | |
| Normal force applied: | <input type="text"/> N | tappnormforce   |
| Maximal force generation rate: | <input type="text"/> N/s | tappmaxforce   |
| Inter tap interval: | <input type="text"/> sec | tappinterval   |

Gait Test 975

| | | |
|---|----------------------|---|
| Velocity: | <input type="text"/> | gaitvelocity   |
| Cadence: | <input type="text"/> | gaitcadence   |
| Stride length: | <input type="text"/> | gaitstride   |
| % time in double support: | <input type="text"/> | gaittime   |
| Coefficient of variation in velocity: | <input type="text"/> | gaitvelocoeff   |
| Coefficient of variation in cadence: | <input type="text"/> | gaitcadcoeff   |
| Coefficient of variation in stride length: | <input type="text"/> | gaitstridecoeff   |
| Coefficient of variation in % time in double support: | <input type="text"/> | gaittimecoeff   |
| Serial 3's accuracy score: | <input type="text"/> | gaitserial3s   |

23 Form “Quantitative Motor Assessments (QMotor)”

Quantitative Motor Assessments

| Source Data 3810 | | |
|-------------------------|-----------|--|
| Force Transducer Tasks: | (no file) | file   |
| GAITRite: | (no file) | gaitfile   |
| Force Plate Tasks: | (no file) | fpfile   |

































































































24 Form “Quantitative Motor Assessments (QMotor)”

Quantitative Motor Assessments

| Source Data 4616 | | | | | | |
|--|--|--|--|--|--|--|
| Force Transducer Tasks: | (no file) | | | | | file |
| Force Plate Tasks: | (no file) | | | | | fpfile |
| Speeded Tapping Task with Serial 2s 4652 | | | | | | |
| Speeded Tapping Task with Serial 2s completed: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | | | | | st2 |
| | 100 No Tap | 99 Tap | 98 Tap | 97 Tap | 96 Tap | 95 Tap |
| Total number of subtractions | <input type="text"/> stap2_trial1_subtract | <input type="text"/> stap2_trial2_subtract | <input type="text"/> stap2_trial3_subtract | <input type="text"/> stap2_trial4_subtract | <input type="text"/> stap2_trial5_subtract | <input type="text"/> stap2_trial6_subtract |
| Number of errors | <input type="text"/> stap2_trial1_errors | <input type="text"/> stap2_trial2_errors | <input type="text"/> stap2_trial3_errors | <input type="text"/> stap2_trial4_errors | <input type="text"/> stap2_trial5_errors | <input type="text"/> stap2_trial6_errors |

25 Form “Oculomotor Assessment (Oculomotor)”

Oculomotor Assessment

| Colour Deficiency 2250 | | | | | | | | | |
|------------------------------|--|--|--|--|--|---|---|--|---|
| Ishihara RGcb: | <input type="radio"/> yes 1 | <input type="radio"/> no 0 | rgcb   | | | | | | |
| Source Data 299 | | | | | | | | | |
| LatencyMeter File (LDF): | (no file) | | | | | | | | ldfile   |
| Analysed Data Import 1825 | | | | | | | | | |
| Oculomotor Analysis File: | (no file) | | | | | | | | oculomesv   |
| OAB variables import report: | | | | | | | | | oab_import_report  |
| OAB variables 3454 | | | | | | | | | |
| | CONTOTAL | CON1 | CON2 | CON3 | PRO | TOTAL | % | | |
| Recorded trials | <input type="text"/> trct  | <input type="text"/> trc1  | <input type="text"/> trc2  | <input type="text"/> trc3  | <input type="text"/> trpr  | <input type="text"/> trt  | <input type="text"/> tp  | | |
| Accepted trials | <input type="text"/> act  | <input type="text"/> ac1  | <input type="text"/> ac2  | <input type="text"/> ac3  | <input type="text"/> apr  | <input type="text"/> at  | <input type="text"/> ap  | | |
| LATENCY | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | |
| total(med) | <input type="text"/> ltmc1  | <input type="text"/> ltmc1  | <input type="text"/> ltmc2  | <input type="text"/> ltmc3  | <input type="text"/> ltmpr  | | | | |
| total(SD) | <input type="text"/> ltsc1  | <input type="text"/> ltsc1  | <input type="text"/> ltsc2  | <input type="text"/> ltsc3  | <input type="text"/> ltspr  | | | | |
| pro(med) | <input type="text"/> lpmc1  | <input type="text"/> lpmc1  | <input type="text"/> lpmc2  | <input type="text"/> lpmc3  | <input type="text"/> lpmpr  | | | | |
| pro(SD) | <input type="text"/> lpsc1  | <input type="text"/> lpsc1  | <input type="text"/> lpsc2  | <input type="text"/> lpsc3  | <input type="text"/> lpspr  | | | | |
| anti(med) | <input type="text"/> lamc1  | <input type="text"/> lamc1  | <input type="text"/> lamc2  | <input type="text"/> lamc3  | <input type="text"/> lampr  | | | | |
| anti(SD) | <input type="text"/> lasc1  | <input type="text"/> lasc1  | <input type="text"/> lasc2  | <input type="text"/> lasc3  | <input type="text"/> laspr  | | | | |
| VELOCITY | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | |
| total(med) | <input type="text"/> vtmc1  | <input type="text"/> vtmc1  | <input type="text"/> vtmc2  | <input type="text"/> vtmc3  | <input type="text"/> vtmpr  | | | | |
| total(SD) | <input type="text"/> vtsc1  | <input type="text"/> vtsc1  | <input type="text"/> vtsc2  | <input type="text"/> vtsc3  | <input type="text"/> vtspr  | | | | |
| pro(med) | <input type="text"/> vpmc1  | <input type="text"/> vpmc1  | <input type="text"/> vpmc2  | <input type="text"/> vpmc3  | <input type="text"/> vpmpr  | | | | |
| pro(SD) | <input type="text"/> vpsc1  | <input type="text"/> vpsc1  | <input type="text"/> vpsc2  | <input type="text"/> vpsc3  | <input type="text"/> vpspr  | | | | |
| anti(med) | <input type="text"/> vamc1  | <input type="text"/> vamc1  | <input type="text"/> vamc2  | <input type="text"/> vamc3  | <input type="text"/> vampr  | | | | |
| anti(SD) | <input type="text"/> vasc1  | <input type="text"/> vasc1  | <input type="text"/> vasc2  | <input type="text"/> vasc3  | <input type="text"/> vaspr  | | | | |
| ERROR | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | |
| total(%) | <input type="text"/> etpc1  | <input type="text"/> etpc1  | <input type="text"/> etpc2  | <input type="text"/> etpc3  | <input type="text"/> etppr  | | | | |
| pro(%) | <input type="text"/> eppc1  | <input type="text"/> eppc1  | <input type="text"/> eppc2  | <input type="text"/> eppc3  | <input type="text"/> epppr  | | | | |
| anti(%) | <input type="text"/> eapc1  | <input type="text"/> eapc1  | <input type="text"/> eapc2  | <input type="text"/> eapc3  | <input type="text"/> eappr  | | | | |

26 Form “Oculomotor Assessment (Oculomotor)”

Oculomotor Assessment

| Source Data 299 | | | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|-------------------------|--|
| LatencyMeter File (LDF): (no file) | | | | | | | | ldffile | |

| Analysed Data Import 1825 | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|-----------------------------------|--|
| Oculomotor (no file) | | | | | | | | oculomcsv | |
| Analysis File: | | | | | | | | | |
| OAB variables import report: | | | | | | | | oab_import_report | |

| OAB variables 3454 | | | | | | | | | |
|--------------------|---|---|---|---|---|--|---|--------------------|--|
| | CONTOTAL | CON1 | CON2 | CON3 | PRO | TOTAL | % | | |
| Recorded trials | <input type="text"/> trct | <input type="text"/> trc1 | <input type="text"/> trc2 | <input type="text"/> trc3 | <input type="text"/> trpr | <input type="text"/> trt | | tp | |
| Accepted trials | <input type="text"/> act | <input type="text"/> ac1 | <input type="text"/> ac2 | <input type="text"/> ac3 | <input type="text"/> apr | <input type="text"/> at | | ap | |
| LATENCY | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | |
| total(med) | <input type="text"/> ltmct | <input type="text"/> ltmc1 | <input type="text"/> ltmc2 | <input type="text"/> ltmc3 | <input type="text"/> ltmpr | | | | |
| total(SD) | <input type="text"/> ltsct | <input type="text"/> lts1 | <input type="text"/> lts2 | <input type="text"/> lts3 | <input type="text"/> ltspr | | | | |
| pro(med) | <input type="text"/> lpmct | <input type="text"/> lpmc1 | <input type="text"/> lpmc2 | <input type="text"/> lpmc3 | <input type="text"/> lpmpr | | | | |
| pro(SD) | <input type="text"/> lpsc1 | <input type="text"/> lpsc1 | <input type="text"/> lpsc2 | <input type="text"/> lpsc3 | <input type="text"/> lpspr | | | | |
| anti(med) | <input type="text"/> lamct | <input type="text"/> lamc1 | <input type="text"/> lamc2 | <input type="text"/> lamc3 | <input type="text"/> lampr | | | | |
| anti(SD) | <input type="text"/> lasc1 | <input type="text"/> lasc1 | <input type="text"/> lasc2 | <input type="text"/> lasc3 | <input type="text"/> laspr | | | | |
| VELOCITY | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | |
| total(med) | <input type="text"/> vtmct | <input type="text"/> vtmc1 | <input type="text"/> vtmc2 | <input type="text"/> vtmc3 | <input type="text"/> vtmpr | | | | |
| total(SD) | <input type="text"/> vtsct | <input type="text"/> vts1 | <input type="text"/> vts2 | <input type="text"/> vts3 | <input type="text"/> vtspr | | | | |
| pro(med) | <input type="text"/> vpmct | <input type="text"/> vpmc1 | <input type="text"/> vpmc2 | <input type="text"/> vpmc3 | <input type="text"/> vpmpr | | | | |
| pro(SD) | <input type="text"/> vpsect | <input type="text"/> vpsect | <input type="text"/> vpsect | <input type="text"/> vpsect | <input type="text"/> vpsect | | | | |
| anti(med) | <input type="text"/> vamct | <input type="text"/> vamc1 | <input type="text"/> vamc2 | <input type="text"/> vamc3 | <input type="text"/> vampr | | | | |
| anti(SD) | <input type="text"/> vasct | <input type="text"/> vasc1 | <input type="text"/> vasc2 | <input type="text"/> vasc3 | <input type="text"/> vaspr | | | | |
| ERROR | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | |
| total(%) | <input type="text"/> etpct | <input type="text"/> etpc1 | <input type="text"/> etpc2 | <input type="text"/> etpc3 | <input type="text"/> etppr | | | | |
| pro(%) | <input type="text"/> eppct | <input type="text"/> eppc1 | <input type="text"/> eppc2 | <input type="text"/> eppc3 | <input type="text"/> epppr | | | | |
| anti(%) | <input type="text"/> eapct | <input type="text"/> eapc1 | <input type="text"/> eapc2 | <input type="text"/> eapc3 | <input type="text"/> eappr | | | | |

27 Form “Oculomotor Assessment (Oculomotor)”




































Oculomotor Assessment

| Visual Acuity Test 4488 | | | | | | | | | |
|-----------------------------------|--------------------------------------|--|-------------------------------------|--|--------------------------------------|--|------------|--|--|
| Snellen Acuity | 100% Chart | | 2.5% Chart | | 1.25% Chart | | | | |
| 20/200 | <input type="text"/> count_100_1 | | <input type="text"/> count_25_1 | | <input type="text"/> count_125_1 | | | | |
| 20/160 | <input type="text"/> count_100_2 | | <input type="text"/> count_25_2 | | <input type="text"/> count_125_2 | | | | |
| 20/125 | <input type="text"/> count_100_3 | | <input type="text"/> count_25_3 | | <input type="text"/> count_125_3 | | | | |
| 20/100 | <input type="text"/> count_100_4 | | <input type="text"/> count_25_4 | | <input type="text"/> count_125_4 | | | | |
| 20/80 | <input type="text"/> count_100_5 | | <input type="text"/> count_25_5 | | <input type="text"/> count_125_5 | | | | |
| 20/64 | <input type="text"/> count_100_6 | | <input type="text"/> count_25_6 | | <input type="text"/> count_125_6 | | | | |
| 20/50 | <input type="text"/> count_100_7 | | <input type="text"/> count_25_7 | | <input type="text"/> count_125_7 | | | | |
| 20/40 | <input type="text"/> count_100_8 | | <input type="text"/> count_25_8 | | <input type="text"/> count_125_8 | | | | |
| 20/32 | <input type="text"/> count_100_9 | | <input type="text"/> count_25_9 | | <input type="text"/> count_125_9 | | | | |
| 20/25 | <input type="text"/> count_100_10 | | <input type="text"/> count_25_10 | | <input type="text"/> count_125_10 | | | | |
| 20/20 | <input type="text"/> count_100_11 | | <input type="text"/> count_25_11 | | <input type="text"/> count_125_11 | | | | |
| 20/16 | <input type="text"/> count_100_12 | | <input type="text"/> count_25_12 | | <input type="text"/> count_125_12 | | | | |
| Total Correct | <input type="text"/> count_100_total | | <input type="text"/> count_25_total | | <input type="text"/> count_125_total | | | | |
| Snellen visual acuity equivalent: | <input type="text"/> | | | | | | snellenvae | | |

| Source Data 299 | |
|--------------------------|-----------|
| LatencyMeter File (LDF): | (no file) |

| Analysed Data Import 1825 | |
|------------------------------|-----------|
| Oculomotor Analysis File: | (no file) |
| OAB variables import report: | |

| OAB variables 3454 | | | | | | | | | |
|--------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------|---|--|----|
| | CONTOTAL | CON1 | CON2 | CON3 | PRO | TOTAL | % | | |
| Recorded trials | <input type="text"/> trct | <input type="text"/> trc1 | <input type="text"/> trc2 | <input type="text"/> trc3 | <input type="text"/> trpr | <input type="text"/> trt | | | tp |
| Accepted trials | <input type="text"/> act | <input type="text"/> ac1 | <input type="text"/> ac2 | <input type="text"/> ac3 | <input type="text"/> apr | <input type="text"/> at | | | ap |
| LATENCY | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | |
| total(med) | <input type="text"/> ltmct | <input type="text"/> ltmc1 | <input type="text"/> ltmc2 | <input type="text"/> ltmc3 | <input type="text"/> ltmpr | | | | |
| total(SD) | <input type="text"/> ltsc | <input type="text"/> ltsc1 | <input type="text"/> ltsc2 | <input type="text"/> ltsc3 | <input type="text"/> ltspr | | | | |
| pro(med) | <input type="text"/> lpmct | <input type="text"/> lpmc1 | <input type="text"/> lpmc2 | <input type="text"/> lpmc3 | <input type="text"/> lpmpr | | | | |
| pro(SD) | <input type="text"/> lpsct | <input type="text"/> lpsc1 | <input type="text"/> lpsc2 | <input type="text"/> lpsc3 | <input type="text"/> lpspr | | | | |
| anti(med) | <input type="text"/> lamct | <input type="text"/> lamc1 | <input type="text"/> lamc2 | <input type="text"/> lamc3 | <input type="text"/> lampr | | | | |
| anti(SD) | <input type="text"/> lasct | <input type="text"/> lasc1 | <input type="text"/> lasc2 | <input type="text"/> lasc3 | <input type="text"/> laspr | | | | |
| VELOCITY | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | |
| total(med) | <input type="text"/> vtmc | <input type="text"/> vtmc1 | <input type="text"/> vtmc2 | <input type="text"/> vtmc3 | <input type="text"/> vtmpr | | | | |
| total(SD) | <input type="text"/> vtsc | <input type="text"/> vtsc1 | <input type="text"/> vtsc2 | <input type="text"/> vtsc3 | <input type="text"/> vtspr | | | | |

| | | | | | | | | | | |
|-----------|----------------------|---|----------------------|--|----------------------|--|----------------------|--|--|--|
| pro(med) | <input type="text"/> |  vpmt | <input type="text"/> |  vpmc1 | <input type="text"/> |  vpmc2 | <input type="text"/> |  vpmc3 |  vpmpr | |
| pro(SD) | <input type="text"/> |  vpst | <input type="text"/> |  vpst1 | <input type="text"/> |  vpst2 | <input type="text"/> |  vpst3 |  vpstpr | |
| anti(med) | <input type="text"/> |  vamct | <input type="text"/> |  vamct1 | <input type="text"/> |  vamct2 | <input type="text"/> |  vamct3 |  vampr | |
| anti(SD) | <input type="text"/> |  vasct | <input type="text"/> |  vasct1 | <input type="text"/> |  vasct2 | <input type="text"/> |  vasct3 |  vaspr | |
| ERROR | CONTOTAL | | CON1 | | CON2 | | CON3 | | PRO | |
| total(%) | <input type="text"/> |  etpct | <input type="text"/> |  etpc1 | <input type="text"/> |  etpc2 | <input type="text"/> |  etpc3 | <input type="text"/> |  etppr |
| pro(%) | <input type="text"/> |  eppct | <input type="text"/> |  eppc1 | <input type="text"/> |  eppc2 | <input type="text"/> |  eppc3 |  epppr | |
| anti(%) | <input type="text"/> |  eapct | <input type="text"/> |  eapc1 | <input type="text"/> |  eapc2 | <input type="text"/> |  eapc3 |  eappr | |

28 Form “Oculomotor Assessment (Oculomotor)”

Oculomotor Assessment

| Source Data 299 | | | | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|--|--|-------------------------|
| LatencyMeter File (LDF): (no file) | | | | | | | | | | ldffile |

| Analysed Data Import 6181 | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|-----------------------------------|
| Oculomotor (no file) | | | | | | | | | | oculomcsv |
| Analysis File: | | | | | | | | | | |
| OAB variables import report: | | | | | | | | | | oab_import_report |

| OAB variables 6184 | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|----------------------|----------------------|----------------------|---|
| | CONTOTAL | CON1 | CON2 | CON3 | PRO | TOTAL | % | | | |
| Recorded trials | <input type="text"/> trct | <input type="text"/> trc1 | <input type="text"/> trc2 | <input type="text"/> trc3 | <input type="text"/> trpr | <input type="text"/> trt | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> tp |
| Accepted trials | <input type="text"/> act | <input type="text"/> ac1 | <input type="text"/> ac2 | <input type="text"/> ac3 | <input type="text"/> apr | <input type="text"/> at | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> ap |
| LATENCY | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | | |
| total(med) | <input type="text"/> ltmct | <input type="text"/> ltmc1 | <input type="text"/> ltmc2 | <input type="text"/> ltmc3 | <input type="text"/> ltmpr | | | | | |
| total(SD) | <input type="text"/> ltsct | <input type="text"/> lts1 | <input type="text"/> lts2 | <input type="text"/> lts3 | <input type="text"/> ltspr | | | | | |
| pro(med) | <input type="text"/> lpmct | <input type="text"/> lpmc1 | <input type="text"/> lpmc2 | <input type="text"/> lpmc3 | <input type="text"/> | <input type="text"/> | | | | |
| pro(SD) | <input type="text"/> lpsc1 | <input type="text"/> lpsc1 | <input type="text"/> lpsc2 | <input type="text"/> lpsc3 | <input type="text"/> | <input type="text"/> | | | | |
| anti(med) | <input type="text"/> lamct | <input type="text"/> lamc1 | <input type="text"/> lamc2 | <input type="text"/> lamc3 | <input type="text"/> | <input type="text"/> | | | | |
| anti(SD) | <input type="text"/> lasct | <input type="text"/> lasc1 | <input type="text"/> lasc2 | <input type="text"/> lasc3 | <input type="text"/> | <input type="text"/> | | | | |
| VELOCITY | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | | |
| total(med) | <input type="text"/> vtmct | <input type="text"/> vtmc1 | <input type="text"/> vtmc2 | <input type="text"/> vtmc3 | <input type="text"/> vtmpr | | | | | |
| total(SD) | <input type="text"/> vtsc1 | <input type="text"/> vtsc1 | <input type="text"/> vtsc2 | <input type="text"/> vtsc3 | <input type="text"/> vtspr | | | | | |
| pro(med) | <input type="text"/> vpmct | <input type="text"/> vpmc1 | <input type="text"/> vpmc2 | <input type="text"/> vpmc3 | <input type="text"/> | <input type="text"/> | | | | |
| pro(SD) | <input type="text"/> vpsc1 | <input type="text"/> vpsc1 | <input type="text"/> vpsc2 | <input type="text"/> vpsc3 | <input type="text"/> | <input type="text"/> | | | | |
| anti(med) | <input type="text"/> vamct | <input type="text"/> vamc1 | <input type="text"/> vamc2 | <input type="text"/> vamc3 | <input type="text"/> | <input type="text"/> | | | | |
| anti(SD) | <input type="text"/> vasct | <input type="text"/> vasc1 | <input type="text"/> vasc2 | <input type="text"/> vasc3 | <input type="text"/> | <input type="text"/> | | | | |
| ERROR | CONTOTAL | CON1 | CON2 | CON3 | PRO | | | | | |
| total(%) | <input type="text"/> etpct | <input type="text"/> etpc1 | <input type="text"/> etpc2 | <input type="text"/> etpc3 | <input type="text"/> etppr | | | | | |
| pro(%) | <input type="text"/> eppct | <input type="text"/> eppc1 | <input type="text"/> eppc2 | <input type="text"/> eppc3 | <input type="text"/> | <input type="text"/> | | | | |
| anti(%) | <input type="text"/> eapct | <input type="text"/> eapc1 | <input type="text"/> eapc2 | <input type="text"/> eapc3 | <input type="text"/> | <input type="text"/> | | | | |

29 Form “Graphimetry Assessment (Graphimetry)”

Graphimetry Assessment

| Graphimetry Set Handout 2030 | | | | | | | | | |
|---|--|---|--|---|--|--|--|--|--|
| GRAPHIMETRY Set Nr. | | | | | GRAPHIMETRY Set Type | | | | |
| 1. | <input type="text"/> | graphsetnr | 📄 | <input type="radio"/> monthly <input type="radio"/> daily | <input type="radio"/> 1 | graphsettype | 📄 | | |
| Graphimetry Assessment 300 | | | | | | | | | |
| While tracing the spirals during the visit, was the drawing arm or hand resting on the table? | | | | | | | | | |
| For right hand form: | | | | | <input type="radio"/> yes <input type="radio"/> no | | | | |
| For left hand form: | | | | | <input type="radio"/> yes <input type="radio"/> no | | | | |
| rhandrest | | 📄 | | lhandrest | | 📄 | | | |
| GRAPHIMETRY Nr. Front | Date of assessment | Drawing Time | OK | GRAPHIMETRY Nr. Back | Date of assessment | Drawing Time | OK | | |
| 1. <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="text"/> dtcf 📄 | <input type="text"/> timef 📄 | <input type="text"/> | <input type="text"/> dtcb 📄 | <input type="text"/> timeb 📄 | <input type="text"/> reasonableb 📄 | | |
| | | sec | 1 | | | sec | 1 | | |
| Graphimetry Assessment - Evaluation Results 1589 | | | | | | | | | |
| Deviation | | Amplitude | | Deviation | | Amplitude | | | |
| 1. <input type="text"/> | mm deviationr 📄 | <input type="text"/> | mm2 amplituder 📄 | <input type="text"/> | mm deviationl 📄 | <input type="text"/> | mm2 amplitudel 📄 | | |

30 Form “Graphimetry Assessment (Graphimetry)”

Graphimetry Assessment

| Graphimetry Visit 1 Forms 3813 | | | | | | | | | |
|--------------------------------|---------------------------------|---|-------------------------------------|----------------------------------|--|--|--|--|--|
| GRAPHIMETRY Set Nr. | | Number forms already returned to Bochum | | Number forms returning to Bochum | | | | | |
| 1. | <input type="text"/> graphsetnr | <input type="text"/> formsreturned | <input type="text"/> formsreturning | | | | | | |

| Graphimetry Assessment 3796 | | | | | | | | | |
|---|--|---------------------------|----------------------------|--|--|---------------------------|----------------------------|----------------------------------|----------------------------------|
| While tracing the spirals during the visit, was the drawing arm or hand resting on the table? | | | | | | | | | |
| For right hand form: | | | | <input type="radio"/> yes 1 <input type="radio"/> no 0 | | rhandrest | | | |
| For left hand form: | | | | <input type="radio"/> yes 1 <input type="radio"/> no 0 | | lhandrest | | | |
| GRAPHIMETRY Nr. Front | Date of assessment | Drawing Time | OK | GRAPHIMETRY Nr. Back | Date of assessment | Drawing Time | OK | | |
| <input type="text"/> graphnrf | <input type="text"/> . <input type="text"/> . <input type="text"/> | <input type="text"/> dtcf | <input type="text"/> timef | <input type="text"/> graphnrb | <input type="text"/> . <input type="text"/> . <input type="text"/> | <input type="text"/> dtcb | <input type="text"/> timeb | <input type="text"/> reasonablef | <input type="text"/> reasonableb |
| | | sec | 1 | | | sec | 1 | | |

31 Form "Cognitive Battery (Cognitive)"

Cognitive Battery

| General 2253 | |
|---|---|
| Recent hand or wrist injuries: | <input type="radio"/> yes 1 <input type="radio"/> no 0 injuries |
| Recent pain in hand or wrist: | <input type="radio"/> yes 1 <input type="radio"/> no 0 pain |
| History of arthritis in hand or wrist: | <input type="radio"/> yes 1 <input type="radio"/> no 0 arthritis |
| Musical expertise, expertise as a typist, extensive use of video games or extensive use of SMS (texting): | <input type="radio"/> yes 1 <input type="radio"/> no 0 expertise |
| Do you suffer from smell problems: | <input type="radio"/> yes 1 <input type="radio"/> no 0 smellproblems |
| Please specify: | <input type="text"/> smellproblemsspec |
| Do you suffer from taste problems: | <input type="radio"/> yes 1 <input type="radio"/> no 0 tasteproblems |
| Please specify: | <input type="text"/> tasteproblemsspec |
| History of smoking tobacco: | <input type="radio"/> never smoked 1 <input type="radio"/> ex-smoker 2 <input type="radio"/> currently smokes 3 smoking |
| How many cigarettes per day: | <input type="text"/> numb cigarett es |
| How many cigars per day: | <input type="text"/> numb cigars |
| Other per day: | <input type="text"/> numb other s |
| Do you inhale: | <input type="radio"/> yes 1 <input type="radio"/> no 0 inhalation |
| When did you start: | <input type="text"/> (format "yyyy") startsmoking |
| When did you stop: | <input type="text"/> (format "yyyy") stopsmoking |
| Did your smell ability change after stopping: | <input type="radio"/> yes 1 <input type="radio"/> no 0 smellchanges |
| Please specify how: | <input type="text"/> smellchangesspec |

Cognitive Battery

| Core Cognitive Battery 321 | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Symbol Digit Modalities Test (SDMT) completed: | <div> <input type="radio"/> yes 1 <input type="radio"/> no 0 </div> <div> Total number of correct responses: <input type="text"/> </div> <div> sdmt_correct </div> | | | | | | | | | | | | | | | | | | | | | |
| Stroop Test - Word Reading Condition completed: | <div> <input type="radio"/> yes 1 <input type="radio"/> no 0 </div> <div> Number of words correct in 45 seconds: <input type="text"/> </div> <div> stroop </div> | | | | | | | | | | | | | | | | | | | | | |
| Trail Making Test Part A completed: | <div> <input type="radio"/> yes 1 <input type="radio"/> no 0 </div> <div> Time to complete Trails A: <input type="text"/> sec </div> <div> Number of errors: <input type="text"/> </div> <div> trails_time trails_error trails </div> | | | | | | | | | | | | | | | | | | | | | |
| Trail Making Test Part B completed: | <div> <input type="radio"/> yes 1 <input type="radio"/> no 0 </div> <div> Time to complete Trails B: <input type="text"/> sec </div> <div> Number of errors: <input type="text"/> </div> <div> trailsb_time trailsb_error </div> | | | | | | | | | | | | | | | | | | | | | |
| Point of View Task completed: | <div> <input type="radio"/> yes 1 <input type="radio"/> no 0 </div> <div> RAW data: (no file) </div> <div> All stimuli, number correct: <input type="text"/> </div> <div> pov_raw pov_numbercorrect </div> | | | | | | | | | | | | | | | | | | | | | |
| Speeded Tapping Task completed: | <div> <input type="radio"/> yes 1 <input type="radio"/> no 0 </div> <div> RAW data: (no file) </div> <div> Digital Fingerprint (MD5) of the RAW Data: <input type="text"/> </div> <div> Mean of intertap intervals (all trials): <input type="text"/> </div> <div> Standard Deviation of intertap intervals (all trials): <input type="text"/> </div> <div> stap_raw stap_md5 stap_alltrials_intertapinterval_mean stap_alltrials_intertapinterval_stddev </div> | | | | | | | | | | | | | | | | | | | | | |
| Speeded Tapping Task with Serial 2s completed: | <div> <input type="radio"/> yes 1 <input type="radio"/> no 0 </div> <div> RAW data: (no file) </div> <div> Digital Fingerprint (MD5) of the RAW Data: <input type="text"/> </div> <div> <table border="1"> <thead> <tr> <th></th> <th>100 No Tap</th> <th>99 Tap</th> <th>98 Tap</th> <th>97 Tap</th> <th>96 Tap</th> <th>95 Tap</th> </tr> </thead> <tbody> <tr> <td>Total number of subtractions</td> <td><input type="text"/> stap2_trial1_subtract</td> <td><input type="text"/> stap2_trial2_subtract</td> <td><input type="text"/> stap2_trial3_subtract</td> <td><input type="text"/> stap2_trial4_subtract</td> <td><input type="text"/> stap2_trial5_subtract</td> <td><input type="text"/> stap2_trial6_subtract</td> </tr> <tr> <td>Number of errors</td> <td><input type="text"/> stap2_trial1_errors</td> <td><input type="text"/> stap2_trial2_errors</td> <td><input type="text"/> stap2_trial3_errors</td> <td><input type="text"/> stap2_trial4_errors</td> <td><input type="text"/> stap2_trial5_errors</td> <td><input type="text"/> stap2_trial6_errors</td> </tr> </tbody> </table> </div> <div> Audio file: (no file) </div> <div> Mean of intertap intervals (all trials): <input type="text"/> </div> <div> Standard Deviation of intertap intervals (all trials): <input type="text"/> </div> <div> stap2_raw stap2_md5 stap2_audio stap2_alltrials_intertapinterval_mean stap2_alltrials_intertapinterval_stddev </div> | | 100 No Tap | 99 Tap | 98 Tap | 97 Tap | 96 Tap | 95 Tap | Total number of subtractions | <input type="text"/> stap2_trial1_subtract | <input type="text"/> stap2_trial2_subtract | <input type="text"/> stap2_trial3_subtract | <input type="text"/> stap2_trial4_subtract | <input type="text"/> stap2_trial5_subtract | <input type="text"/> stap2_trial6_subtract | Number of errors | <input type="text"/> stap2_trial1_errors | <input type="text"/> stap2_trial2_errors | <input type="text"/> stap2_trial3_errors | <input type="text"/> stap2_trial4_errors | <input type="text"/> stap2_trial5_errors | <input type="text"/> stap2_trial6_errors |
| | 100 No Tap | 99 Tap | 98 Tap | 97 Tap | 96 Tap | 95 Tap | | | | | | | | | | | | | | | | |
| Total number of subtractions | <input type="text"/> stap2_trial1_subtract | <input type="text"/> stap2_trial2_subtract | <input type="text"/> stap2_trial3_subtract | <input type="text"/> stap2_trial4_subtract | <input type="text"/> stap2_trial5_subtract | <input type="text"/> stap2_trial6_subtract | | | | | | | | | | | | | | | | |
| Number of errors | <input type="text"/> stap2_trial1_errors | <input type="text"/> stap2_trial2_errors | <input type="text"/> stap2_trial3_errors | <input type="text"/> stap2_trial4_errors | <input type="text"/> stap2_trial5_errors | <input type="text"/> stap2_trial6_errors | | | | | | | | | | | | | | | | |
| Self Paced Tapping Task completed: | <div> <input type="radio"/> yes 1 <input type="radio"/> no 0 </div> <div> RAW data: (no file) </div> <div> Digital Fingerprint (MD5) of the RAW Data: <input type="text"/> </div> <div> <table border="1"> <thead> <tr> <th></th> <th>Standard deviation of intertap intervals</th> <th>Average signed deviation from target intervals</th> </tr> </thead> <tbody> <tr> <td>3Hz Pace, Tone paced taps</td> <td><input type="text"/> ptap_3hz_alltrials_tone_intertapinterval_stddev</td> <td><input type="text"/> ptap_3hz_alltrials_tone_intertapinterval_avgsigneddev</td> </tr> <tr> <td>3Hz Pace, Self paced taps</td> <td><input type="text"/> ptap_3hz_alltrials_self_intertapinterval_stddev</td> <td><input type="text"/> ptap_3hz_alltrials_self_intertapinterval_avgsigneddev</td> </tr> <tr> <td>1.82Hz Pace, Tone paced taps</td> <td><input type="text"/> ptap_182hz_alltrials_tone_intertapinterval_stddev</td> <td><input type="text"/> ptap_182hz_alltrials_tone_intertapinterval_avgsigneddev</td> </tr> <tr> <td>1.82Hz Pace, Self paced taps</td> <td><input type="text"/> ptap_182hz_alltrials_self_intertapinterval_stddev</td> <td><input type="text"/> ptap_182hz_alltrials_self_intertapinterval_avgsigneddev</td> </tr> </tbody> </table> </div> <div> ptap_raw ptap_md5 </div> | | Standard deviation of intertap intervals | Average signed deviation from target intervals | 3Hz Pace, Tone paced taps | <input type="text"/> ptap_3hz_alltrials_tone_intertapinterval_stddev | <input type="text"/> ptap_3hz_alltrials_tone_intertapinterval_avgsigneddev | 3Hz Pace, Self paced taps | <input type="text"/> ptap_3hz_alltrials_self_intertapinterval_stddev | <input type="text"/> ptap_3hz_alltrials_self_intertapinterval_avgsigneddev | 1.82Hz Pace, Tone paced taps | <input type="text"/> ptap_182hz_alltrials_tone_intertapinterval_stddev | <input type="text"/> ptap_182hz_alltrials_tone_intertapinterval_avgsigneddev | 1.82Hz Pace, Self paced taps | <input type="text"/> ptap_182hz_alltrials_self_intertapinterval_stddev | <input type="text"/> ptap_182hz_alltrials_self_intertapinterval_avgsigneddev | | | | | | |
| | Standard deviation of intertap intervals | Average signed deviation from target intervals | | | | | | | | | | | | | | | | | | | | |
| 3Hz Pace, Tone paced taps | <input type="text"/> ptap_3hz_alltrials_tone_intertapinterval_stddev | <input type="text"/> ptap_3hz_alltrials_tone_intertapinterval_avgsigneddev | | | | | | | | | | | | | | | | | | | | |
| 3Hz Pace, Self paced taps | <input type="text"/> ptap_3hz_alltrials_self_intertapinterval_stddev | <input type="text"/> ptap_3hz_alltrials_self_intertapinterval_avgsigneddev | | | | | | | | | | | | | | | | | | | | |
| 1.82Hz Pace, Tone paced taps | <input type="text"/> ptap_182hz_alltrials_tone_intertapinterval_stddev | <input type="text"/> ptap_182hz_alltrials_tone_intertapinterval_avgsigneddev | | | | | | | | | | | | | | | | | | | | |
| 1.82Hz Pace, Self paced taps | <input type="text"/> ptap_182hz_alltrials_self_intertapinterval_stddev | <input type="text"/> ptap_182hz_alltrials_self_intertapinterval_avgsigneddev | | | | | | | | | | | | | | | | | | | | |

NART-2 completed:

☐ yes 1
 ☐ no 0

iq

Emotion Recognition Task completed:

☐ yes 1
 ☐ no 0

iq_correct

iq_audio

emo

emo_raw

emo_md5

emo_negative_numbercorrect

Number of correctly pronounced words:

Audio file:

(no file)

RAW data:

(no file)

Digital Fingerprint (MD5) of the RAW Data:

Negative Emotions - Total number correct:

Response confusion matrix

| | Anger | Disgust | Fear | Happiness | Neutral | Sadness | Surprise |
|--|---|---|--|---|---|---|--|
| Number of anger stim responded to as | <div>emo_responses_anger_anger </div> | <div>emo_responses_anger_disgust </div> | <div>emo_responses_anger_fear </div> | <div>emo_responses_anger_happiness </div> | <div>emo_responses_anger_neutral </div> | <div>emo_responses_anger_sadness </div> | <div>emo_responses_anger_surprise </div> |
| Number of disgust stim responded to as | <div>emo_responses_disgust_anger </div> | <div>emo_responses_disgust_disgust </div> | <div>emo_responses_disgust_fear </div> | <div>emo_responses_disgust_happiness </div> | <div>emo_responses_disgust_neutral </div> | <div>emo_responses_disgust_sadness </div> | <div>emo_responses_disgust_surprise </div> |
| Number of fear stim responded to as | <div>emo_responses_fear_anger </div> | <div>emo_responses_fear_disgust </div> | <div>emo_responses_fear_fear </div> | <div>emo_responses_fear_happiness </div> | <div>emo_responses_fear_neutral </div> | <div>emo_responses_fear_sadness </div> | <div>emo_responses_fear_surprise </div> |
| Number of happiness stim responded to as | <div>emo_responses_happiness_anger </div> | <div>emo_responses_happiness_disgust </div> | <div>emo_responses_happiness_fear </div> | <div>emo_responses_happiness_happiness </div> | <div>emo_responses_happiness_neutral </div> | <div>emo_responses_happiness_sadness </div> | <div>emo_responses_happiness_surprise </div> |
| Number of neutral stim responded to as | <div>emo_responses_neutral_anger </div> | <div>emo_responses_neutral_disgust </div> | <div>emo_responses_neutral_fear </div> | <div>emo_responses_neutral_happiness </div> | <div>emo_responses_neutral_neutral </div> | <div>emo_responses_neutral_sadness </div> | <div>emo_responses_neutral_surprise </div> |
| Number of sadness stim responded to as | <div>emo_responses_sadness_anger </div> | <div>emo_responses_sadness_disgust </div> | <div>emo_responses_sadness_fear </div> | <div>emo_responses_sadness_happiness </div> | <div>emo_responses_sadness_neutral </div> | <div>emo_responses_sadness_sadness </div> | <div>emo_responses_sadness_surprise </div> |
| Number of surprise stim responded to as | <div>emo_responses_surprise_anger </div> | <div>emo_responses_surprise_disgust </div> | <div>emo_responses_surprise_fear </div> | <div>emo_responses_surprise_happiness </div> | <div>emo_responses_surprise_neutral </div> | <div>emo_responses_surprise_sadness </div> | <div>emo_responses_surprise_surprise </div> |

Spot the Change Task completed:

☐ yes 1
 ☐ no 0

stc

RAW data:

(no file)

Digital Fingerprint (MD5) of the RAW Data:

| | Hit rate | Correct rejection rate | Number correct | Total percent correct |
|-------------------|-------------------------------------|---|-----------------------------|--|
| Set size 3 trials | <div>spot_setsize3_hraterate </div> | <div>spot_setsize3_correctrejectrate </div> | <div>spot_setsize3_k </div> | <div>% spot_setsize3_percentcorrect </div> |
| Set size 5 trials | <div>spot_setsize5_hraterate </div> | <div>spot_setsize5_correctrejectrate </div> | <div>spot_setsize5_k </div> | <div>% spot_setsize5_percentcorrect </div> |

spot_raw

spot_md5

Smell Identification Test (UPSIT-20) completed:

☐ yes 1
☐ no 0

Item #

a

b

c

d

upsk1

01

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk2

02

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk3

03

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk4

04

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk5

05

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk6

06

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk7

07

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk8

08

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk9

09

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk10

10

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk21

21

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk22

22

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk23

23

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk24

24

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk25

25

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk26

26

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk27

27

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk28

28

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk29

29

☐ 1

☐ 2

☐ 3

☐ 4

Item #

a

b

c

d

upsk30

30

☐ 1

☐ 2

☐ 3

☐ 4

Total number of correct responses:

Circle Tracing Task completed:

☐ yes 1
☐ no 0

RAW data:

(no file)

Digital Fingerprint (MDS) of the RAW Data:

Indirect condition

circle_indirect_atrials_numrotations

circle_indirect_atrials_outsideerror_numdeviations

circle_indirect_atrials_insideerror_numdeviations

ms circle_indirect_atrials_annulus_time

ms circle_indirect_atrials_outsideerroraway_time

ms circle_indirect_atrials_outsideerror toward_time

ms circle_indirect_atrials_insideerroraway_time

ms circle_indirect_atrials_insideerror toward_time

cm circle_indirect_atrials_annulus_length

cm circle_indirect_atrials_outsideerroraway_length

cm circle_indirect_atrials_outsideerror toward_length

cm circle_indirect_atrials_insideerroraway_length

cm circle_indirect_atrials_insideerror toward_length

circle_indirect_atrials_theta_mean

circle_indirect_atrials_radius_mean

Direct condition

circle_direct_atrials_numrotations

circle_direct_atrials_outsideerror_numdeviations

circle_direct_atrials_insideerror_numdeviations

ms circle_direct_atrials_annulus_time

ms circle_direct_atrials_outsideerroraway_time

ms circle_direct_atrials_outsideerror toward_time

ms circle_direct_atrials_insideerroraway_time

ms circle_direct_atrials_insideerror toward_time

cm circle_direct_atrials_annulus_length

cm circle_direct_atrials_outsideerroraway_length

cm circle_direct_atrials_outsideerror toward_length

cm circle_direct_atrials_insideerroraway_length



































cm circle_direct_atrials_insideerror toward_length

circle_direct_atrials_theta_mean

circle_direct_atrials_radius_mean

32 Form "Cognitive Battery (Cognitive)"

Cognitive Battery

| General 2253 | |
|---|---|
| Recent hand or wrist injuries: | <input type="radio"/> yes 1 <input type="radio"/> no 0 injuries   |
| Recent pain in hand or wrist: | <input type="radio"/> yes 1 <input type="radio"/> no 0 pain   |
| History of arthritis in hand or wrist: | <input type="radio"/> yes 1 <input type="radio"/> no 0 arthritis   |
| Musical expertise, expertise as a typist, extensive use of video games or extensive use of SMS (texting): | <input type="radio"/> yes 1 <input type="radio"/> no 0 expertise   |
| Do you suffer from smell problems: | <input type="radio"/> yes 1 <input type="radio"/> no 0 smellproblems   |
| Please specify: | <input type="text"/> smellproblemsspec   |
| Do you suffer from taste problems: | <input type="radio"/> yes 1 <input type="radio"/> no 0 tasteproblems   |
| Please specify: | <input type="text"/> tasteproblemsspec   |
| History of smoking tobacco: | <input type="radio"/> never smoked 1 <input type="radio"/> ex-smoker 2 <input type="radio"/> currently smokes 3 smoking   |
| How many cigarettes per day: | <input type="text"/> numbercigarettes   |
| How many cigars per day: | <input type="text"/> numbercigars   |
| Other per day: | <input type="text"/> numberothers   |
| Do you inhale: | <input type="radio"/> yes 1 <input type="radio"/> no 0 inhalation   |
| When did you start: | <input type="text"/> (format "yyyy") startsmoking   |
| When did you stop: | <input type="text"/> (format "yyyy") stopsmoking   |
| Did your smell ability change after stopping: | <input type="radio"/> yes 1 <input type="radio"/> no 0 smellchanges   |
| Please specify how: | <input type="text"/> smellchangesspec   |

[illegible]

Cognitive Battery

Core Cognitive Battery 3709

Symbol Digit Modalities Test (SDMT) completed:

☐ yes 1
 ☐ no 0

digit

Total number of correct responses:

sdmt_correct

Stroop Test - Word Reading Condition completed:

☐ yes 1
 ☐ no 0

stroop

Number of words correct in 45 seconds:

swr_correct

Trail Making Test Part A completed:

☐ yes 1
 ☐ no 0

trails

Time to complete Trails A:

sec

trails_time

Number of errors:

trails_error

Trail Making Test Part B completed:

☐ yes 1
 ☐ no 0

trailb

Time to complete Trails B:

sec

trailb_time

Number of errors:

trailb_error

Circle Tracing Task completed:

☐ yes 1
 ☐ no 0

ct

RAW data:

(no file)

circle_raw

Digital Fingerprint (MD5) of the RAW Data:

circle_md5

| | Indirect condition | Direct condition |
|--|--|--|
| Number of rotations completed | <input type="text"/> circle_indirect_alltrials_numrotations | <input type="text"/> circle_direct_alltrials_numrotations |
| Number of deviations beyond outer edge of annulus | <input type="text"/> circle_indirect_alltrials_outsideerror_numdeviations | <input type="text"/> circle_direct_alltrials_outsideerror_numdeviations |
| Number of deviations inside inner edge of annulus | <input type="text"/> circle_indirect_alltrials_insideerror_numdeviations | <input type="text"/> circle_direct_alltrials_insideerror_numdeviations |
| Milliseconds within the annulus | <input type="text"/> ms circle_indirect_alltrials_annulus_time | <input type="text"/> ms circle_direct_alltrials_annulus_time |
| Milliseconds beyond outer edge of annulus moving away from annulus | <input type="text"/> ms circle_indirect_alltrials_outsideerroraway_time | <input type="text"/> ms circle_direct_alltrials_outsideerroraway_time |
| Milliseconds beyond outer edge of annulus moving toward annulus | <input type="text"/> ms circle_indirect_alltrials_outsideerror_toward_time | <input type="text"/> ms circle_direct_alltrials_outsideerror_toward_time |
| Milliseconds inside inner edge of annulus moving away from annulus | <input type="text"/> ms circle_indirect_alltrials_insideerroraway_time | <input type="text"/> ms circle_direct_alltrials_insideerroraway_time |
| Milliseconds inside inner edge of annulus moving toward annulus | <input type="text"/> ms circle_indirect_alltrials_insideerror_toward_time | <input type="text"/> ms circle_direct_alltrials_insideerror_toward_time |
| Centimeters of ink laid within the annulus | <input type="text"/> cm circle_indirect_alltrials_annulus_length | <input type="text"/> cm circle_direct_alltrials_annulus_length |
| Centimeters of ink laid outside outer edge of annulus moving away from annulus | <input type="text"/> cm circle_indirect_alltrials_outsideerroraway_length | <input type="text"/> cm circle_direct_alltrials_outsideerroraway_length |
| Centimeters of ink laid outside outer edge of annulus moving toward annulus | <input type="text"/> cm circle_indirect_alltrials_outsideerror_toward_length | <input type="text"/> cm circle_direct_alltrials_outsideerror_toward_length |
| Centimeters of ink laid inside inner edge of annulus moving away from annulus | <input type="text"/> cm circle_indirect_alltrials_insideerroraway_length | <input type="text"/> cm circle_direct_alltrials_insideerroraway_length |
| Centimeters of ink laid inside inner edge of annulus moving toward annulus | <input type="text"/> cm circle_indirect_alltrials_insideerror_toward_length | <input type="text"/> cm circle_direct_alltrials_insideerror_toward_length |
| Mean theta over all sampled points | <input type="text"/> circle_indirect_alltrials_theta_mean | <input type="text"/> circle_direct_alltrials_theta_mean |
| Mean radius over all sampled points | <input type="text"/> circle_indirect_alltrials_radius_mean | <input type="text"/> circle_direct_alltrials_radius_mean |

Emotion Recognition Task completed:

yes 1 no 0

emo

RAW data:

(no file)

emo_raw

Digital Fingerprint (MD5) of the RAW Data:

emo_md5

Negative Emotions - Total number correct:

emo_negative_numbercorrect

Response confusion matrix

Anger

Disgust

Fear

Happiness

Neutral

Sadness

Surprise

Number of anger stims responded to as

emo_responses_anger_anger

emo_responses_anger_disgust

emo_responses_anger_fear

emo_responses_anger_happiness

emo_responses_anger_neutral

emo_responses_anger_sadness

emo_responses_anger_surprise

Number of disgust stims responded to as

emo_responses_disgust_anger

emo_responses_disgust_disgust

emo_responses_disgust_fear

emo_responses_disgust_happiness

emo_responses_disgust_neutral

emo_responses_disgust_sadness

emo_responses_disgust_surprise

Number of fear stims responded to as

emo_responses_fear_anger

emo_responses_fear_disgust

emo_responses_fear_fear

emo_responses_fear_happiness

emo_responses_fear_neutral

emo_responses_fear_sadness

emo_responses_fear_surprise

Number of happiness stims responded to as

emo_responses_happiness_anger

emo_responses_happiness_disgust

emo_responses_happiness_fear

emo_responses_happiness_happiness

emo_responses_happiness_neutral

emo_responses_happiness_sadness

emo_responses_happiness_surprise

Number of neutral stims responded to as

emo_responses_neutral_anger

emo_responses_neutral_disgust

emo_responses_neutral_fear

emo_responses_neutral_happiness

emo_responses_neutral_neutral

emo_responses_neutral_sadness

emo_responses_neutral_surprise

Number of sadness stims responded to as

emo_responses_sadness_anger

emo_responses_sadness_disgust

emo_responses_sadness_fear

emo_responses_sadness_happiness

emo_responses_sadness_neutral

emo_responses_sadness_sadness

emo_responses_sadness_surprise

Number of surprise stims responded to as

emo_responses_surprise_anger

emo_responses_surprise_disgust

emo_responses_surprise_fear

emo_responses_surprise_happiness

emo_responses_surprise_neutral

emo_responses_surprise_sadness

emo_responses_surprise_surprise

Speeded Tapping Task completed:

yes 1 no 0

st

RAW data:

(no file)

stap_raw

Digital Fingerprint (MD5) of the RAW Data:

stap_md5

Mean of intertap intervals (all trials):

stap_alltrials_intertapinterval_mean

Standard Deviation of intertap intervals (all trials):

stap_alltrials_intertapinterval_stddev

Speeded Tapping Task with Serial 2s completed:

yes 1 no 0

st2

RAW data:

(no file)

stap2_raw

Digital Fingerprint (MD5) of the RAW Data:

stap2_md5

100 No Tap

99 Tap

98 Tap

97 Tap

96 Tap

95 Tap

Total number of subtractions

stap2_trial1_subtract

stap2_trial2_subtract

stap2_trial3_subtract

stap2_trial4_subtract

stap2_trial5_subtract

stap2_trial6_subtract

Number of errors

stap2_trial1_errors

stap2_trial2_errors

stap2_trial3_errors

stap2_trial4_errors

stap2_trial5_errors

stap2_trial6_errors

Audio file:

(no file)

stap2_audio

Mean of intertap intervals (all trials):

stap2_alltrials_intertapinterval_mean

Standard Deviation of intertap intervals (all trials):

stap2_alltrials_intertapinterval_stddev

Self Paced Tapping Task completed:

yes 1 no 0

RAW data:

(no file)

ptap_raw

ptap_md5

Digital Fingerprint (MD5) of the RAW Data:

Standard deviation of intertap intervals

Average signed deviation from target intervals

3Hz Pace, Tone paced taps

ptap_3hz_alltrials_tone_intertapinterval_stddev

ptap_3hz_alltrials_tone_intertapinterval_avgsigneddev

3Hz Pace, Self paced taps

ptap_3hz_alltrials_self_intertapinterval_stddev

ptap_3hz_alltrials_self_intertapinterval_avgsigneddev

1.82Hz Pace, Tone paced taps

ptap_182hz_alltrials_tone_intertapinterval_stddev

ptap_182hz_alltrials_tone_intertapinterval_avgsigneddev

1.82Hz Pace, Self paced taps

ptap_182hz_alltrials_self_intertapinterval_stddev

ptap_182hz_alltrials_self_intertapinterval_avgsigneddev

upst

Smell Identification Test (UPSIT-20) completed:

yes 1 no 0

Item #

a

b

c

d

upsk1

01

1

2

3

4

upsk1

02

1

2

3

4

upsk2

03

1

2

3

4

upsk3

04

1

2

3

4

upsk4

05

1

2

3

4

upsk5

06

1

2

3

4

upsk6

07

1

2

3

4

upsk7

08

1

2

3

4

upsk8

09

1

2

3

4

upsk9

10

1

2

3

4

upsk10

Item #

a

b

c

d

upsk21

21

1

2

3

4

upsk21

22

1

2

3

4

upsk22

23

1

2

3

4

upsk23

24

1

2

3

4

upsk24

25

1

2

3

4

upsk25

26

1

2

3

4

upsk26

27

1

2

3

4

upsk27

28

1

2

3

4

upsk28

29

1

2

3

4

upsk29

30

1

2

3

4

upsk30

Total number of correct responses:

upsitresponses

stc

Spot the Change Task completed:

yes 1 no 0

RAW data:

(no file)

spot_raw

spot_md5

Digital Fingerprint (MD5) of the RAW Data:

Hit rate

Correct rejection rate

Number correct

Total percent correct

Set size 5 trials

spot_setsize5_hitrate

spot_setsize5_correctrejectrate

spot_setsize5_k

% spot_setsize5_percentcorrect

Set size 7 trials

spot_setsize7_hitrate

spot_setsize7_correctrejectrate

spot_setsize7_k

% spot_setsize7_percentcorrect

33 Form “Cognitive Battery (Cognitive)”

Cognitive Battery

| General 2253 | |
|---|---|
| Recent hand or wrist injuries: | <input type="radio"/> yes 1 <input type="radio"/> no 0 injuries |
| Recent pain in hand or wrist: | <input type="radio"/> yes 1 <input type="radio"/> no 0 pain |
| History of arthritis in hand or wrist: | <input type="radio"/> yes 1 <input type="radio"/> no 0 arthritis |
| Musical expertise, expertise as a typist, extensive use of video games or extensive use of SMS (texting): | <input type="radio"/> yes 1 <input type="radio"/> no 0 expertise |
| Do you suffer from smell problems: | <input type="radio"/> yes 1 <input type="radio"/> no 0 smellproblems |
| Please specify: | <input type="text"/> smellproblemsspec |
| Do you suffer from taste problems: | <input type="radio"/> yes 1 <input type="radio"/> no 0 tasteproblems |
| Please specify: | <input type="text"/> tasteproblemsspec |
| History of smoking tobacco: | <input type="radio"/> never smoked 1 <input type="radio"/> ex-smoker 2 <input type="radio"/> currently smokes 3 smoking |
| How many cigarettes per day: | <input type="text"/> numbercigarettes |
| How many cigars per day: | <input type="text"/> numbercigars |
| Other per day: | <input type="text"/> numberothers |
| Do you inhale: | <input type="radio"/> yes 1 <input type="radio"/> no 0 inhalation |
| When did you start: | <input type="text"/> (format "yyyy") startsmoking |
| When did you stop: | <input type="text"/> (format "yyyy") stopsmoking |
| Did your smell ability change after stopping: | <input type="radio"/> yes 1 <input type="radio"/> no 0 smellchanges |
| Please specify how: | <input type="text"/> smellchangesspec |

Cognitive Battery

Core Cognitive Battery 45%

Symbol Digit Modalities Test (SDMT) completed:

yes 1 no 0

digit

Total number of correct responses:

sdmt_correct

Stroop Test - Word Reading Condition completed:

yes 1 no 0

stroop

Number of words correct in 45 seconds:

swr_correct

Trail Making Test Part A completed:

yes 1 no 0

trala

Time to complete Trails A:

sec

trala_time

Number of errors:

trala_error

Trail Making Test Part B completed:

yes 1 no 0

trailb

Time to complete Trails B:

sec

trailb_time

Number of errors:

trailb_error

Map Search Test completed:

yes 1 no 0

msearch

Total number correctly found in 1 min:

msearch_totalcorrect_1minute

Total number correctly found in 2 min:

msearch_totalcorrect_2minutes

Total number of incorrectly identified symbols in 2 min:

msearch_totalincorrect_2minutes

Circle Tracing Task completed:

yes 1 no 0

ct

RAW data:

(no file)

circle_raw

Digital Fingerprint (MD5) of the RAW Data:

circle_md5

| | Indirect condition | Direct condition |
|--|---|---|
| Number of rotations completed | circle_indirect_alltrials_numrotations | circle_direct_alltrials_numrotations |
| Number of deviations beyond outer edge of annulus | circle_indirect_alltrials_outsideerror_numdeviations | circle_direct_alltrials_outsideerror_numdeviations |
| Number of deviations inside inner edge of annulus | circle_indirect_alltrials_insideerror_numdeviations | circle_direct_alltrials_insideerror_numdeviations |
| Milliseconds within the annulus | ms circle_indirect_alltrials_annulus_time | ms circle_direct_alltrials_annulus_time |
| Milliseconds beyond outer edge of annulus moving away from annulus | ms circle_indirect_alltrials_outsideerroraway_time | ms circle_direct_alltrials_outsideerroraway_time |
| Milliseconds beyond outer edge of annulus moving toward annulus | ms circle_indirect_alltrials_outsideerroroward_time | ms circle_direct_alltrials_outsideerroroward_time |
| Milliseconds inside inner edge of annulus moving away from annulus | ms circle_indirect_alltrials_insideerroraway_time | ms circle_direct_alltrials_insideerroraway_time |
| Milliseconds inside inner edge of annulus moving toward annulus | ms circle_indirect_alltrials_insideerroroward_time | ms circle_direct_alltrials_insideerroroward_time |
| Centimeters of ink laid within the annulus | cm circle_indirect_alltrials_annulus_length | cm circle_direct_alltrials_annulus_length |
| Centimeters of ink laid outside outer edge of annulus moving away from annulus | cm circle_indirect_alltrials_outsideerroraway_length | cm circle_direct_alltrials_outsideerroraway_length |
| Centimeters of ink laid outside outer edge of annulus moving toward annulus | cm circle_indirect_alltrials_outsideerroroward_length | cm circle_direct_alltrials_outsideerroroward_length |
| Centimeters of ink laid inside inner edge of annulus moving away from annulus | cm circle_indirect_alltrials_insideerroraway_length | cm circle_direct_alltrials_insideerroraway_length |
| Centimeters of ink laid inside inner edge of annulus moving toward annulus | cm circle_indirect_alltrials_insideerroroward_length | cm circle_direct_alltrials_insideerroroward_length |
| Mean theta over all sampled points | circle_indirect_alltrials_theta_mean | circle_direct_alltrials_theta_mean |
| Mean radius over all sampled points | circle_indirect_alltrials_radius_mean | circle_direct_alltrials_radius_mean |

TRACKHD-IDS-2015-10-R1
TRACK-HD Annotated eCRF

57/123

Emotion Recognition Task completed:

yes 1 no 0

emo

RAW data: (no file)

emo_raw

Digital Fingerprint (MD5) of the RAW Data: emo_md5

emo_negative_numbercorrect

emo_negative_numbercorrect

Response Anger Disgust Fear Happiness Neutral Sadness Surprise

confusion matrix

Number of anger stims responded to as

emo_responses_anger_anger

emo_responses_anger_disgust

emo_responses_anger_fear

emo_responses_anger_happiness

emo_responses_anger_neutral

emo_responses_anger_sadness

emo_responses_anger_surprise

Number of disgust stims responded to as

emo_responses_disgust_anger

emo_responses_disgust_disgust

emo_responses_disgust_fear

emo_responses_disgust_happiness

emo_responses_disgust_neutral

emo_responses_disgust_sadness

emo_responses_disgust_surprise

Number of fear stims responded to as

emo_responses_fear_anger

emo_responses_fear_disgust

emo_responses_fear_fear

emo_responses_fear_happiness

emo_responses_fear_neutral

emo_responses_fear_sadness

emo_responses_fear_surprise

Number of happiness stims responded to as

emo_responses_happiness_anger

emo_responses_happiness_disgust

emo_responses_happiness_fear

emo_responses_happiness_happiness

emo_responses_happiness_neutral

emo_responses_happiness_sadness

emo_responses_happiness_surprise

Number of neutral stims responded to as

emo_responses_neutral_anger

emo_responses_neutral_disgust

emo_responses_neutral_fear

emo_responses_neutral_happiness

emo_responses_neutral_neutral

emo_responses_neutral_sadness

emo_responses_neutral_surprise

Number of sadness stims responded to as

emo_responses_sadness_anger

emo_responses_sadness_disgust

emo_responses_sadness_fear

emo_responses_sadness_happiness

emo_responses_sadness_neutral

emo_responses_sadness_sadness

emo_responses_sadness_surprise

Number of surprise stims responded to as

emo_responses_surprise_anger

emo_responses_surprise_disgust

emo_responses_surprise_fear

emo_responses_surprise_happiness

emo_responses_surprise_neutral

emo_responses_surprise_sadness

emo_responses_surprise_surprise

Colour-Shape Task completed:

yes 1 no 0

cosh

RAW data: (no file)

cosh_raw

Digital Fingerprint (MD5) of the RAW Data: cosh_md5

cosh_md5

Trials expected Trials administered Incorrect responses

Number of

cosh_numtrialsexpected

cosh_all_numadministered

cosh_all_numincorrect

Switch trials Non-switch trials

Trials responded to correctly, when previous trial also correct

cosh_letswi_wpc_percentcor

cosh_letnos_wpc_percentcor

Switch trials Non-switch trials

Mean response time for correct, letter cued, at 200 ISI, when previous trial also correct

cosh_corletswi200_wpc_rt

cosh_corletnos200_wpc_rt

Word at 200 ISI Letter at 200 ISI Word at 1200 ISI Letter at 1200 ISI

Mean response time for correct, switch trials minus non-switch trials, when previous trial also correct

cosh_corwor200_wpc_switchcost

cosh_corlet200_wpc_switchcost

cosh_corwor1200_wpc_switchcost

cosh_corlet1200_wpc_switchcost

200 ISI 1200 ISI

Mean response time for correct, incongruent trials minus congruent, when previous trial also correct

cosh_cor200_wpc_interference

cosh_cor1200_wpc_interference

Mental Rotation

Task completed: ☒ yes 1 ☐ no 0

RAW data: (no file) [mrot_raw](#)

Digital Fingerprint (MD5) of the RAW Data: [mrot_md5](#)

| | Trials administered | | Trials responded to correctly | | | | |
|---|--|---|---|---|-------------------------------------|--|--|
| Number of | <input type="text"/> | mrot_all_numadministered | % | <input type="text"/> | mrot_all_percentcor | | |
| Trials responded correctly for orientation | 1 <input type="text"/> % mrot_ang1_percentcor | 2 and 6 <input type="text"/> % mrot_ang2_percentcor | 3 and 5 <input type="text"/> % mrot_ang3_percentcor | 4 <input type="text"/> % mrot_ang4_percentcor | | | |
| Mean response times for correctly responded to 'same' trials at orientation | <input type="text"/> mrot_corang1same_meanrt | <input type="text"/> mrot_corang2same_meanrt | <input type="text"/> mrot_corang3same_meanrt | <input type="text"/> mrot_corang4same_meanrt | | | |
| For all correctly responded to 'same' trials | mean response times <input type="text"/> mrot_corsame_meanrt | | speed of rotation <input type="text"/> mrot_corsame_rotationspeed | | | | |

ms/degree

Self Paced Tapping Task completed: ☒ yes 1 ☐ no 0

RAW data: (no file) [ptap_raw](#)

Digital Fingerprint (MD5) of the RAW Data: [ptap_md5](#)

Standard deviation of intertap intervals

3Hz Pace, Tone paced taps

ptap_3hz_alltrials_tone_intertapinterval_stddev

3Hz Pace, Self paced taps

ptap_3hz_alltrials_self_intertapinterval_stddev

1.82Hz Pace, Tone paced taps

ptap_182hz_alltrials_tone_intertapinterval_stddev

1.82Hz Pace, Self paced taps

ptap_182hz_alltrials_self_intertapinterval_stddev

Average signed deviation from target intervals

ptap_3hz_alltrials_tone_intertapinterval_avgsigneddev

ptap_3hz_alltrials_self_intertapinterval_avgsigneddev

ptap_182hz_alltrials_tone_intertapinterval_avgsigneddev

ptap_182hz_alltrials_self_intertapinterval_avgsigneddev

Spot the Change Task completed:

yes 1 no 0

stc

RAW data:

(no file)

spot_raw

spot_md5

Digital Fingerprint (MD5) of the RAW Data:

Hit rate

Correct rejection rate

Number correct

Total percent correct

Set size 5 trials

spot_setsize5_hitrate

spot_setsize5_correctrejectrate

spot_setsize5_k

% spot_setsize5_percentcorrect

Set size 7 trials

spot_setsize7_hitrate

spot_setsize7_correctrejectrate

spot_setsize7_k

% spot_setsize7_percentcorrect

Smell Identification Test (UPSIT-20) completed:

yes 1 no 0

upsit









| Item # | a | b | c | d | |
|--------|-------------------------|-------------------------|-------------------------|-------------------------|---------|
| 01 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit1 |
| 02 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit2 |
| 03 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit3 |
| 04 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit4 |
| 05 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit5 |
| 06 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit6 |
| 07 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit7 |
| 08 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit8 |
| 09 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit9 |
| 10 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit10 |
| 21 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit21 |
| 22 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit22 |
| 23 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit23 |
| 24 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit24 |
| 25 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit25 |
| 26 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit26 |
| 27 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit27 |
| 28 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit28 |
| 29 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit29 |
| 30 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | upsit30 |

Total number of correct responses:

upsitresponses

34 Form “Cognitive Battery (Cognitive)”

Cognitive Battery

| General 6363 | | |
|---|--|---|
| Recent hand or wrist injuries: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | injuries   |
| Recent pain in hand or wrist: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | pain   |
| History of arthritis in hand or wrist: | <input type="radio"/> yes 1 <input type="radio"/> no 0 | arthritis   |
| Musical expertise, expertise as a typist, extensive use of video games or extensive use of SMS (texting): | <input type="radio"/> yes 1 <input type="radio"/> no 0 | expertise   |

Cognitive Battery

Core Cognitive Battery 5253

Stroop Test - Word Reading Condition completed:

☐ yes 1
 ☐ no 0

stroop

Number of words correct in 45 seconds:

swr_correct

Map Search Test completed:

☐ yes 1
 ☐ no 0

msearch

Total number correctly found in 1 min:

msearch_totalcorrect_1minute

Total number correctly found in 2 min:

msearch_totalcorrect_2minutes

Total number of incorrectly identified symbols in 2 min:

msearch_totalincorrect_2minutes

Colour-Shape Task completed:

☐ yes 1
 ☐ no 0

cosh

RAW data:

(no file)

cosh_raw

Digital Fingerprint (MD5) of the RAW Data:

cosh_md5

Number of

Trials expected

cosh_numtrialsexpected

Trials administered

cosh_all_numadministered

Incorrect responses

cosh_all_numincorrect

Switch trials

Non-switch trials

Trials responded to correctly, when previous trial also correct

%

cosh_letswi_wpc_percentcor

%

cosh_letnos_wpc_percentcor

Switch trials

Non-switch trials

Mean response time for correct, letter cued, at 200 ISI, when previous trial also correct

cosh_corletswi200_wpc_rt

cosh_corletnos200_wpc_rt

Word at 200 ISI

Letter at 200 ISI

Word at 1200 ISI

Letter at 1200 ISI

Mean response time for correct, switch trials minus non-switch trials, when previous trial also correct

cosh_corwor200_wpc_switchcost

cosh_corlet200_wpc_switchcost

cosh_corwor1200_wpc_switchcost

cosh_corlet1200_wpc_switchcost

200 ISI

1200 ISI

Mean response time for correct, incongruent trials minus congruent, when previous trial also correct

cosh_cor200_wpc_interference

cosh_cor1200_wpc_interference

Mental Rotation Task completed:

☐ yes 1
 ☐ no 0

mrot

RAW data:

(no file)

mrot_raw

Digital Fingerprint (MD5) of the RAW Data:

mrot_md5

Number of

Trials administered

mrot_all_numadministered

Trials responded to correctly

%

mrot_all_percentcor

1

2 and 6

3 and 5

4

Trials responded correctly for orientation

%

mrot_ang1_percentcor

%

mrot_ang2_percentcor

%

mrot_ang3_percentcor

%

mrot_ang4_percentcor

Mean response times for correctly responded to 'same' trials at orientation

mrot_corang1same_meant

mrot_corang2same_meant

mrot_corang3same_meant

mrot_corang4same_meant

mean response times

speed of rotation

For all correctly responded to 'same' trials

mrot_corang1same_meant

mrot_corang1_rotationspeed

ms/degree

Emotion Recognition Task completed:
☐ yes 1 ☐ no 0
emo

RAW data: (no file)
emo_raw
emo_md5
emo_negative_numbercorrect

Digital Fingerprint (MD5) of the RAW Data:

Negative Emotions - Total number correct:

Response confusion matrix:

| | Anger | Disgust | Fear | Happiness | Neutral | Sadness | Surprise |
|---|-------------------------------|---------------------------------|------------------------------|-----------------------------------|---------------------------------|---------------------------------|----------------------------------|
| Number of anger stims responded to as | emo_responses_anger_anger | emo_responses_anger_disgust | emo_responses_anger_fear | emo_responses_anger_happiness | emo_responses_anger_neutral | emo_responses_anger_sadness | emo_responses_anger_surprise |
| Number of disgust stims responded to as | emo_responses_disgust_anger | emo_responses_disgust_disgust | emo_responses_disgust_fear | emo_responses_disgust_happiness | emo_responses_disgust_neutral | emo_responses_disgust_sadness | emo_responses_disgust_surprise |
| Number of fear stims responded to as | emo_responses_fear_anger | emo_responses_fear_disgust | emo_responses_fear_fear | emo_responses_fear_happiness | emo_responses_fear_neutral | emo_responses_fear_sadness | emo_responses_fear_surprise |
| Number of happiness stims responded to as | emo_responses_happiness_anger | emo_responses_happiness_disgust | emo_responses_happiness_fear | emo_responses_happiness_happiness | emo_responses_happiness_neutral | emo_responses_happiness_sadness | emo_responses_happiness_surprise |
| Number of neutral stims responded to as | emo_responses_neutral_anger | emo_responses_neutral_disgust | emo_responses_neutral_fear | emo_responses_neutral_happiness | emo_responses_neutral_neutral | emo_responses_neutral_sadness | emo_responses_neutral_surprise |
| Number of sadness stims responded to as | emo_responses_sadness_anger | emo_responses_sadness_disgust | emo_responses_sadness_fear | emo_responses_sadness_happiness | emo_responses_sadness_neutral | emo_responses_sadness_sadness | emo_responses_sadness_surprise |
| Number of surprise stims responded to as | emo_responses_surprise_anger | emo_responses_surprise_disgust | emo_responses_surprise_fear | emo_responses_surprise_happiness | emo_responses_surprise_neutral | emo_responses_surprise_sadness | emo_responses_surprise_surprise |

Circle Tracing Task completed:
☐ yes 1 ☐ no 0
ct

RAW data: (no file)
circle_raw
circle_md5

Digital Fingerprint (MD5) of the RAW Data:

| | Indirect condition | Direct condition |
|--|--|--|
| Number of rotations completed | circle_indirect_alltrials_numrotations | circle_direct_alltrials_numrotations |
| Number of deviations beyond outer edge of annulus | circle_indirect_alltrials_outsideerror_numdeviations | circle_direct_alltrials_outsideerror_numdeviations |
| Number of deviations inside inner edge of annulus | circle_indirect_alltrials_insideerror_numdeviations | circle_direct_alltrials_insideerror_numdeviations |
| Milliseconds within the annulus | ms circle_indirect_alltrials_annulus_time | ms circle_direct_alltrials_annulus_time |
| Milliseconds beyond outer edge of annulus moving away from annulus | ms circle_indirect_alltrials_outsideerroraway_time | ms circle_direct_alltrials_outsideerroraway_time |
| Milliseconds beyond outer edge of annulus moving toward annulus | ms circle_indirect_alltrials_outsideerrortoward_time | ms circle_direct_alltrials_outsideerrortoward_time |
| Milliseconds inside inner edge of annulus moving away from annulus | ms circle_indirect_alltrials_insideerroraway_time | ms circle_direct_alltrials_insideerroraway_time |
| Milliseconds inside inner edge of annulus moving toward annulus | ms circle_indirect_alltrials_insideerrortoward_time | ms circle_direct_alltrials_insideerrortoward_time |
| Centimeters of ink laid within the annulus | cm circle_indirect_alltrials_annulus_length | cm circle_direct_alltrials_annulus_length |
| Centimeters of ink laid outside outer edge of annulus moving away from annulus | cm circle_indirect_alltrials_outsideerroraway_length | cm circle_direct_alltrials_outsideerroraway_length |
| Centimeters of ink laid outside outer edge of annulus moving toward annulus | cm circle_indirect_alltrials_outsideerrortoward_length | cm circle_direct_alltrials_outsideerrortoward_length |
| Centimeters of ink laid inside inner edge of annulus moving away from annulus | cm circle_indirect_alltrials_insideerroraway_length | cm circle_direct_alltrials_insideerroraway_length |
| Centimeters of ink laid inside inner edge of annulus moving toward annulus | cm circle_indirect_alltrials_insideerrortoward_length | cm circle_direct_alltrials_insideerrortoward_length |
| Mean theta over all sampled points | circle_indirect_alltrials_theta_mean | circle_direct_alltrials_theta_mean |
| Mean radius over all sampled points | circle_indirect_alltrials_radius_mean | circle_direct_alltrials_radius_mean |

Symbol Digit Modalities Test (SDMT) completed:

☐ yes 1
☐ no 0

Total number of correct responses:

sdmt_correct

Self Paced Tapping Task completed:

☐ yes 1
☐ no 0

RAW data:

(no file)

ptap_raw

Digital Fingerprint (MD5) of the RAW Data:

ptap_md5

| | Standard deviation of intertap intervals | Average signed deviation from target intervals |
|------------------------------|--|--|
| 3Hz Pace, Tone paced taps | <div>ptap_3hz_alltrials_tone_intertapinterval_stddev</div> | <div>ptap_3hz_alltrials_tone_intertapinterval_avgsigneddev</div> |
| 3Hz Pace, Self paced taps | <div>ptap_3hz_alltrials_self_intertapinterval_stddev</div> | <div>ptap_3hz_alltrials_self_intertapinterval_avgsigneddev</div> |
| 1.82Hz Pace, Tone paced taps | <div>ptap_182hz_alltrials_tone_intertapinterval_stddev</div> | <div>ptap_182hz_alltrials_tone_intertapinterval_avgsigneddev</div> |
| 1.82Hz Pace, Self paced taps | <div>ptap_182hz_alltrials_self_intertapinterval_stddev</div> | <div>ptap_182hz_alltrials_self_intertapinterval_avgsigneddev</div> |

Spot the Change Task completed:

☐ yes 1
☐ no 0

RAW data:

(no file)

spot_raw



Digital Fingerprint (MD5) of the RAW Data:

































spot_md5















| | Hit rate | Correct rejection rate | Number correct | Total percent correct |
|-------------------|----------------------------------|---|----------------------------|---|
| Set size 5 trials | <div>spot_setsize5_hitrate</div> | <div>spot_setsize5_correctrejectionrate</div> | <div>spot_setsize5_k</div> | <div>% spot_setsize5_percentcorrect</div> |
| Set size 7 trials | <div>spot_setsize7_hitrate</div> | <div>spot_setsize7_correctrejectionrate</div> | <div>spot_setsize7_k</div> | <div>% spot_setsize7_percentcorrect</div> |

35 Form "Huntington's Disease Rating Scale '99 - Functional Assessment (Function)"



Huntington's Disease Rating Scale '99 - Functional Assessment

| General 193 | | | |
|------------------------------|--------------------------------|---------------|---|
| Functional Assessment Score: | <input type="text" value="0"/> | functionscore |   |
| Independence scale in %: | <input type="text"/> | iscalepassive | |



| Functional Assessment 197 | | | |
|---|-------------------------|-------------------------|--|
| | yes | no | |
| Could subject engage in gainful employment in his/her accustomed work | <input type="radio"/> 1 | <input type="radio"/> 0 | employmentaccu   |
| Could subject engage in any kind of gainful employment? | <input type="radio"/> 1 | <input type="radio"/> 0 | employment   |
| Could subject engage in any kind of volunteer or non gainful work? | <input type="radio"/> 1 | <input type="radio"/> 0 | volunteer   |
| Could subject manage his/her finances (monthly) without any help? | <input type="radio"/> 1 | <input type="radio"/> 0 | finances   |
| Could subject shop for groceries without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | groceries   |
| Could subject handle money as a (shop) transaction? | <input type="radio"/> 1 | <input type="radio"/> 0 | Operating an automobile safely and independently means the subject can drive without others feeling afraid to drive with the subject and showing good judgment. If the person has never learned how to drive, please file a comment indicating 'Not applicable'. |
| Could subject supervise children | <input type="radio"/> 1 | <input type="radio"/> 0 | |
| Could subject operate an automobile safely and independently? | <input type="radio"/> 1 | <input type="radio"/> 0 | automobile   |
| Could subject do his/her own housework without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | houeswork   |
| Could subject do his/her own laundry (wash/dry) without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | laundry   |
| Could subject prepare his/her own meals without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | prepmeals   |
| Could subject use the telephone without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | telephone   |
| Could subject take his/her own medications without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | medications   |
| Could subject feed himself/herself without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | feed   |
| Could subject dress himself/herself without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | dress   |
| Could subject bathe himself/herself without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | bathe   |
| Could subject use public transport to get to places without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | transportation   |
| Could subject walk to places in his/her neighbourhood without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | walkneighbor   |

| | | | |
|---|-------------------------|-------------------------|---|
| Could subject walk without falling? | <input type="radio"/> 1 | <input type="radio"/> 0 | walkfalling   |
| Could subject walk without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | walkhelp   |
| Could subject comb hair without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | combhair   |
| Could subject transfer between chairs without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | chairs   |
| Could subject get in and out of bed without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | bed   |
| Could subject use toilet/commode without help? | <input type="radio"/> 1 | <input type="radio"/> 0 | toilet   |
| Could subject's care still be provided at home? | <input type="radio"/> 1 | <input type="radio"/> 0 | carehome   |

Information sources:















| | | |
|--|--|---|
| Was the functional assessment information obtained from: | <input type="radio"/> 1 = subject only <input type="radio"/> 2 = subject and family/companion | funcassfrom   |
|--|--|---|

Independence Scale 226

| | | |
|------------------------------|--|---|
| Subject's independence in %: | <input type="radio"/> 100 = no special care needed 100 <input type="radio"/> 95 95 <input type="radio"/> 90 = no physical care needed if difficult tasks are avoided 90 <input type="radio"/> 85 85 <input type="radio"/> 80 = pre-disease level of employment changes or ends; cannot perform household chores to pre-disease level, may need help with finances 80 <input type="radio"/> 75 75 <input type="radio"/> 70 = self-care maintained for bathing, limited household duties, e.g. cooking and use of knives, driving terminates; unable to manage finances 70 <input type="radio"/> 65 65 <input type="radio"/> 60 = needs minor assistance in dressing, toileting, bathing; food must be cut for subject 60 <input type="radio"/> 55 55 <input type="radio"/> 50 = 24-hour supervision appropriate; assistance required for bathing, eating, toileting 50 <input type="radio"/> 45 45 <input type="radio"/> 40 = chronic care facility needed; limited self feeding, liquified diet 40 <input type="radio"/> 35 35 <input type="radio"/> 30 = subject provides minimal assistance in own feeding, bathing, toileting 30 <input type="radio"/> 25 25 <input type="radio"/> 20 = no speech, must be fed 20 <input type="radio"/> 15 15 <input type="radio"/> 10 = tube fed, total bed care 10 <input type="radio"/> 5 5 | independencescale   |
|------------------------------|--|---|









36 Form "Huntington's Disease Rating Scale '99 - Functional Capacity (TFC)"

Huntington's Disease Rating Scale '99 - Functional Capacity












| | |
|------------------------------------|--|
| General 230 | |
| Functional score: | <input type="text"/> functionalscore   |
| Functional Capacity 233 | |
| Occupation: | <input type="radio"/> 0 = unable 0 <input type="radio"/> 1 = marginal work only 1 <input type="radio"/> 2 = reduced capacity for usual job 2 <input type="radio"/> 3 = normal 3 fcoccupation   |
| Finances: | <input type="radio"/> 0 = unable 0 <input type="radio"/> 1 = major assistance 1 <input type="radio"/> 2 = slight assistance 2 <input type="radio"/> 3 = normal 3 fcfinances   |
| Domestic chores: | <input type="radio"/> 0 = unable 0 <input type="radio"/> 1 = impaired 1 <input type="radio"/> 2 = normal 2 fcdomestic   |
| ADL: | <input type="radio"/> 0 = total care 0 <input type="radio"/> 1 = gross tasks only 1 <input type="radio"/> 2 = minimal impairment 2 <input type="radio"/> 3 = normal 3 fcadl   |
| Care level: | <input type="radio"/> 0 = full time skilled nursing 0 <input type="radio"/> 1 = home or chronic care 1 <input type="radio"/> 2 = home 2 fccarelevel   |
| Information Sources: | |
| Was the information obtained from: | <input type="radio"/> 1 = participant only 1 <input type="radio"/> 2 = participant and family/companion 2 fcinfosource   |







37 Form "MRI 3T (MRI 3T)"

MRI 3T

| Technologist's comment 1710 | |
|---|---|
| Technologist's name: | <input type="text"/> tname   |
| Quality check: | <input type="radio"/> good 1 <input type="radio"/> poor 2 tqc   |
| Comment: | <input type="text"/> tcomment   |
| Technologist has confirmed that the images have been acquired and quality checked according to the Site Operations Guide: | |
| <input type="radio"/> yes 1 <input type="radio"/> no 0 | tconfirm   |

| Image scans 3T 1783 |
|--|
| Do not upload scans until both the technologist and radiologist have completed their sections. |
| MRI Queries: none |

| Radiologist's comment 1711 | |
|---------------------------------|---|
| Radiologist's comment: | <input type="radio"/> yes 1 <input type="radio"/> no 0 rcommentyn   |
| Radiologist's name: | <input type="text"/> rname   |
| Date of read: | <input type="text"/> . <input type="text"/> . <input type="text"/>  (format "dd.mm.yyyy") dtcread   |
| Comment: | <input type="text"/> rcomment   |
| Radiologist has confirmed that: | <input type="radio"/> the images are suitable for the TRACK-HD study 1 rconfirm   <input type="radio"/> the images are not suitable for the TRACK-HD study 2 |

| Quality Control Summary 1641 | |
|------------------------------|---|
| Quality control result: | <input type="radio"/> pass 1 <input type="radio"/> fail 2 resultsum   |
| Full report upload: | (no file) fullreport   |
| Quality control comment: | <input type="text"/> qccomment   |

38 Form "MRI 1,5T (MRI 1,5T)"

MRI 1.5T

| Technologist's comment 1710 | |
|---|--|
| Technologist's name: | <input type="text"/> tname |
| Quality check: | <input type="radio"/> good 1 <input type="radio"/> poor 2 tqc |
| Comment: | <input type="text"/> tcomment |
| Technologist has confirmed that the images have been acquired and quality checked according to the Site Operations Guide: | |
| <input type="radio"/> yes 1 <input type="radio"/> no 0 | tconfirm |



| Image scans 1.5T 1620 |
|--|
| Do not upload scans until both the technologist and radiologist have completed their sections. |
| MRI Queries: none |

| Radiologist's comment 3775 | |
|---------------------------------|---|
| Radiologist's comment: | <input type="radio"/> yes 1 <input type="radio"/> no 0 <input type="radio"/> same as for 3T 2 rcommentyn |
| Radiologist's name: | <input type="text"/> rname |
| Date of read: | <input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") dtcread |
| Comment: | <input type="text"/> rcomment |
| Radiologist has confirmed that: | <input type="radio"/> the images are suitable for the TRACK-HD study 1 rconfirm |
| | <input type="radio"/> the images are not suitable for the TRACK-HD study 2 |

| Quality Control Summary 3220 | |
|------------------------------|--|
| Quality control result: | <input type="radio"/> pass 1 <input type="radio"/> fail 2 resultsum |
| Full report upload: | (no file) fullreport |
| Quality control comment: | <input type="text"/> qccomment |

39 Form “MRI DTI QC (MRI DTI QC)”

MRI DTI QC

| | | |
|------------------------------|--|--|
| Image scans 3T 5044 | | |
| Quality Control Summary 5045 | | |
| Quality control result: | <input type="radio"/> pass 1 <input type="radio"/> fail 2 <input type="radio"/> borderline 3 | resultsum   |
| Full report upload: | (no file) | fullreport   |
| Quality control comment: | <div></div> | qccomment   |














40 Form "Hospital Anxiety and Depression Scale - Snaith Irritability Scale (HADS-SIS)"















Hospital Anxiety and Depression Scale - Snaith Irritability Scale













Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings he or she will be able to help you more.

This questionnaire is designed to help your clinician to know how you feel. Read each item below and mark the response which comes closest to how you have been feeling in the past week.

Don't take too long over your replies, your immediate reaction to each item will probably be more accurate than a long, thought-out response.

| General 106 | | |
|--|--|---|
| Participant View: | Start Participant-Based Data Entry | pview |
| Anxiety subscore: | <input type="text"/> | anxscore   |
| Depression subscore: | <input type="text"/> | depscore   |
| Irritability subscore: | <input type="text"/> | irrscore   |
| Outward irritability subscore: | <input type="text"/> | outwardirrscore   |
| Inward irritability subscore: | <input type="text"/> | inwardirrscore   |
| HADS - SIS 90 | | |
| I feel tense or 'wound up': | <input type="radio"/> most of the time 3 <input type="radio"/> a lot of the time 2 <input type="radio"/> from time to time, occasionally 1 <input type="radio"/> not at all 0 | tense   |
| I still enjoy the things I used to enjoy: | <input type="radio"/> definitely as much 0 <input type="radio"/> not quite so much 1 <input type="radio"/> only a little 2 <input type="radio"/> hardly at all 3 | enjoy   |
| I get a sort of frightened feeling as if something awful is about to happen: | <input type="radio"/> very definitely and quite badly 3 <input type="radio"/> yes, but not too badly 2 <input type="radio"/> a little, but it doesn't worry me 1 <input type="radio"/> not at all 0 | frighten   |
| I lose my temper and shout or snap at others: | <input type="radio"/> yes, definitely 3 <input type="radio"/> yes, sometimes 2 <input type="radio"/> no, not much 1 <input type="radio"/> no, not at all 0 | temper   |
| I can laugh and see the funny side of things: | <input type="radio"/> as much as I always could 0 <input type="radio"/> not quite so much now 1 <input type="radio"/> definitely not so much now 2 <input type="radio"/> not at all 3 | laugh   |


| | | |
|---|--|--|
| I am patient with other people: | <input type="radio"/> all of the time 0 <input type="radio"/> most of the time 1 <input type="radio"/> some of the time 2 <input type="radio"/> hardly ever 3 | patient   |
| I feel cheerful: | <input type="radio"/> never 3 <input type="radio"/> not often 2 <input type="radio"/> sometimes 1 <input type="radio"/> most of the time 0 | cheerful   |
| I get angry with myself and call myself names: | <input type="radio"/> yes, definitely 3 <input type="radio"/> sometimes 2 <input type="radio"/> not often 1 <input type="radio"/> no, not at all 0 | angry   |
| I can sit at ease and feel relaxed: | <input type="radio"/> definitely 0 <input type="radio"/> usually 1 <input type="radio"/> not often 2 <input type="radio"/> not at all 3 | sit   |
| I feel as if I am slowed down: | <input type="radio"/> nearly all the time 3 <input type="radio"/> very often 2 <input type="radio"/> sometimes 1 <input type="radio"/> not at all 0 | slowdown   |
| I feel like harming myself: | <input type="radio"/> yes, definitely 3 <input type="radio"/> yes, sometimes 2 <input type="radio"/> no, not much 1 <input type="radio"/> no, not at all 0 | harming   |
| Worrying thoughts go through my mind: | <input type="radio"/> a great deal of the time 3 <input type="radio"/> a lot of the time 2 <input type="radio"/> not too often 1 <input type="radio"/> very little 0 | worry   |
| I have lost interest in my appearance: | <input type="radio"/> definitely 3 <input type="radio"/> I don't take as much care as I should 2 <input type="radio"/> I may not take quite as much care 1 <input type="radio"/> I take just as much care as ever 0 | appear   |
| The thought of hurting myself occurs to me: | <input type="radio"/> sometimes 3 <input type="radio"/> not very often 2 <input type="radio"/> hardly ever 1 <input type="radio"/> not at all 0 | hurting   |
| I feel restless as if I have to be on the move: | <input type="radio"/> very much indeed 3 <input type="radio"/> quite a lot 2 <input type="radio"/> not very much 1 <input type="radio"/> not at all 0 | restless   |
| I look forward with enjoyment to things: | <input type="radio"/> as much as I ever did 0 <input type="radio"/> rather less than I used to 1 <input type="radio"/> definitely less than I used to 2 <input type="radio"/> hardly at all 3 | forward   |




| | | |
|---|--|---|
| I feel I might lose control and hit or hurt someone: | <input type="radio"/> sometimes 3 <input type="radio"/> occasionally 2 <input type="radio"/> rarely 1 <input type="radio"/> never 0 | control   |
| I get a sort of frightened feeling like 'butterflies' in the stomach: | <input type="radio"/> not at all 0 <input type="radio"/> occasionally 1 <input type="radio"/> quite often 2 <input type="radio"/> very often 3 | butterflies   |
| People upset me so that I feel like slamming doors or banging about: | <input type="radio"/> yes, often 3 <input type="radio"/> yes, sometimes 2 <input type="radio"/> only occasionally 1 <input type="radio"/> not at all 0 | people   |
| I get sudden feelings of panic: | <input type="radio"/> very often indeed 3 <input type="radio"/> quite often 2 <input type="radio"/> not very often 1 <input type="radio"/> not at all 0 | panic   |
| I can enjoy a good book or radio or television programme: | <input type="radio"/> often 0 <input type="radio"/> sometimes 1 <input type="radio"/> not often 2 <input type="radio"/> very seldom 3 | book   |
| Lately I have been getting annoyed with myself: | <input type="radio"/> very much so 3 <input type="radio"/> rather a lot 2 <input type="radio"/> not much 1 <input type="radio"/> not at all 0 | annoyed   |













41 Form “Beck Depression Inventory II (BDI II)”











Beck Depression Inventory II

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Click in the circle beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

| General 588 | | |
|------------------------|------------------------------------|---|
| Participant View: | Start Participant-Based Data Entry | pview |
| Beck Depression Score: | 0 | bdtotal   |

| Beck Depression Inventory II (BDI-II) 591 | | |
|---|---|---|
| 1. Sadness: | <input type="radio"/> 0 = I do not feel sad 0 <input type="radio"/> 1 = I feel sad much of the time 1 <input type="radio"/> 2 = I am sad all the time 2 <input type="radio"/> 3 = I am sad or unhappy that I can't stand it 3 | asad   |
| 2. Pessimism: | <input type="radio"/> 0 = I am not discouraged about my future 0 <input type="radio"/> 1 = I feel more discouraged about my future than I used to be 1 <input type="radio"/> 2 = I do not expect things to work out for me 2 <input type="radio"/> 3 = I feel my future is hopeless and will only get worse 3 | bdiscourage   |
| 3. Past Failure: | <input type="radio"/> 0 = I do not feel like a failure 0 <input type="radio"/> 1 = I have failed more than I should have 1 <input type="radio"/> 2 = As I look back, I see a lot of failures 2 <input type="radio"/> 3 = I feel I am a total failure as a person 3 | cfailure   |
| 4. Loss of Pleasure: | <input type="radio"/> 0 = I get as much pleasure as I ever did from the things I enjoy 0 <input type="radio"/> 1 = I don't enjoy things as much as I used to 1 <input type="radio"/> 2 = I get very little pleasure from the things I used to enjoy 2 <input type="radio"/> 3 = I can't get any pleasure from the things I used to enjoy 3 | dsatisfaction   |
| 5. Guilty Feelings: | <input type="radio"/> 0 = I don't feel particularly guilty 0 <input type="radio"/> 1 = I feel guilty over many things I have done or should have done 1 <input type="radio"/> 2 = I feel quite guilty most of the time 2 <input type="radio"/> 3 = I feel guilty all of the time 3 | eguilty   |
| 6. Punishment Feelings: | <input type="radio"/> 0 = I don't feel I am being punished 0 <input type="radio"/> 1 = I feel I may be punished 1 <input type="radio"/> 2 = I expect to be punished 2 <input type="radio"/> 3 = I feel I am being punished 3 | fpunished   |
| 7. Self-Dislike: | <input type="radio"/> 0 = I feel the same about myself as ever 0 <input type="radio"/> 1 = I have lost confidence in myself 1 <input type="radio"/> 2 = I am disappointed in myself 2 | gdisappointed   |

| | | |
|---------------------------------|--|--|
| 8. Self-Criticalness: | <input type="radio"/> 3 = I dislike myself 3 <input type="radio"/> 0 = I don't criticize or blame myself more than usual 0 <input type="radio"/> 1 = I am more critical of myself than I used to be 1 <input type="radio"/> 2 = I criticize myself for all of my faults 2 <input type="radio"/> 3 = I blame myself for everything bad that happens 3 | hblame   |
| 9. Suicidal Thoughts or Wishes: | <input type="radio"/> 0 = I don't have any thoughts of killing myself 0 <input type="radio"/> 1 = I have thoughts of killing myself, but I would not carry them out 1 <input type="radio"/> 2 = I would like to kill myself 2 <input type="radio"/> 3 = I would kill myself if I had the chance 3 | ikill   |
| 10. Crying: | <input type="radio"/> 0 = I don't cry anymore than I used to 0 <input type="radio"/> 1 = I cry more than I used to 1 <input type="radio"/> 2 = I cry over every little thing 2 <input type="radio"/> 3 = I feel like crying, but I can't 3 | jcry   |
| 11. Agitation: | <input type="radio"/> 0 = I am no more restless or wound up than usual 0 <input type="radio"/> 1 = I feel more restless or wound up than usual 1 <input type="radio"/> 2 = I am so restless or agitated that it's hard to stay still 2 <input type="radio"/> 3 = I am so restless or agitated that I have to keep moving or doing something 3 | kagitation   |
| 12. Loss of Interest: | <input type="radio"/> 0 = I have not lost interest in other people or activities 0 <input type="radio"/> 1 = I am less interested in other people or things than before 1 <input type="radio"/> 2 = I have lost most of my interest in other people or things 2 <input type="radio"/> 3 = It's hard to get interested in anything 3 | linterest   |
| 13. Indecisiveness: | <input type="radio"/> 0 = I make decisions about as well as ever 0 <input type="radio"/> 1 = I find it more difficult to make decisions than usual 1 <input type="radio"/> 2 = I have much greater difficulty in making decisions than I used to 2 <input type="radio"/> 3 = I have trouble making any decisions 3 | mdecisions   |
| 14. Worthlessness: | <input type="radio"/> 0 = I do not feel I am worthless 0 <input type="radio"/> 1 = I don't consider myself as worthwhile and useful as I used to 1 <input type="radio"/> 2 = I feel more worthless as compared to other people 2 <input type="radio"/> 3 = I feel utterly worthless 3 | nworthlessness   |
| 15. Loss of Energy: | <input type="radio"/> 0 = I have as much energy as ever 0 <input type="radio"/> 1 = I have less energy than I used to have 1 <input type="radio"/> 2 = I don't have enough energy to do very much 2 <input type="radio"/> 3 = I don't have enough energy to do anything 3 | oenergy   |



| | | |
|----------------------------------|--|--|
| 16. Changes in Sleeping Pattern: | <input type="radio"/> 0 = I have not experienced any change in my sleeping pattern 0 <input type="radio"/> 1a = I sleep somewhat more than usual 1a <input type="radio"/> 1b = I sleep somewhat less than usual 1b <input type="radio"/> 2a = I sleep a lot more than usual 2a <input type="radio"/> 2b = I sleep a lot less than usual 2b <input type="radio"/> 3a = I sleep most of the day 3a <input type="radio"/> 3b = I wake up 1-2 hours early and can't get back to sleep 3b | psleep   |
| 17. Irritability: | <input type="radio"/> 0 = I am no more irritable than usual 0 <input type="radio"/> 1 = I am more irritable than usual 1 <input type="radio"/> 2 = I am much more irritable than usual 2 <input type="radio"/> 3 = I am irritable all the time 3 | qirritability   |
| 18. Changes in Appetite: | <input type="radio"/> 0 = I have not experienced any change in my appetite 0 <input type="radio"/> 1a = my appetite is somewhat less than usual 1a <input type="radio"/> 1b = my appetite is somewhat greater than usual 1b <input type="radio"/> 2a = my appetite is much less than before 2a <input type="radio"/> 2b = my appetite is much greater than usual 2b <input type="radio"/> 3a = I have no appetite at all 3a <input type="radio"/> 3b = I crave food all the time 3b | rappetite   |
| 19. Concentration Difficulty: | <input type="radio"/> 0 = I can concentrate as well as ever 0 <input type="radio"/> 1 = I can't concentrate as well as usual 1 <input type="radio"/> 2 = It's hard to keep my mind on anything for very long 2 <input type="radio"/> 3 = I find I can't concentrate on anything 3 | sconcentration   |
| 20. Tiredness or Fatigue: | <input type="radio"/> 0 = I am no more tired or fatigued than usual 0 <input type="radio"/> 1 = I get more tired or fatigued more easily than usual 1 <input type="radio"/> 2 = I am too tired or fatigued to do a lot of the things I used to do 2 <input type="radio"/> 3 = I am too tired or fatigued to do most of the things I used to do 3 | tfatigue   |
| 21. Loss of Interest in Sex: | <input type="radio"/> 0 = I have not noticed any recent change in my interest in sex 0 <input type="radio"/> 1 = I am less interested in sex than I used to be 1 <input type="radio"/> 2 = I am much less interested in sex now 2 <input type="radio"/> 3 = I have lost interest in sex completely 3 | usex   |







42 Form “Problem Behaviours Assessment for HD - short version (PBA-s)”

Problem Behaviours Assessment for HD - short version













| | |
|--|--|
| General 478 | |
| Video assessment: | no video available dummy_1982 |
| Behavioural score: | 0 bascore |
| Problem Behaviours Assessment for HD 491 | |
| Depressed mood: | |
| Severity: | <input type="radio"/> 0 = absent 0 basdepr <input type="radio"/> 1 = questionable 1 <input type="radio"/> 2 = low mood is present intermittently but does not interfere with everyday function; rate 2 if subject can easily enjoy amusing activities or visits from friends 2 <input type="radio"/> 3 = subject feels sad much of the time and takes no pleasure from things that he/she usually enjoys, but may still be able to cheer up sometimes with a big effort; rate 3 if low mood has definite effect on subject's lifestyle, e.g. unable to enjoy company of friends or amusing diversions 3 <input type="radio"/> 4 = subject feels sad and utterly miserable all day, takes no pleasure from things that he/she usually enjoys, does not cheer up anytime 4 |
| Frequency: | <input type="radio"/> 0 = never/almost never 0 basdeprfre <input type="radio"/> 1 = seldom (less than once/week) 1 <input type="radio"/> 2 = sometimes (up to four times a week) 2 <input type="radio"/> 3 = frequently (most days/5, 6 or 7 times a week) 3 <input type="radio"/> 4 = daily/almost daily for most (or all) of day 4 |
| Worst: | <input type="radio"/> 0 = absent 0 basdeprworst <input type="radio"/> 1 = questionable 1 <input type="radio"/> 2 = low mood is present intermittently but does not interfere with everyday function; rate 2 if subject can easily enjoy amusing activities or visits from friends 2 <input type="radio"/> 3 = subject feels sad much of the time and takes no pleasure from things that he/she usually enjoys, but may still be able to cheer up sometimes with a big effort; rate 3 if low mood has definite effect on subject's lifestyle, e.g. unable to enjoy company of friends or amusing diversions 3 <input type="radio"/> 4 = subject feels sad and utterly miserable all day, takes no pleasure from things that he/she usually enjoys, does not cheer up anytime 4 |
| Suicidal ideation: | |
| Severity: | <input type="radio"/> 0 = absent 0 basuic <input type="radio"/> 1 = questionable; also rate 1 if subject plans suicide at a later date when disease is more severe but obtains comfort from this as means to retain control of destiny 1 <input type="radio"/> 2 = sometimes very pessimistic with fleeting suicidal ideation 2 |











| | | |
|----------|------------|--|
| | | <ul style="list-style-type: none"> ○ 3 = subject has pervasive and distressing feelings of hopelessness and more prolonged or frequent suicidal ideation, but has not yet acted on this in any way ³ ○ 4 = subject has attempted suicide or has made preparations such as saving up tablets or planning ways to avoid discovery when doing it ⁴ |
| | Frequency: | <ul style="list-style-type: none"> ○ 0 = never/almost never ⁰ ○ 1 = seldom (less than once/week) ¹ ○ 2 = sometimes (up to 4 times a week) ² ○ 3 = frequently (most days/5, 6 or 7 times a week) ³ ○ 4 = daily/almost daily for most (or all) of day ⁴ |
| | Worst: | <ul style="list-style-type: none"> ○ 0 = absent ⁰ ○ 1 = questionable; also rate 1 if subject plans suicide at a later date when disease is more severe but obtains comfort from this as means to retain control of destiny ¹ ○ 2 = sometimes very pessimistic with fleeting suicidal ideation ² ○ 3 = subject has pervasive and distressing feelings of hopelessness and more prolonged or frequent suicidal ideation, but has not yet acted on this in any way ³ ○ 4 = subject has attempted suicide or has made preparations such as saving up tablets or planning ways to avoid discovery when doing it ⁴ |
| Anxiety: | | |
| | Severity: | <ul style="list-style-type: none"> ○ 0 = absent ⁰ ○ 1 = questionable, vague unease (also rate 1 if subject's only worry or anxiety is about prognosis of HD) ¹ ○ 2 = subject experiences intermittent worry or anxiety, but symptom is not severe enough to cause significant distress or interfere with everyday activities; rate 2 for mild anticipatory anxiety prior to social events or unfamiliar activities e.g. hospital appointments ² ○ 3 = unpleasant anxiety is present much of the time, and has a significant impact on subject's behaviour (e.g. avoids going to places or events associated with provoking anxiety) ³ ○ 4 = worry, anxiety or panic are present all the time and have a major impact on subject's lifestyle (e.g. agoraphobia such that subject cannot leave home without an escort) ⁴ |
| | Frequency: | <ul style="list-style-type: none"> ○ 0 = never/almost never ⁰ ○ 1 = seldom (less than once/week) ¹ ○ 2 = sometimes (up to 4 times a week) ² ○ 3 = frequently (most days/5, 6 or 7 times a week) ³ ○ 4 = daily/almost daily for most (or all) of day ⁴ |
| | Worst: | <ul style="list-style-type: none"> ○ 0 = absent ⁰ ○ 1 = questionable, vague unease (also rate 1 if subject's only worry or anxiety is about prognosis of HD) ¹ |

| | |
|---------------|---|
| | <ul style="list-style-type: none"> ○ 2 = subject experiences intermittent worry or anxiety, but symptom is not severe enough to cause significant distress or interfere with everyday activities; rate 2 for mild anticipatory anxiety prior to social events or unfamiliar activities e.g. hospital appointments ² ○ 3 = unpleasant anxiety is present much of the time, and has a significant impact on subject's behaviour (e.g. avoids going to places or events associated with provoking anxiety) ³ ○ 4 = worry, anxiety or panic are present all the time and have a major impact on subject's lifestyle (e.g. agoraphobia such that subject cannot leave home without an escort) ⁴ |
| Irritability: | |
| | <p>Severity:</p> <ul style="list-style-type: none"> ○ 0 = no more irritable than the average person ⁰ basinit   ○ 1 = questionable or trivial; within normal limits but worse than he/she used to be ¹ ○ 2 = definitely more irritable than is reasonable, but not to an extent which causes significant problems or distress for other household members; rate 2 if subject appeared to be in a bad mood, but rater considered that subject might have become angry if not treated with tact ² ○ 3 = subject very irritable and loses temper over trivial matters; household members have to be careful what they say and do to avoid problems; rate 3 if subject's appearance and behaviour suggestive of angry mood, such that outbursts would almost certainly have occurred if care had not been taken to placate subject or to keep out of his/her way ³ ○ 4 = subject very irritable and loses temper without any obvious reason at all; living with him/her is like walking on eggshells ⁴ |
| | <p>Frequency:</p> <ul style="list-style-type: none"> ○ 0 = never/almost never ⁰ basinitfre   ○ 1 = seldom (less than once/week) ¹ ○ 2 = sometimes (up to 4 times a week) ² ○ 3 = frequently (most days/5, 6 or 7 times a week) ³ ○ 4 = daily/almost daily for most (or all) of day ⁴ |
| | <p>Worst:</p> <ul style="list-style-type: none"> ○ 0 = no more irritable than the average person ⁰ basinitworst   ○ 1 = questionable or trivial; within normal limits but worse than he/she used to be ¹ ○ 2 = definitely more irritable than is reasonable, but not to an extent which causes significant problems or distress for other household members; rate 2 if subject appeared to be in a bad mood, but rater considered that subject might have become angry if not treated with tact ² |







| | | |
|--------------------------------|---|---|
| | | <ul style="list-style-type: none"> ○ 3 = subject very irritable and loses temper over trivial matters; household members have to be careful what they say and do to avoid problems; rate 3 if subject's appearance and behaviour suggestive of angry mood, such that outbursts would almost certainly have occurred if care had not been taken to placate subject or to keep out of his/her way ³ ○ 4 = subject very irritable and loses temper without any obvious reason at all; living with him/her is like walking on eggshells ⁴ |
| Angry or aggressive behaviour: | | |
| Severity: | <ul style="list-style-type: none"> ○ 0 = normal ⁰ ○ 1 = questionable ¹ ○ 2 = verbal outbursts which are outside socially acceptable limits but do not cause significant problems or distress for other household members; for example, rate 2 if subject becomes angry with self or inanimate objects when confronted with frustrating situations due to disability, such as failure when attempting to rewire a plug ² ○ 3 = temper tantrums are severe enough to cause significant distress for other household members and/or practical difficulties caring for the subject; rate 3 when verbal hostility or anger is directed towards another person (e.g. shouting, sarcastic name-calling, use of foul or abusive language). Also rate 3 if there are explicit verbal threats of violence to another person, or behaviour causing a justifiable fear of personal violence (e.g. subject approaches too close, raises fist, mild pushing). Also rate 3 for violence towards property. ³ ○ 4 = subject has temper tantrums so severe that relationship with carers is compromised, creating risk that subject will be rejected; rate 4 if there has been any kind of actual physical assault (includes pushing, shoving, hitting, biting, scratching, kicking) or threatening behaviour involving weapons ⁴ | basbeh   |
| Frequency: | <ul style="list-style-type: none"> ○ 0 = never/almost never ⁰ ○ 1 = seldom (less than once/week) ¹ ○ 2 = sometimes (up to 4 times a week) ² ○ 3 = frequently (most days/5, 6 or 7 times a week) ³ ○ 4 = daily/almost daily for most (or all) of day ⁴ | basbehfre   |
| Worst: | <ul style="list-style-type: none"> ○ 0 = normal ⁰ ○ 1 = questionable ¹ ○ 2 = verbal outbursts which are outside socially acceptable limits but do not cause significant problems or distress for other household members; for example, rate 2 if subject becomes angry with self or inanimate objects when confronted with frustrating situations due to disability, such as failure when attempting to rewire a plug ² | basbehworst   |









| | | |
|--|---|--|
| | <ul style="list-style-type: none"> ○ 3 = temper tantrums are severe enough to cause significant distress for other household members and/or practical difficulties caring for the subject; rate 3 when verbal hostility or anger is directed towards another person (e.g. shouting, sarcastic name-calling, use of foul or abusive language). Also rate 3 if there are explicit verbal threats of violence to another person, or behaviour causing a justifiable fear of personal violence (e.g. subject approaches too close, raises fist, mild pushing) ³ ○ 4 = subject has temper tantrums so severe that relationship with carers is compromised, creating risk that subject will be rejected; rate 4 if there has been any kind of actual physical assault (includes pushing, shoving, hitting, biting, scratching, kicking) or threatening behaviour involving weapons ⁴ | |
| Enthusiasm/spontaneity: | | |
| Severity: | <ul style="list-style-type: none"> ○ 0 = absent ⁰ ○ 1 = subject experiences less interest or enthusiasm for new things, or admits to greater difficulty initiating new projects; he/she feels 'stuck in a rut' ¹ ○ 2 = subject is definitely less spontaneous and needs some gentle prompting to try anything new ² ○ 3 = subject is definitely less spontaneous and needs a lot of prompting to try anything new ³ ○ 4 = subject no longer shows any spontaneity; refuses to try anything new even with a lot of prompting ⁴ | basenthusiasm   |
| Frequency: | <input type="text"/> | basenthusiasmfre   |
| Household chores: | | |
| Severity: | <ul style="list-style-type: none"> ○ 0 = symptom absent ⁰ ○ 1 = questionable; subject tends to put off household tasks which were previously part of normal daily routine, but gets round to them in the end without prompting, and there is no significant deterioration in the state of the subject's living environment ¹ ○ 2 = subject finds it hard to get round to tasks which were previously part of his/her normal routine, and tends to need gentle prompting to do these things; living environment is within socially acceptable limits but definitely less house-proud than previously ² ○ 3 = needs overt or repeated prompting to perform routine household tasks; mail may be left unopened for long periods; living environment has deteriorated beyond socially acceptable limits (or would have done so without intervention of carers) ³ ○ 4 = subject no longer makes any attempt to perform these tasks, even with overt prompting, and is living in squalor (or would be without intervention of carers) ⁴ | bashhchores   |
| Frequency: | <input type="text"/> | bashhchoresfre   |
| Lack of perseverance (failure to complete tasks once started): | | |
| Severity: | <ul style="list-style-type: none"> ○ 0 = symptom absent ⁰ ○ 1 = starts and completes routine daily tasks or hobby activities, but the task may be rushed, or not completed with the usual degree of care, or to | baspersev   |

| | |
|---------------------------------------|--|
| | <p>the standard set on beginning the task ¹</p> <ul style="list-style-type: none"> ○ 2 = fails to complete routine daily tasks or hobby activities which he/she would previously have been able to carry out in one session, but returns, unprompted, and finishes them later after a rest (or doing something else) ² ○ 3 = fails to complete routine daily tasks or hobby activities which he/she started, but will return to finish them with prompting ³ ○ 4 = fails to complete routine daily tasks or hobby activities which he/she has started, and does not come back to them later, even with prompting ⁴ |
| Frequency: | <input type="text"/> baspersevfre   |
| Hobbies/spare time activities: | |
| Severity: | <ul style="list-style-type: none"> ○ 0 = symptom absent ⁰ bashobby   ○ 1 = spends less time engaged in hobbies/leisure pursuits, but still initiates them without prompting ¹ ○ 2 = needs gentle prompting to initiate hobbies or pastimes which he/she used to enjoy, but still engages in a range of leisure activities and appears to enjoy them ² ○ 3 = needs quite overt prompting to take part in hobbies or pastimes which he/she used to enjoy; will take part in activities that are organised by other people (e.g. at a day care centre) but makes little or no spontaneous effort and sometimes appears to be doing nothing at all if not prompted by carers; rarely reads now (except simple material like TV listings) but appears to enjoy watching TV and able to engage emotionally and intellectually with material presented ³ ○ 4 = never initiates activities, and displays no interest in hobbies or pastimes even when prompted; spends quite long periods apparently doing nothing at all; active choices limited to selecting TV programmes to watch, and perhaps switching on or changing channel to do this) ⁴ |
| Frequency: | <input type="text"/> bashobbyfre   |
| Social activities: | |
| Severity: | <ul style="list-style-type: none"> ○ 0 = symptom absent ⁰ bassocact   ○ 1 = questionable or trivial; subject enjoys social contacts and is proactive in organising social activities, but social circle may be more restricted (for example, to close friends and immediate family) ¹ ○ 2 = subject clearly enjoys social contacts with others but is less proactive in organising social activities with friends and relatives, and leaves it to others to organise these activities ² ○ 3 = makes little or no effort to keep up with friends and leaves it to others to initiate any social contacts; appears to obtain less enjoyment from social contacts ³ ○ 4 = displays no interest in friends / relatives and does not engage in social activities, or may actively resist these ⁴ |
| Frequency: | <input type="text"/> bassocactfre   |
| Spontaneous conversation: | |
| Severity: | <ul style="list-style-type: none"> ○ 0 = symptom absent ⁰ bassconv   ○ 1 = questionable or trivial ¹ ○ 2 = subject engages in (and clearly enjoys) conversation but friends / relatives have noticed a definite reduction in spontaneity and reciprocity ² |

| | |
|------------------------------|--|
| | <p>○ 3 = able to take part in (and seems to enjoy) conversation, but tends to follow and rarely initiates a change of subject ³</p> <p>○ 4 = markedly impoverished speech, does not initiate new topics of conversation except in relation to own needs ⁴</p> <p>Frequency: <input type="text"/> bassconvfre  </p> |
| Self-care: | <p>Severity:</p> <p>○ 0 = symptom absent ⁰ bascare  </p> <p>○ 1 = no outward change in grooming and self-care, but less interested in fashion and appearance, no longer takes pleasure from new clothes, etc. ¹</p> <p>○ 2 = subject and/or carer have noticed change (e.g. no longer takes same care over appearance or bothers with make-up) but still within socially acceptable limits. Rate 2 if subject is no longer capable of maintaining appearance within socially acceptable limits, but still takes an obvious interest and pride in his/her appearance and routinely initiates grooming activities or requests help in this area ²</p> <p>○ 3 = subject's self care has deteriorated below socially acceptable limits (e.g. may need prompting to shave or change clothes) ³</p> <p>○ 4 = subject would not engage in any grooming activities without prompting (e.g. would not wash without carer prompting or initiating washing) ⁴</p> <p>Frequency: <input type="text"/> bascarefre  </p> |
| Lack of initiative (apathy): | <p>Severity:</p> <p>○ 0 = symptom absent ⁰ basapath  </p> <p>○ 1 = questionable ¹</p> <p>○ 2 = subject no longer tries new things; may need gentle prompting to initiate hobbies or pastimes which he/she usually enjoys; makes less effort to keep up with friends and relatives; tends to put off household tasks which were previously part of normal daily routine and may need gentle prompting to do these things ²</p> <p>○ 3 = needs quite overt prompting to take part in hobbies or pastimes which he/she used to enjoy, or to carry out routine daily household tasks; makes little or no effort to keep up with friends and leaves it to others to initiate any social contacts; able to take part in (and apparently enjoy) conversation, but tends to follow and is less likely to initiate a change of subject ³</p> <p>○ 4 = no longer performs any household tasks, even if prompted repeatedly; never initiates activities, and displays no interest in hobbies or pastimes; markedly impoverished speech, rarely initiates new topics of conversation except in relation to own needs; active choices limited to selecting TV programmes to watch, and perhaps switching on or changing channel to do this ⁴</p> <p>Frequency: <input type="text"/> basapathfre  </p> <p>○ 0 = never/almost never ⁰</p> <p>○ 1 = seldom (less than once/week) ¹</p> <p>○ 2 = sometimes (up to 4 times a week) ²</p> <p>○ 3 = frequently (most days/5, 6 or 7 times a week) ³</p> |

| | |
|--|---|
| | <p>Worst:</p> <ul style="list-style-type: none"> ○ 4 = daily/almost daily for most (or all) of day ⁴ ○ 0 = symptom absent ⁰ ○ 1 = questionable ¹ ○ 2 = subject no longer tries new things; may need gentle prompting to initiate hobbies or pastimes which he/she usually enjoys; makes less effort to keep up with friends and relatives; tends to put off household tasks which were previously part of normal daily routine and may need gentle prompting to do these things ² ○ 3 = needs quite overt prompting to take part in hobbies or pastimes which he/she used to enjoy, or to carry out routine daily household tasks; makes little or no effort to keep up with friends and leaves it to others to initiate any social contacts; able to take part in (and apparently enjoy) conversation, but tends to follow and is less likely to initiate a change of subject ³ ○ 4 = no longer performs any household tasks, even if prompted repeatedly; never initiates activities, and displays no interest in hobbies or pastimes; markedly impoverished speech, rarely initiates new topics of conversation except in relation to own needs; active choices limited to selecting TV programmes to watch, and perhaps switching on or changing channel to do this ⁴ <p>Obsessive-compulsive behaviours:</p> |
| | <p>Severity:</p> <ul style="list-style-type: none"> ○ 0 = symptom absent ⁰ ○ 1 = questionable or trivial ¹ ○ 2 = obsessional thoughts or mild compulsive behaviours which do not interfere with everyday life or cause subject significant distress; rate 2 if subject has mild obsessive-compulsive traits such as double checking (a small number of times) that doors are locked or ashtrays empty at night ² ○ 3 = obsessive-compulsive behaviours are present to a degree which interferes with everyday life or causes significant distress for subject; rate 3 if subject displays mild ritualistic behaviours such as hand-washing, turning lights on and off repetitively or 'evening-up' after touching things by touching with the other hand too ³ ○ 4 = obsessional phenomena cause serious distress, are time consuming (>1 hour/day) or significantly interfere with the person's normal routine, occupational functioning or usual social activities or relationships ⁴ <p>Frequency:</p> <ul style="list-style-type: none"> ○ 0 = never/almost never ⁰ ○ 1 = seldom (less than once/week) ¹ ○ 2 = sometimes (up to 4 times a week) ² ○ 3 = frequently (most days/5, 6 or 7 times a week) ³ |

| | |
|--------------------------------------|--|
| | <p>Worst:</p> <ul style="list-style-type: none"> ○ 4 = daily/almost daily for most (or all) of day 4 ○ 0 = symptom absent 0 basobscompworst   ○ 1 = questionable or trivial 1 ○ 2 = obsessional thoughts or mild compulsive behaviours which do not interfere with everyday life or cause subject significant distress; rate 2 if subject has mild obsessive-compulsive traits such as double checking (a small number of times) that doors are locked or ashtrays empty at night 2 ○ 3 = obsessive-compulsive behaviours are present to a degree which interferes with everyday life or causes significant distress for subject; rate 3 if subject displays mild ritualistic behaviours such as hand-washing, turning lights on and off repetitively or 'evening-up' after touching things by touching with the other hand too 3 ○ 4 = obsessional phenomena cause serious distress, are time consuming (>1 hour/day) or significantly interfere with the person's normal routine, occupational functioning or usual social activities or relationships 4 |
| Perseverative thinking or behaviour: | |
| <p>Severity:</p> | <ul style="list-style-type: none"> ○ 0 = symptom absent 0 basthink   ○ 1 = questionable 1 ○ 2 = mild perseverative behaviours or abnormal preoccupations are present but do not interfere with everyday life or cause significant distress for subject or carers; rate 2 if carer reports that subject tends to come out with comments which refer to an earlier topic of conversation, or when rater observes perseverative phenomena during examination (e.g. continues tandem walking after test completed) 2 ○ 3 = abnormal preoccupations or repetitive behaviours occupy a significant proportion of subject's attention and cause distress for subject or practical problems for carers; for example, rate 3 if carers report that subject will not let matter drop after an argument, and keeps returning to the same contentious issue all day, or has repetitive behaviours (see below) which cause some interference with everyday care 3 ○ 4 = abnormal preoccupations occupy most of subject's attention for several days at a time, causing major problems or distress for subject and carers, or subject cannot be diverted from repetitive behaviours (pacing, smoking, repeatedly visiting the toilet) which interfere significantly with everyday care 4 |
| <p>Frequency:</p> | <ul style="list-style-type: none"> ○ 0 = never/almost never 0 basthinkfre   ○ 1 = seldom (less than once/week) 1 ○ 2 = sometimes (up to 4 times a week) 2 ○ 3 = frequently (most days/5, 6 or 7 times a week) 3 |


| | |
|--------------------------------|---|
| | <p>Worst:</p> <ul style="list-style-type: none"> ○ 4 = daily/almost daily for most (or all) of day ⁴ ○ 0 = symptom absent ⁰ basthinkworst   ○ 1 = questionable ¹ ○ 2 = mild perseverative behaviours or abnormal preoccupations are present but do not interfere with everyday life or cause significant distress for subject or carers; rate 2 if carer reports that subject tends to come out with comments which refer to an earlier topic of conversation, or when rater observes perseverative phenomena during examination (e.g. continues tandem walking after test completed) ² ○ 3 = abnormal preoccupations or repetitive behaviours occupy a significant proportion of subject's attention and cause distress for subject or practical problems for carers; for example, rate 3 if carers report that subject will not let matter drop after an argument, and keeps returning to the same contentious issue all day, or has repetitive behaviours (see below) which cause some interference with everyday care ³ ○ 4 = abnormal preoccupations occupy most of subject's attention for several days at a time, causing major problems or distress for subject and carers, or subject cannot be diverted from repetitive behaviours (pacing, smoking, repeatedly visiting the toilet) which interfere significantly with everyday care ⁴ |
| Delusions / paranoid thinking: | |
| | <p>Severity:</p> <ul style="list-style-type: none"> ○ 0 = symptom absent ⁰ basdel   ○ 1 = questionable or trivial ¹ ○ 2 = overvalued ideas (not amounting to true delusions) are present for some part of the day but do not affect subject's behaviour ² ○ 3 = overvalued ideas are present for much of the day, and subject behaves as if these beliefs were true, although he/she can be persuaded (with difficulty) that he/she is mistaken; ³ ○ 4 = delusions: false beliefs, held with unshakeable conviction, which are not shared by other members of subject's social and cultural group and have been present continuously for at least 7 days ⁴ <p>Frequency:</p> <ul style="list-style-type: none"> ○ 0 = never/almost never ⁰ basdelfre   ○ 1 = seldom (less than once/week) ¹ ○ 2 = sometimes (up to 4 times a week) ² ○ 3 = frequently (most days/5, 6 or 7 times a week) ³ ○ 4 = daily/almost daily for most (or all) of day ⁴ <p>Worst:</p> <ul style="list-style-type: none"> ○ 0 = symptom absent ⁰ basdelworst   ○ 1 = questionable or trivial ¹ ○ 2 = overvalued ideas (not amounting to true delusions) are present for some part of the day but do not affect subject's behaviour ² |

| | | |
|-------------------------------|------------|---|
| | | <ul style="list-style-type: none"> ○ 3 = overvalued ideas are present for much of the day, and subject behaves as if these beliefs were true, although he/she can be persuaded (with difficulty) that he/she is mistaken; 3 ○ 4 = delusions: false beliefs, held with unshakeable conviction, which are not shared by other members of subject's social and cultural group and have been present continuously for at least 7 days 4 |
| Hallucinations: | | |
| | Severity: | <ul style="list-style-type: none"> ○ 0 = symptom absent 0 ○ 1 = questionable or trivial 1 ○ 2 = subject reports experiencing hallucinations (when asked) but these do not appear to cause any distress or affect subject's behaviour 2 ○ 3 = hallucinations which affect subject's behaviour (e.g. looking for source of hidden voices or putting cotton wool in ears) but do not appear to cause much distress 3 ○ 4 = subject is clearly distressed by hallucinations and preoccupied with them 4 <div> Please specify <div> Modality of hallucinations: <div> <input type="checkbox"/> auditory 1 <input type="checkbox"/> visual 2 <input type="checkbox"/> tactile 3 <input type="checkbox"/> olfactory 4 <input type="checkbox"/> gustatory 5 </div> </div> </div> |
| | Frequency: | <ul style="list-style-type: none"> ○ 0 = never/almost never 0 ○ 1 = seldom (less than once/week) 1 ○ 2 = sometimes (up to 4 times a week) 2 ○ 3 = frequently (most days/5, 6 or 7 times a week) 3 ○ 4 = daily/almost daily for most (or all) of day 4 |
| | Worst: | <ul style="list-style-type: none"> ○ 0 = symptom absent 0 ○ 1 = questionable or trivial 1 ○ 2 = subject reports experiencing hallucinations (when asked) but these do not appear to cause any distress or affect subject's behaviour 2 ○ 3 = hallucinations which affect subject's behaviour (e.g. looking for source of hidden voices or putting cotton wool in ears) but do not appear to cause much distress 3 ○ 4 = subject is clearly distressed by hallucinations and preoccupied with them 4 <div> Please specify <div> Modality of hallucinations: <div> <input type="checkbox"/> auditory 1 <input type="checkbox"/> visual 2 <input type="checkbox"/> tactile 3 <input type="checkbox"/> olfactory 4 <input type="checkbox"/> gustatory 5 </div> </div> </div> |
| | | |
| Disoriented Behaviour: | | |
| | Severity: | <ul style="list-style-type: none"> ○ 0 = symptom absent 0 ○ 1 = questionable or trivial (e.g. subject gets day wrong ± one day, or fails to recognise people when meeting them) |

| | |
|--------------------------|---|
| | <p>out of their normal context) 1</p> <ul style="list-style-type: none"> ○ 2 = subject does not seem to be fully aware of surroundings or the passage of time, but this does not cause significant practical problems 2 ○ 3 = evidence of confusion at night (subject appears disoriented in time, place or person to an extent that causes practical problems for carers) but normal during daylight hours 3 ○ 4 = subject is confused and disoriented all the time, unaware of time of day/day of week/date and wrongly identifying surroundings or the people around him (e.g. mistakes nursing home for a prison and nursing staff as prison wardens) and consequently resists efforts of carers to look after him/her 4 <p>Frequency:</p> <ul style="list-style-type: none"> ○ 0 = never/almost never 0 ○ 1 = seldom (less than once/week) 1 ○ 2 = sometimes (up to 4 times a week) 2 ○ 3 = frequently (most days/5, 6 or 7 times a week) 3 ○ 4 = daily/almost daily for most (or all) of day 4 <p>Worst:</p> <ul style="list-style-type: none"> ○ 0 = symptom absent 0 ○ 1 = questionable or trivial (e.g. subject gets day wrong ± day, or fails to recognise people when meeting them out of their normal context) 1 ○ 2 = subject does not seem to be fully aware of surroundings or the passage of time, but this does not cause significant practical problems 2 ○ 3 = evidence of confusion at night (subject appears disoriented in time, place or person to an extent that causes practical problems for carers) but normal during daylight hours 3 ○ 4 = subject is confused and disoriented all the time, unaware of time of day/day of week/date and wrongly identifying surroundings or the people around him (e.g. mistakes nursing home for a prison and nursing staff as prison wardens) and consequently resists efforts of carers to look after him/her 4 |
| <p>Information 488</p> | |
| <p>General comments:</p> | <div data-bbox="300 1485 1090 1749"></div> <p>Is informant a relative?</p> <ul style="list-style-type: none"> ○ 1 = spouse or partner 1 ○ 2 = parent 2 ○ 3 = sibling 3 ○ 4 = child 4 |

Is informant a household member?









- ☐ 5 = other relative ⁵
- ☐ 6 = friend or neighbour ⁶
- ☐ 7 = professional care worker ⁷
- ☐ 8 = other ⁸
- ☐ 9 = no informant - subject came alone or is control subject ⁹
- ☐ 1 = household member (i.e. relative or friend who lives with subject) ¹
- ☐ 2 = not a household member but has frequent contact with subject (most days) ²
- ☐ 3 = not a household member and sees subject less than three or four times a week ³
- ☐ 4 = staff of residential care home or hospital ⁴























bashousehold  











43 Form “FrSBe Self-Rating Form (FrSBe-S)”









FrSBe Self-Rating Form

Inside this form is a list of phrases that can be used to describe a person's behaviour. Please read each phrase carefully. Using the rating scale below, click the circle under the column that corresponds to how often you have engaged in the behaviour described. Rate your behaviour at the present time. Please try to provide a rating for all of the statements.

| General 2923 | | | | | |
|---|---|--|--|--|---------|
| Participant View: | | Start Participant-Based Data Entry | | | preview |
| Total FrSBe score: | | frsbescore   | | | |
| Apathy | Disinhibition | Executive Dysfunction | | | |
| | | | | | |
| apathyscore   | disinhbiscore   | execdysscore   | | | |



















| FrSBe Self-Rating Form - Part I 617 | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|---|
| | 1 = almost never | 2 = seldom | 3 = sometimes | 4 = frequently | 5 = almost always |
| 1. I speak only when spoken to | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp1b   |
| 2. I am easily angered or irritated; I have emotional outbursts without good reason | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp2b   |
| 3. Repeat certain actions or get stuck on certain ideas | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp3b   |
| 4. I do things impulsively | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp4b   |
| 5. Mix up a sequence, get confused when doing several things in a row | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp5b   |
| 6. Laugh or cry easily | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp6b   |
| 7. Make the same mistakes over and over, do not learn from past experience | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp7b   |
| 8. Have difficulty starting an activity, lack initiative, motivation | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp8b   |
| 9. Make inappropriate sexual comments and advances, am too flirtatious | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp9b   |
| 10. Do or say embarrassing things | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp10b   |
| 11. Neglect my personal hygiene | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontp11b   |











| | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| 12. Can't sit still, am hyperactive | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp13b   |
| 13. Am unaware of my problems or when I make mistakes | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp14b   |
| 14. Sit around doing nothing | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp15b   |
| 15. Am disorganized | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp16b   |
| 16. Lose control of my urine or bowels and it doesn't seem to bother me | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp17b   |
| | 1 = almost never | 2 = seldom | 3 = sometimes | 4 = frequently | 5 = almost always | |
| 17. Cannot do two things at once (for example, talk and prepare a meal) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp18b   |
| 18. Talk out of turn, interrupt others in conversations | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp19b   |
| 19. Show poor judgement, poor problem solver | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp20b   |
| 20. Make up fantastic stories when unable to remember something | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp21b   |
| 21. Have lost interest in things that used to be fun or important to me | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp22b   |
| 22. Say one thing, then do another thing | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp23b   |
| 23. Start things but fail to finish them, 'peter out' | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp24b   |
| 24. Show little emotion, am unconcerned and unresponsive | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp25b   |
| 25. Forget to do things but then remember when prompted or when it is too late | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp26b   |
| 26. Am inflexible, unable to change routines | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp27b   |
| 27. Get in trouble with the law or authorities | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp28b   |
| 28. Do risky things just for the heck of it | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp29b   |

| | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| 29. Am slow moving, lack energy, inactive | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp30b   |
| 30. Am overly silly, have a childish sense of humor | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp31b   |
| 31. Find that food has no taste or smell | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp32b   |
| 32. Swear | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp33b   |

Inside this form is a list of phrases that can be used to describe a person's behaviour. Please read each phrase carefully. Using the rating scale below, click the circle under the column that corresponds to how often you have engaged in the behaviour described. Rate your behaviour at the present time. Please try to provide a rating for all of the statements.

Read each of the following items carefully before responding.





















| FrSBe Self-Rating Form - Part II 1756 | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| | 1 = almost always | 2 = frequently | 3 = sometimes | 4 = seldom | 5 = almost never | |
| 33. Apologize for misbehaviour (for example, apologize for swearing) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp34b   |
| 34. Pay attention, concentrates even when there are distractions | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp35b   |
| 35. Think things through before acting (for example, consider finances before spending money) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp36b   |
| 36. Use strategies to remember important things (for example, write notes to myself) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp37b   |
| 37. Am able to plan ahead | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp38b   |
| 38. Am interested in sex | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp39b   |
| 39. Care about my appearance (for example, daily grooming) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp40b   |
| 40. Benefit from feedback, accept constructive criticism from others | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp41b   |
| 41. Get involved with activities spontaneously (such as hobbies) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp42b   |


| | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| 42. Doing things without being requested to do so | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp43b   |
| 43. Am sensitive to the needs of other people | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp44b   |
| 44. Get along well with others | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp45b   |
| 45. Act appropriately for my age | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp46b   |
| 46. Can start conversations easily | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontp47b   |











44 Form “FrSBe Family-Rating Form (FrSBE-F)”

FrSBe Family-Rating Form

Inside this form is a list of phrases that can be used to describe a person's behaviour. Please read each phrase carefully. Using the rating scale below, click the circle under the column that corresponds to how often your family member has engaged in the behaviour described. Rate your family member's behaviour at the present time. Please try to provide a rating for all of the statements.

















| General 2924 | | | | | |
|---|--|---|-------------------------|-------------------------|---|
| Participant View: | | Start Participant-Based Data Entry | | | pview |
| Total FrSBe score: | | frsbescor   | | | |
| Apathy | Disinhibition | Executive Dysfunction | | | |
| <input type="text"/> apathyscor   | <input type="text"/> disinhibscore   | <input type="text"/> execdyscor   | | | |
| FrSBe Family-Rating Form - Part I 1143 | | | | | |
| | 1 = almost never | 2 = seldom | 3 = sometimes | 4 = frequently | 5 = almost always |
| 1. Speaks only when spoken to | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontf1ba   |
| 2. Is easily angered or irritated; has emotional outbursts without good reason | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontf2b   |
| 3. Repeats certain actions or gets stuck on certain ideas | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontf3b   |
| 4. Does things impulsively | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontf4b   |
| 5. Mixes up sequences, gets confused when doing several things in a row | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontf5b   |
| 6. Laughs or cries too easily | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontf6b   |
| 7. Makes the same mistakes over and over, does not learn from past experience | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontf7b   |
| 8. Has difficulty starting an activity, lacks initiative, motivation | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontf8b   |
| 9. Makes inappropriate sexual comments and advances, is too flirtatious | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontf9b   |
| 10. Does or says embarrassing things | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 frontf10b   |













| | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| 11. Neglects personal hygiene | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf11b   |
| 12. Can't sit still, is hyperactive | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf12b   |
| 13. Denies having problems or is unaware of problems or mistakes | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf13b   |
| 14. Sits around doing nothing | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf14b   |
| 15. Is disorganized | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf15b   |
| 16. Loses control of urine or bowels and seems unconcerned | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf16b   |
| | 1 = almost never | 2 = seldom | 3 = sometimes | 4 = frequently | 5 = almost always | |
| 17. Cannot do two things at once (for example, talk and prepare a meal) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf17b   |
| 18. Talks out of turn, interrupts others in conversations | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf18b   |
| 19. Shows poor judgement, is a poor problem solver | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf19b   |
| 20. Makes up fantastic stories when unable to remember something | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf20b   |
| 21. Has lost interest in things that used to be fun or important to him/her | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf21b   |
| 22. Says one thing, then does another thing | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf22b   |
| 23. Starts things but fails to finish them, 'peters out' | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf23b   |
| 24. Shows little emotion, is unconcerned and unresponsive | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf24b   |
| 25. Forgets to do things but then remembers when prompted or when it is too late | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf25b   |
| 26. Is inflexible, unable to change routines | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf26b   |
| 27. Gets in trouble with the law or authorities | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf27b   |

| | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| 28. Does risky things just for the heck of it | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf28b   |
| 29. Is slow moving, lacks energy, inactive | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf29b   |
| 30. Is overly silly, has childish sense of humor | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf30b   |
| 31. Complains that food has no taste or smell | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf31b   |
| 32. Swears | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf32b   |

Inside this form is a list of phrases that can be used to describe a person's behaviour. Please read each phrase carefully. Using the rating scale below, click the circle under the column that corresponds to how often your family member has engaged in the behaviour described. Rate your family member's behaviour at the present time. Please try to provide a rating for all of the statements.









Read each of the following items carefully before responding.


















| FrSBe Family-Rating Form - Part II 1280 | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| | 1 = almost always | 2 = frequently | 3 = sometimes | 4 = seldom | 5 = almost never | |
| 33. Apologizes for misbehaviour (for example, apologizes for swearing) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf33b   |
| 34. Pays attention, concentrates even when there are distractions | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf34b   |
| 35. Thinks things through before acting (for example, considers finances before spending money) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf35b   |
| 36. Uses strategies to remember important things (for example, writes notes to self) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf36b   |
| 37. Is able to plan ahead | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf37b   |
| 38. Is interested in sex | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf38b   |
| 39. Cares about his/her appearance (for example, daily grooming) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf39b   |
| 40. Benefits from feedback, accepts constructive criticism from others | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf40b   |

| | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| 41. Gets involved with activities spontaneously (such as hobbies) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf41b   |
| 42. Does things without being requested to do so | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf42b   |
| 43. Is sensitive to the needs of other people | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf43b   |
| 44. Gets along well with others | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf44b   |
| 45. Acts appropriately for his/her age | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf45b   |
| 46. Starts conversations spontaneously | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | frontf46b   |









45 Form "ISHD Diary (ISHD)"

ISHD Diary

| General 4450 | | | |
|---|--|--|---|
| Irritability | Verbal Outburst | Physical Aggression | Overall |
| <input type="text"/> irritabweekscore   | <input type="text"/> verbalweekscore   | <input type="text"/> physicalweekscore   | <input type="text"/> overallweekscore   |

| Day #1 2944_i1 | | | |
|--|--|---|--|
| Date: | <input type="text"/> . <input type="text"/> . <input type="text"/>  (format "dd.mm.yyyy") | dtc   | |
| Irritable moods (severity): | <input type="radio"/> Subject was not irritable at all today 1 <input type="radio"/> Seemed to be in a bad mood, might have become angry if not treated with tact 2 <input type="radio"/> Appearance and behaviour suggesting that he/she was feeling angry; became cross or angry with very little provocation, or gave impression that outburst would have occurred if care had not been taken to placate subject or keep out of the way 3 <input type="radio"/> Obviously feeling very angry; any contact with subject was like walking on eggshells 4 | moods   | |
| How often was the subject irritable today: | <input type="radio"/> Subject was not irritable at all today 1 <input type="radio"/> One short spell of moody or irritable behaviour in the course of the day 2 <input type="radio"/> Several (2-5) spells of moody or irritable behaviour in the course of the day 3 <input type="radio"/> Continuously, or almost continuously throughout the day 4 | irritable   | |
| Angry verbal outbursts (severity): | <input type="radio"/> No angry verbal outbursts today 1 <input type="radio"/> Became mildly cross (e.g. when confronted with frustrating situations) 2 <input type="radio"/> Verbally hostile, sarcastic or nasty, or using foul language 3 <input type="radio"/> Shouting, verbally intimidating behaviour or uttering threats 4 | outbursts   | |
| How many angry verbal outbursts did the subject have today: | <input type="radio"/> No angry verbal outbursts today 1 <input type="radio"/> One angry verbal outburst only 2 <input type="radio"/> Several (2-5) angry verbal outbursts in the course of the day 3 <input type="radio"/> Angry verbal outbursts occurred continuously, or almost continuously, throughout the day 4 | verbaloutbursts   | |
| Physical aggression (severity): | <input type="radio"/> No aggressive incidents today 1 <input type="radio"/> Aggression against property (slamming doors, kicking furniture, breaking things deliberately) 2 <input type="radio"/> Threatening behaviour e.g. raising fist, approaching too close, throwing things (must be more than just verbal threats) 3 <input type="radio"/> Actual assault (includes pushing, shoving, hitting, biting, scratching) 4 | aggression   | |
| How often was the subject aggressive today: | <input type="radio"/> No aggressive incidents today 1 <input type="radio"/> One aggressive incident only 2 <input type="radio"/> Several (2-5) aggressive incidents in the course of the day 3 <input type="radio"/> Aggressive behaviour occurred continuously, or almost continuously, throughout the day 4 | aggressive   | |
| Finally, please tell us roughly how much time you spent with the subject today (i.e. in the same house, not necessarily in | <input type="radio"/> one or two short spells, less than two hours in total 1 <input type="radio"/> more than two hours, less than about six hours 2 <input type="radio"/> all day, or most of the day (more than six hours) 3 | spenttime   | |

the same room):

| Irritability | Verbal Outburst | Physical Aggression | Overall |
|---|--|--|---|
| <input type="text"/> irritabscore   | <input type="text"/> verbalscore   | <input type="text"/> physicalscore   | <input type="text"/> overallscore   |

46 Form "SF-36v2 Health Survey (SF-36v2)"

SF-36v2 Health Survey

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.









Thank you for completing this survey!

For each of the following questions, please click the circle that best describes your answer.







| General 538 | | | | | | | | | | | |
|--|---------------------------|--------------------------------|----------------------|----------------------|----------------------|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Participant View: Start Participant-Based Data Entry preview | | | | | | | | | | | |
| Domain scores | Physical Functioning (PF) | Role-Physical (RP) | Bodily Pain (BP) | General Health (GH) | Vitality (VT) | Social Functioning (SF) | Role-Emotional (RE) | Mental Health (MH) | | | |
| Raw scores | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 0-100 scores | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Norm-based scores | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | | | | | | | | |
| Physical Component Summary (PCS) | | Mental Component Summary (MCS) | | | | | | | | | |
| new algorithm | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| old algorithm | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Your Health and Well-Being 541 | | | | | | |
|--|---|---|--|--|--|----------------------|
| 1. In general, would you say your health is? <input type="radio"/> excellent 5 <input type="radio"/> very good 4.4 <input type="radio"/> good 3.4 <input type="radio"/> fair 2 <input type="radio"/> poor 1 general | | | | | | |
| 2. Compared to one year ago, how would you rate your health in general now? compared | | | | | | |
| | <input type="radio"/> much better now than one year ago | <input type="radio"/> somewhat better now than one year ago | <input type="radio"/> about the same as one year ago | <input type="radio"/> somewhat worse now than one year ago | <input type="radio"/> much worse now than one year ago | |
| 3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? | | | | | | |
| | <input type="radio"/> yes, limited a lot | <input type="radio"/> yes, limited a little | <input type="radio"/> No, not limited at all | | | |
| Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Lifting or carrying groceries | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Climbing several flights of stairs | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Climbing one flight of stairs | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bending, kneeling or stooping | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Walking more than a mile (approx. 1.5 kilometres) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Walking several hundred yards (metres) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Walking one hundred yards (metres) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bathing or dressing yourself | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

| | all of the time | most of the time | some of the time | a little of the time | none of the time | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| Cut down on the <u>amount of time</u> you spent on work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | physiccut   |
| Accomplished <u>less</u> than you would like | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | physicacc   |
| Were limited in the <u>kind</u> of work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | physiclimit   |
| Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | physicdiff   |

5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

| | all of the time | most of the time | some of the time | a little of the time | none of the time | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| Cut down on the <u>amount of time</u> you spent on work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | emotioncut   |
| Accomplished <u>less</u> than you would like | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | emotionacc   |
| Did work or other activities <u>less carefully</u> than usual | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | emotioncare   |


6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

☐ not at all 5 ☐ slightly 4 ☐ moderately 3 ☐ quite a bit 2 ☐ extremely 1

extent  



7. How much bodily pain have you had during the past 4 weeks?

☐ none 6 ☐ very mild 5.4 ☐ mild 4.2 ☐ moderate 3.1 ☐ severe 2.2 ☐ very severe 1












bodypain  

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

☐ not at all 5 ☐ a little bit 4 ☐ moderately 3 ☐ quite a bit 2 ☐ extremely 1


interferework  

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:









| | all of the time | most of the time | some of the time | a little of the time | none of the time | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| Did you feel full of life? | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | life   |
| Have you been very nervous? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | nervous   |
| Have you felt so down in the dumps that nothing could cheer you up? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | dumps   |
| Have you felt calm and peaceful? | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | calm   |
| Did you have a lot of energy? | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | energy   |
| Have you felt downhearted and low? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | downheart   |
| Did you feel worn out? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | wornout   |
| Have you been happy? | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | happy   |
| Did you feel tired? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | tired   |

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

☐ all of the time 1 ☐ most of the time 2 ☐ some of the time 3 ☐ a little of the time 4 ☐ none of the time 5

interferesocial  

11. How TRUE or FALSE is each of the following statements for you?

| | definitely true | mostly true | don't know | mostly false | definitely false | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| I seem to get ill more easily than other people | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | sick   |
| I am as healthy as anybody I know | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | healthy   |
| I expect my health to get worse | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | worse   |
| My health is excellent | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | excellent   |

Thank you for completing these questions!

































47 Form “Ferrans and Powers QUALITY OF LIFE INDEX© GENERIC VERSION – III (QOLI)”









Ferrans and Powers QUALITY OF LIFE INDEX© GENERIC VERSION - III

| General 2113 | | | | | |
|---------------------------------------|------------------------------------|--|-----------------------|---|-------------|
| Participant View: | | Start Participant-Based Data Entry | | | preview |
| Total Quality of Life Score: | | 0 | | | qoliscor |
| Health and functioning subscale score | Social and economic subscale score | Psychological/spiritual subscale score | Family subscale score | | |
| 0 | healthscore | 0 | socialscore | 0 | psychscore |
| | | | | 0 | familyscore |

PART 1. For each of the following, please choose the answer that best describes how **satisfied** you are with that area of your life. Please mark your answers by clicking in the appropriate column. There are no right or wrong answers.






| How satisfied are you with 733 | | | | | | |
|---|-----------------------|-----------------------------|---------------------------|------------------------|--------------------------|------------------------------------|
| | 1 = very dissatisfied | 2 = moderately dissatisfied | 3 = slightly dissatisfied | 4 = slightly satisfied | 5 = moderately satisfied | 6 = very satisfied |
| 1. Your health? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> health |
| 2. Your health care? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> healthcare |
| 3. The amount of pain that you have? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> pain |
| 4. The amount of energy you have for everyday activities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> energy |
| 5. Your ability to take care of yourself without help? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> without help |
| 6. The amount of control you have over your life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> control |
| 7. Your chances of living as long as you would like? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> chance |
| 8. Your family's health? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> healthfam |
| 9. Your children? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> children |
| 10. Your family's happiness? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> happiness |
| 11. Your sex life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> sex |
| 12. Your spouse, lover, or partner? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> spouse |
| 13. Your friends? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> friends |

| | | | | | | |
|---|-------------------------|-----------------------------|---------------------------|-------------------------|--------------------------|---|
| 14. The emotional support you get from your family? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 support   |
| 15. The emotional support you get from people other than your family? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 supportother   |
| 16. Your ability to take care of family responsibilities? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 response   |
| | 1 = very dissatisfied | 2 = moderately dissatisfied | 3 = slightly dissatisfied | 4 = slightly satisfied | 5 = moderately satisfied | 6 = very satisfied |
| 17. How useful you are to others? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 useful   |
| 18. The amount of worries in your life? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 worries   |
| 19. Your neighborhood? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 neighbor   |
| 20. Your home, apartment, or place where you live? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 home   |
| 21. Your job (if employed)? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 job   |
| 22. Not having a job (if unemployed, retired, or disabled)? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 nojob   |
| 23. Your education? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 education   |
| 24. How well you can take care of your financial needs? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 finances   |
| 25. The things you do for fun? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 fun   |
| 26. Your chances for a happy future? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 future   |
| 27. Your peace of mind? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 mind   |
| 28. Your faith in God? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 god   |
| 29. Your achievement of personal goals? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 goals   |

| | | | | | | | |
|--------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--|
| 30. Your happiness in general? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | happinessgen   |
| 31. Your life in general? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | general   |
| 32. Your personal appearance? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | appearance   |
| 33. Yourself in general? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | yourself   |

PART 2. For each of the following, please choose the answer that best describes how **important** that area of your life is to you. Please mark your answers by clicking in the appropriate column. There are no right or wrong answers.

| How important to you is 768 | | | | | | |
|--|-------------------------|----------------------------|--------------------------|-------------------------|--------------------------|-------------------------|
| | 1 = very unimportant | 2 = moderately unimportant | 3 = slightly unimportant | 4 = slightly important | 5 = moderately important | 6 = very important |
| 1. Your health? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 2. Your health care? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 3. Having no pain? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 4. Having enough energy for everyday activities? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 5. Taking care of yourself without help? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 6. Having control over your life? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 7. Living as long as you would like? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 8. Your family's health? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 9. Your children? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 10. Your family's happiness? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 11. Your sex life? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 12. Your spouse, lover, or partner? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 13. Your friends? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |

| | | | | | | |
|---|-------------------------|----------------------------|--------------------------|-------------------------|--------------------------|--|
| 14. The emotional support you get from your family? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impsupport   |
| 15. The emotional support you get from people other than your family? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impsupportother   |
| 16. Taking care of family responsibilities? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impresponse   |
| | 1 = very unimportant | 2 = moderately unimportant | 3 = slightly unimportant | 4 = slightly important | 5 = moderately important | 6 = very important |
| 17. Being useful to others? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impuseful   |
| 18. Having no worries? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impworries   |
| 19. Your neighborhood? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impneighbor   |
| 20. Your home, apartment, or place where you live? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 imphome   |
| 21. Your job (if employed)? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impjob   |
| 22. Having a job (if unemployed, retired, or disabled)? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 imphavejob   |
| 23. Your education? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impeducation   |
| 24. Being able to take care of your financial needs? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impfinances   |
| 25. Doing things for fun? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impfun   |
| 26. Having a happy future? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 imphappy   |
| 27. Peace of mind? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impmind   |
| 28. Your faith in God? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impgod   |
| 29. Achieving your personal goals? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 impgoals   |

| | | | | | | | | | |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|--|--|
| 30. Your happiness in general? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | imphappinessgen | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| 31. Being satisfied with life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | implife | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| 32. Your personal appearance? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | impappearance | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| 33. Are you to yourself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | impyourself | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | |

48 Form “Pittsburgh Sleep Quality Index (PSQI)”

Pittsburgh Sleep Quality Index (PSQI)

Pittsburgh Sleep Quality Index (PSQI) 4390

Sleep habits during the past month:

When have you usually gone to bed at night? Usual bed time: h : hh:mm min [bedtime](#)

How long (in minutes) has it usually take you to fall asleep each night? minutes [fallasleep](#)

When have you usually gotten up in the morning? Usual getting up time: h : hh:mm min [getup](#)

How many hours of actual sleep did you get at night? hours [sleepnight](#)











During the past month, how often have you had trouble sleeping because you...:

| | not during the past month | less than once a week | once or twice a week | three or more times a week | |
|---|--|-------------------------|-------------------------|----------------------------|--------------------------|
| Cannot get to sleep within 30 minutes | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | sleep30 |
| Wake up in the middle of the night or early morning | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | wakeup |
| Have to get up to use the bathroom | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | bathroom |
| Cannot breathe comfortably | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | breathe |
| Cough or snore loudly | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | cough |
| Feel too cold | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | cold |
| Feel too hot | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | hot |
| Had bad dreams | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | dreams |
| Have pain | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | pain |
| Other reason(s): <input type="radio"/> yes 1 <input type="radio"/> no 0 | | | | | otherb |
| Please describe: | <input type="text"/> | | | | other |
| During past month? | <input type="radio"/> not during the past month 0 <input type="radio"/> less than once a week 1 <input type="radio"/> once or twice a week 2 <input type="radio"/> three or more times a week 3 | | | | otherrea |


During the past month, how would you rate your sleep quality overall? ☐ very good 0 ☐ fairly good 1 ☐ fairly bad 2 ☐ very bad 3 [sleepquality](#)








During the past month

| | not during the past month | less than once a week | once or twice a week | three or more times a week | |
|---|---|-------------------------|-------------------------|----------------------------|----------------------------|
| How often have you taken medicine (prescribe or "over the counter") to help you sleep? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | medicine |
| How often have you had trouble staying awake while driving, eating meals, or engaging in social activity? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | trouble |
| During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? | <input type="radio"/> no problem at all 0 <input type="radio"/> only a very slight problem 1 <input type="radio"/> somewhat of a problem 2 <input type="radio"/> a very big problem 3 | | | | enthusiasm |
| Sleep behaviour: Do you have a bed partner or roommate? | <input type="radio"/> no bed partner or roommate 1 <input type="radio"/> partner / roommate in other room 2 <input type="radio"/> partner in same room, but not same bed 3 <input type="radio"/> partner in same bed 4 | | | | roommate |
| If you have a roommate or bed partner, ask him/her how often in the past month you have had... | | | | | |
| | not during the past month | less than once a week | once or twice a week | three or more times a week | |
| Loud snoring | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | snoring |
| Long pauses between breaths while asleep | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | pauses |

| | | | | | |
|--|--|-------------------------|-------------------------|-------------------------|--|
| Legs twitching or jerking while you sleep | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | legs   |
| Episodes of disorientation or confusion during sleep | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | confusion   |
| Other restlessness while you sleep? | <input type="radio"/> yes 1 <input type="radio"/> no 0 | | | | otherrestlessb   |
| Please describe: | | <input type="text"/> | | | otherrestless   |
| During past month? | <input type="radio"/> not during the past month 0 <input type="radio"/> less than once a week 1 <input type="radio"/> once or twice a week 2 <input type="radio"/> three or more times a week 3 | | | | otherrest   |





Scoring 4427





























Global PSQI Score: psqiscore 

| | | | | | | |
|--|---|--|--|--|--|---|
| 1. Subjective sleep quality | 2. Sleep latency | 3. Sleep duration | 4. Habitual sleep efficiency | 5. Sleep disturbances | 6. Use of sleeping medication | 7. Daytime dysfunction |
| <input type="text"/> subsleepquality  | <input type="text"/> sleeplatency  | <input type="text"/> sleepduration  | <input type="text"/> sleepefficiency  | <input type="text"/> sleepdisturbances  | <input type="text"/> sleepmedication  | <input type="text"/> daytimedys  |

49 Form “Baltimore Apathy Scale - Subject Version (Apathy-s)”





Baltimore Apathy Scale - Subject Version





























| General 4747 | | | | | |
|---------------------|--|--|---|--|--|
| Date data obtained: | <input type="text"/> . <input type="text"/> . <input type="text"/> | (format "dd.mm.yyyy") | acjcdtc   | | |
| Score: | <input type="text"/> | apathysscore   | | | |

| Baltimore Apathy Scale 4749 | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|---|
| | not at all | slightly | some | a lot | |
| Are you interested in learning new things? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | learning   |
| Does anything interest you? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | interest   |
| Does someone have to tell you what to do each day? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | todo   |
| Are you concerned about your condition? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | condition   |
| Are you indifferent to things? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | indifferent   |
| Do you put much effort into things? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | effort   |
| Are you always looking for something to do? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | something   |
| Do you have plans and goals for the future? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | future   |
| Do you have motivation? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | motivation   |
| Do you have energy for daily activities? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | energy   |
| Are you unconcerned with many things? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | unconcern   |
| Do you need a push to get started on things? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | push   |
| Do you feel neither happy nor sad, just in between, no matter what happens? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | between   |
| Do you think you are apathetic? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | apathetic   |

50 Form “Baltimore Apathy Scale - Companion Version (Apathy-c)”





Baltimore Apathy Scale - Companion Version





























| General 4727 | | | | | |
|---------------------|--|--|---|--|--|
| Date data obtained: | <input type="text"/> . <input type="text"/> . <input type="text"/> | (format "dd.mm.yyyy") | acjcdtc   | | |
| Score: | <input type="text"/> | apathycscore   | | | |

| Baltimore Apathy Scale 4729 | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|---|
| | not at all | slightly | some | a lot | |
| Is he/she interested in learning new things? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | learning   |
| Does anything interest him/her? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | interest   |
| Does someone have to tell him/her what to do each day? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | todo   |
| Is he/she concerned about his/her condition? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | condition   |
| Is he/she indifferent to things? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | indifferent   |
| Does he/she put much effort into things? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | effort   |
| Is he/she always looking for something to do? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | something   |
| Does he/she have plans and goals for the future? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | future   |
| Does he/she have motivation? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | motivation   |
| Does he/she have energy for daily activities? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | energy   |
| Is he/she unconcerned with many things? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | unconcern   |
| Does he/she need a push to get started on things? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | push   |
| Is he/she neither happy nor sad, just in between, no matter what happens? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | between   |
| Would you consider him/her to be apathetic? | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | apathetic   |

51 Form “Baltimore Irritability Scale - Subject Version (Irritability-s)”





Baltimore Irritability Scale - Subject Version





























| General 4767 | | | | | |
|---------------------|--|--|--|--|--|
| Date data obtained: | <input type="text"/> . <input type="text"/> . <input type="text"/> | <input type="text"/> (format "dd.mm.yyyy") | irtypdte   | | |
| Score: | <input type="text"/> | irtysscore   | | | |

| Chatterjee Irritability Evaluation Scale 4770 | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|--|
| | not at all | slightly | some | a lot | |
| Are you easily irritated | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | irritation   |
| Do you pout if things don't go your way | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | pout   |
| Do you have good control of your temper with the family (or persons living with you) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | temperfamily   |
| Do little things cause you to fly off the handle | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | flyoff   |
| Do you adjust well to a change in plans | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | adjusting   |
| When you lose your temper, do you have a hard time calming down again | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | calmdown   |
| Do you insist on having your own way | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | insistence   |
| Are you easily agitated by minor problems | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | agitation   |
| Can you discuss problems together and agree to a reasonable solution | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | discussion   |
| Do disagreements often lead to arguments | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | disagreement   |
| Can you appreciate a different point of view from your own | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | appreciation   |
| Do you yell a lot | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | yell   |
| Are you able to control your temper with persons outside the family | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | temper   |
| Do you consider yourself to be irritable | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | irritability   |

52 Form “Baltimore Irritability Scale - Companion Version (Irritability-c)”

Baltimore Irritability Scale - Companion Version

| General 4788 | | | | | |
|---------------------|--|--|--|--|--|
| Date data obtained: | <input type="text"/> . <input type="text"/> . <input type="text"/> | (format "dd.mm.yyyy") | irtycdtc   | | |
| Score: | <input type="text"/> | irtycscore   | | | |

| Chatterjee Irritability Evaluation Scale - Companion Version 4791 | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|--|
| | not at all | slightly | some | a lot | |
| Is he/she easily irritated | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | irritation   |
| Does he/she pout if things don't go his/her way | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | pout   |
| Does he/she have good control of his/her temper with the family (or persons living with him) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | temperfamily   |
| Do little things cause him/her to fly off the handle | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | flyoff   |
| Does he/she adjust well to a change in plans | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | adjusting   |
| When he/she loses his/her temper, does he/she have a hard time calming down again | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | calmdown   |
| Does he/she insist of having his/her own way | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | insistence   |
| Is he/she easily agitated by minor problems | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | agitation   |
| Can you discuss problems together and agree to a reasonable solution | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | discussion   |
| Do disagreements often lead to arguments | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | disagreement   |
| Can he/she appreciate a different point of view from his/hers | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | appreciation   |
| Does he/she yell a lot | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | yell   |
| Is he/she able to control his/her temper with persons outside the family | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | temper   |
| Do you consider him/her to be irritable | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | irritability   |

53 Form “Physical Activities Review (Physical Activities)”

Physical Activities Review

Recreation 5607 age

Teens activities: ☐ yes 1 ☒ no 0 rteens

Teens

| | Daily | Weekly | Weekly | Monthly | Monthly | Never |
|-------------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|----------------------------------|
| Vigorous activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Moderate activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Light activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Total teen score: | | | | | | <input type="text"/> |

20's activities: ☐ yes 1 ☒ no 0 rtwent

20's

| | Daily | Weekly | Weekly | Monthly | Monthly | Never |
|-------------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|----------------------------------|
| Vigorous activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Moderate activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Light activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Total 20's score: | | | | | | <input type="text"/> |

30's activities: ☐ yes 1 ☒ no 0 rthirty

30's

| | Daily | Weekly | Weekly | Monthly | Monthly | Never |
|-------------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|----------------------------------|
| Vigorous activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Moderate activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Light activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Total 30's score: | | | | | | <input type="text"/> |

40's activities: ☐ yes 1 ☒ no 0 rfourty

40's

| | Daily | Weekly | Weekly | Monthly | Monthly | Never |
|-------------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|----------------------------------|
| Vigorous activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Moderate activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Light activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Total 40's score: | | | | | | <input type="text"/> |

50+ activities: ☐ yes 1 ☒ no 0 rfifty

50+

| | Daily | Weekly | Weekly | Monthly | Monthly | Never |
|-------------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|----------------------------------|
| Vigorous activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |
| Moderate activity | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="text"/> freq | <input type="text"/> min | <input type="checkbox"/> never 1 |

| | | | | | | | | | | | | |
|------------------|----------------------|-------------------------|----------------------|------------------------|----------------------|-------------------------|----------------------|------------------------|----------------------|-------------------------|--------------------------|-------------------------|
| Light activity | <input type="text"/> | r5ldmin | <input type="text"/> | r5lwfg | <input type="text"/> | r5lwmin | <input type="text"/> | r5lmfg | <input type="text"/> | r5lmmin | <input type="checkbox"/> | r5ln |
| | min | | freq | | min | | freq | | min | | <input type="checkbox"/> | never |
| Total 50+ score: | | | | | | | | | | | <input type="text"/> | r5score |

Work 6140

Teens activities:

yes 1

no 0

[wteens](#)

Teens

| | | | | | | |
|-------------------|----------------------|--------------------------|----------------------|------------------------|----------------------|-------------------------|
| | Daily | Weekly | Weekly | Monthly | Monthly | Never |
| Vigorous activity | <input type="text"/> | wtvdmmin | <input type="text"/> | wtvwfg | <input type="text"/> | wtvwmin |
| | min | freq | min | freq | min | freq |
| Moderate activity | <input type="text"/> | wtmdmin | <input type="text"/> | wtmwfg | <input type="text"/> | wtmwmin |
| | min | freq | min | freq | min | freq |
| Light activity | <input type="text"/> | wtldmin | <input type="text"/> | wtlwfg | <input type="text"/> | wtlwmin |
| | min | freq | min | freq | min | freq |
| Total teen score: | | | | | | <input type="text"/> |

20's activities:

yes 1

no 0

[w2vent](#)

20's

| | | | | | | |
|-------------------|----------------------|--------------------------|----------------------|------------------------|----------------------|-------------------------|
| | Daily | Weekly | Weekly | Monthly | Monthly | Never |
| Vigorous activity | <input type="text"/> | w2vdmmin | <input type="text"/> | w2vwfg | <input type="text"/> | w2vwmin |
| | min | freq | min | freq | min | freq |
| Moderate activity | <input type="text"/> | w2mdmin | <input type="text"/> | w2mwfg | <input type="text"/> | w2mwmin |
| | min | freq | min | freq | min | freq |
| Light activity | <input type="text"/> | w2ldmin | <input type="text"/> | w2lwfg | <input type="text"/> | w2lwmin |
| | min | freq | min | freq | min | freq |
| Total 20's score: | | | | | | <input type="text"/> |

30's activities:

yes 1

no 0

[w3score](#)

30's

| | | | | | | |
|-------------------|----------------------|--------------------------|----------------------|------------------------|----------------------|-------------------------|
| | Daily | Weekly | Weekly | Monthly | Monthly | Never |
| Vigorous activity | <input type="text"/> | w3vdmmin | <input type="text"/> | w3vwfg | <input type="text"/> | w3vwmin |
| | min | freq | min | freq | min | freq |
| Moderate activity | <input type="text"/> | w3mdmin | <input type="text"/> | w3mwfg | <input type="text"/> | w3mwmin |
| | min | freq | min | freq | min | freq |
| Light activity | <input type="text"/> | w3ldmin | <input type="text"/> | w3lwfg | <input type="text"/> | w3lwmin |
| | min | freq | min | freq | min | freq |
| Total 30's score: | | | | | | <input type="text"/> |

40's activities:

yes 1

no 0

[w4score](#)

40's

| | | | | | | |
|-------------------|----------------------|--------------------------|----------------------|------------------------|----------------------|-------------------------|
| | Daily | Weekly | Weekly | Monthly | Monthly | Never |
| Vigorous activity | <input type="text"/> | w4vdmmin | <input type="text"/> | w4vwfg | <input type="text"/> | w4vwmin |
| | min | freq | min | freq | min | freq |
| Moderate activity | <input type="text"/> | w4mdmin | <input type="text"/> | w4mwfg | <input type="text"/> | w4mwmin |
| | min | freq | min | freq | min | freq |
| Light activity | <input type="text"/> | w4ldmin | <input type="text"/> | w4lwfg | <input type="text"/> | w4lwmin |
| | min | freq | min | freq | min | freq |
| Total 40's score: | | | | | | <input type="text"/> |

50+ activities:

yes 1

no 0

[w5score](#)

50+

| | | | | | | |
|-------------------|----------------------|--------------------------|----------------------|------------------------|----------------------|-------------------------|
| | Daily | Weekly | Weekly | Monthly | Monthly | Never |
| Vigorous activity | <input type="text"/> | w5vdmmin | <input type="text"/> | w5vwfg | <input type="text"/> | w5vwmin |
| | min | freq | min | freq | min | freq |
| Moderate activity | <input type="text"/> | w5mdmin | <input type="text"/> | w5mwfg | <input type="text"/> | w5mwmin |
| | min | freq | min | freq | min | freq |

[illegible]

| | | | | | | | | | | | | |
|------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|--------------------------|-------------------------|
| Light activity | <input type="text"/> | h5ldmin | <input type="text"/> | h5lwfreq | <input type="text"/> | h5lwmin | <input type="text"/> | h5lmfreq | <input type="text"/> | h5lmmin | <input type="checkbox"/> | h5ln |
| | min | | freq | | min | | freq | | min | | never | 1 |
| Total 50+ score: | | | | | | | | | | | <input type="text"/> | h5score |

54 Form “HD Quality of Life Questionnaire (HDQ-D2) - Participant Version (HDQ-D2-p)”

HD Quality of Life Questionnaire (HDQ-D2) - Participant Version

| Part 1. QUALITY OF LIFE ⁵⁶⁴³ | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| In the past month, how often has your quality of life been affected because you... | never 1 | very rarely 2 | infrequently 3 | sometimes 4 | often 5 | most of the time 6 | all the time 7 |
| Had difficulty carrying things without dropping them | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p01 |
| Lacked confidence with your balance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p02 |
| Had difficulty walking independently | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p03 |
| Had difficulty doing jobs around the house | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p04 |
| Had difficulty maintaining your weight | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p05 |
| Had difficulty doing your hobby | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p06 |
| Had difficulty dressing yourself | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p07 |
| Felt cautious about swallowing food or drink | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p08 |
| Found it hard to manage eating on your own | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p09 |
| Could not operate a television | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p10 |
| Got tired easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p11 |
| Felt dissatisfied with your sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p12 |
| Lacked confidence in doing more than one thing at a time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p13 |
| Took too long to do things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p14 |
| Lacked confidence with expressing your thoughts with words | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p15 |
| Could not concentrate on the task at hand properly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p16 |
| Found it hard to make a decision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p17 |
| Had difficulty remembering day to day things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p18 |
| Found it hard to organize your day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p19 |
| Could not follow a conversation properly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p20 |

| Part 1. QUALITY OF LIFE ⁵⁶⁶⁵ | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| In the past month, how often has your quality of life been affected because you... | never 1 | very rarely 2 | infrequently 3 | sometimes 4 | often 5 | most of the time 6 | all the time 7 |
| Could not remember what day and month it is | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p21 |
| Worried about the impact of Huntington's on your family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p22 |
| Worried about showing symptoms of Huntington's disease progression | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p23 |
| Found it hard to feel hopeful about the future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p24 |
| Could not easily get motivated to do things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p25 |
| Found it hard to get on with your life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p26 |
| Had problems with being independent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p27 |
| Did not feel confident in yourself | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p28 |
| Felt down or depressed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p29 |
| Lacked confidence in fulfilling your personal wishes in life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p30 |
| Had problems with maintaining a meaningful role in your immediate family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p31 |
| Had financial concerns for the future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p32 |
| Felt irritated easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p33 |
| Lost your temper easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p34 |
| Did not feel keen on going out to socialize | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p35 |
| Felt conscious of people's attitude to your condition (i.e. Huntington's) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p36 |
| Had problems with getting support from your family or friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p37 |
| Felt dissatisfied with local services/advice in relation to Huntington's | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> hdqd2p38 |

| | | | | | | | | | | |
|--|------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------------------------------|----------|--|--|
| Felt dissatisfied with medical management of Huntington's | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2p39 | | |
| Had problems with accessing information about Huntington's | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input checked="" type="radio"/> 7 | hdqd2p40 | | |

Part 2. ABOUT YOU 5687

Overall, how do you rate your quality of life:

☐ poor 1
 ☐ fair 2
 ☐ good 3
 ☒ very good 4
 ☐ excellent 5

gnrip01

Which of the following describes your carer arrangement:

☐ I do not have a carer 1
☐ Part-time partner/family member carer 2
☐ Part-time professional carer 3
☒ Full-time partner/family member carer 4
☐ Full-time professional carer 5
☐ Combination of family and professional carer 6

gnrip12

Scales 5707

| | Physical and cognitive function (PPCF) | Emotions and self (PES) | Services (PSR) |
|-----------------|--|-------------------------|-------------------------|
| Primary Scales | 44.44444444 scale1 | 53.84615384 scale2 | 50 scale3 |
| | Cognitive (SCG) | Hopes and worries (SHW) | Services (SSR) |
| Specific Scales | 44.44444444 scale4 | 80 scale5 | 66.66666666 scale6 |
| | Physical and functional (SPF) | Mood state (SMS) | Self and vitality (SSV) |
| | 50 scale7 | 40 scale8 | 33.33333333 scale9 |
| Summary scale | 38.09523809 scale10 | | |

55 Form “HD Quality of Life Questionnaire (HDQ-D2) - Companion Version (HDQ-D2-c)”

HD Quality of Life Questionnaire (HDQ-D2) - Companion Version

| Part 1. QUALITY OF LIFE <small>5728</small> | | | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----------|
| We are interested in getting your own perspective as a partner/carer: In the past month, how often do you think the quality of life of the person living with HD has been affected because he/she... | never | very rarely | infrequently | sometimes | often | most of the time | all the time | |
| Had difficulty carrying things without dropping them | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c01 |
| Lacked confidence with his/her balance | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c02 |
| Had difficulty walking independently | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c03 |
| Had difficulty doing jobs around the house | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c04 |
| Had difficulty maintaining his/her weight | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c05 |
| Had difficulty doing his/her hobby | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c06 |
| Had difficulty dressing himself/herself | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c07 |
| Felt cautious about swallowing food or drink | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c08 |
| Found it hard to manage eating on his/her own | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c09 |
| Could not operate a television | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c10 |
| Got tired easily | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c11 |
| Felt dissatisfied with his/her sleep | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c12 |
| Lacked confidence in doing more than one thing at a time | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c13 |
| Took too long to do things | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c14 |
| Lacked confidence with expressing his/her thoughts with words | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c15 |
| Could not concentrate on the task at hand properly | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c16 |
| Found it hard to make a decision | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c17 |
| Had difficulty remembering day to day things | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c18 |
| Found it hard to organize his/her day | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c19 |
| Could not follow a conversation properly | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c20 |

| Part 1. QUALITY OF LIFE <small>5750</small> | | | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----------|
| In the past month, how often do you think the quality of life of the person living with HD has been affected because he/she... | never | very rarely | infrequently | sometimes | often | most of the time | all of the time | |
| Could not remember what day and month it is | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c21 |
| Worried about the impact of Huntington's on his/her family | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c22 |
| Worried about showing symptoms of Huntington's disease progression | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c23 |
| Found it hard to feel hopeful about the future | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c24 |
| Could not easily get motivated to do things | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c25 |
| Found it hard to get on with his/her life | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c26 |
| Had problems with being independent | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c27 |
| Did not feel confident in himself/herself | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c28 |
| Felt down or depressed | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c29 |
| Lacked confidence in fulfilling his/her personal wishes in life | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c30 |
| Had problems with maintaining a meaningful role in his/her immediate family | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c31 |
| Had financial concerns for the future | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c32 |
| Felt irritated easily | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c33 |
| Lost his/her temper easily | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c34 |
| Did not feel keen on going out to socialize | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c35 |
| Felt conscious of people's attitude to his/her condition (i.e. Huntington's) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c36 |
| Had problems with getting support from his/her family or friends | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c37 |
| Felt dissatisfied with local services/advice in relation to Huntington's | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c38 |
| Felt dissatisfied with medical management of Huntington's | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c39 |
| Had problems with accessing information about Huntington's | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | hdqd2c40 |





























| Part 2. ABOUT THE PERSON LIVING WITH HD <small>5772</small> | |
|---|--|
| Overall, how would you rate the quality of life of the person living with HD? | <input type="radio"/> poor 1 <input type="radio"/> fair 2 <input type="radio"/> good 3 <input type="radio"/> very good 4 <input type="radio"/> excellent 5 |
| gnrb01 | |

| Part 3. ABOUT YOU <small>5776</small> | |
|---|---|
| In the past month, how often have you seen the person living with HD: | <input type="radio"/> never 1 <input type="radio"/> 1-3 times 2 <input type="radio"/> every week 3 <input type="radio"/> everyday 4 |
| gnrk09 | |

| Scales <small>5789</small> | | | |
|----------------------------|--|-----------------------------------|--------------------------|
| | Physical and cognitive function (PPCF) | Emotions and self (PES) | Services (PSR) |
| Primary Scales | 44.44444444 <small>scale1</small> | 53.84615384 <small>scale2</small> | 50 <small>scale3</small> |

| | Cognitive (SCG) | Hopes and worries (SHW) | Services (SSR) | Physical and functional (SPF) | Mood state (SMS) | Self and vitality (SSV) |
|-----------------|---------------------|-------------------------|--------------------|-------------------------------|------------------|-------------------------|
| Specific Scales | 44.44444444 scale4 | 80 scale5 | 66.66666666 scale6 | 50 scale7 | 40 scale8 | 33.33333333 scale9 |
| Summary scale | 38.09523809 scale10 | | | | | |

56 Form “Family History (FH)”

| Subject Data 2540 | | |
|---------------------------------|--|---|
| Sex: | <input type="radio"/> female 1 <input type="radio"/> male 2 | sex   |
| Year of birth: | <input type="text"/> | birth   |
| Alive: | <input type="radio"/> yes 1 <input type="radio"/> no 2 <input type="radio"/> unknown 3 | alive   |
| If deceased 2573 | | |
| When? | year of death <input type="text"/> or age at death <input type="text"/> | death_year   death_age   |
| Why? | <input type="text"/> | cause   |
| HD mutation carrier: | <input type="radio"/> yes 1 <input type="radio"/> no 2 <input type="radio"/> unknown 3 | carrier   |
| Manifest HD: | <input type="radio"/> yes 1 <input type="radio"/> no 2 <input type="radio"/> unknown 3 | manifest   |
| If HD 2577 | | |
| Age of onset of first symptoms: | <input type="text"/> | onset   |
| First symptoms: | <input type="text"/> | sympt   |
| Diagnosed by physician: | <input type="radio"/> yes 1 <input type="radio"/> no 2 <input type="radio"/> unknown 3 | physician   |
| Confirmed genetically: | <input type="radio"/> yes 1 <input type="radio"/> no 2 <input type="radio"/> unknown 3 | genetic   |
| Participant in TRACK-HD: | <input type="radio"/> yes 1 <input type="radio"/> no 2 <input type="radio"/> unknown 3 | trackhd   |
| For office use only 2583 | | |
| Pseudonym: | <input type="text"/> | pseudo   |

References

- [1] 2mt Software GmbH, *TRACK-HD Data Dictionary*, TRACKHD-IDS-2015-10-RC2, Version 1.0, Nov 2015

Revision History

| Version | Summary of Changes |
|-------------------------------------|---|
| TRACKHD-IDS-2015-10-R1-AnnotatedCRF | Initial version of annotated CRF of TRACK-HD study. CRF includes family history member form. |