



TRACK-IDS-2015-10-R1

TRACK-ON HD Annotated eCRF

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1 Purpose of this Document

The purpose of this document is to provide the annotated view of the TRACK-ON HD's eCRF (*electronic Case Report Form*). The annotated view shows all forms, variables and its variable names used within the TRACK-ON HD study. The forms and variables are described in detail within the data dictionary of the TRACK-ON 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	Family
Eligibility	✓				
Demog	✓				
HD History	✓				
Medication	✓				
Comorbid	✓				
End	✓				
FH					✓
Variable Items		✓	✓	✓	
Apathy-s		✓	✓	✓	
Apathy-c		✓	✓	✓	
BDI-II		✓	✓	✓	
CAG History		✓			
Cognitive		✓	✓	✓	
FrSBe-S		✓	✓	✓	
FrSBe-F		✓	✓	✓	
UHDRS Motor		✓	✓	✓	
UHDRS TFC		✓	✓	✓	
UHDRS Function		✓	✓	✓	
HADS-SIS		✓	✓	✓	
HDQ-D2-c		✓			
HDQ-D2-p		✓			
Irritability-s		✓	✓	✓	
Irritability-c		✓	✓	✓	
Medical History		✓			
MRI		✓	✓	✓	

Form	General	Visit 1	Visit 2	Visit 3	Family
fMRI QC				✓	
QMotor		✓	✓	✓	
Oculomotor		✓	✓		
TMS		✓	✓	✓	
QOLI		✓			
Samples ACD		✓			
Samples Other		✓			
Samples			✓	✓	





3 Form “Eligibility Criteria (Eligibility)”

Eligibility Criteria

General 6621	
Former TRACK-HD subject:	<input type="text" value="yes"/> thdsbj
Date of TRACK-HD enrolment:	<input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") thdrfstdtc
Last TRACK-HD visit:	<input type="text"/> thdlstvst
Date of last TRACK-HD visit:	<input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") thdlstvstdtc

Inclusion Criteria 6625	
Signature of subject:	<input type="radio"/> yes 1 <input type="radio"/> no 0 ic1
Informed consent	
Date of informed consent:	<input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") rfstdtc
Signature of investigator:	<input type="radio"/> yes 1 <input type="radio"/> no 0 ic2
Ability to tolerate MRI:	<input type="radio"/> yes 1 <input type="radio"/> no 0 ic3
Subject will be either:	<input type="radio"/> control subject 1 <input type="radio"/> premanifest gene carrier 2 group
If 'control subject' is ticked	
Relation to subject:	<input type="radio"/> Partner/spouse of the subject, not at risk 1 relation <input type="radio"/> HD normal repeat length sibling or HD normal repeat length control volunteer 2
If 'premanifest gene carrier' is ticked	
Positive genetic test with CAG repeat length ≥ 40 :	<input type="radio"/> yes 1 <input type="radio"/> no 0 ic4
Disease burden score $(CAG-35.5) \times age > 250$:	<input type="radio"/> yes 1 <input type="radio"/> no 0 ic5
Presence of motor scores > 5 according to the UHDRS 99:	<input type="radio"/> yes 1 <input type="radio"/> no 0 ic6
Age 18 to 65 years:	<input type="radio"/> yes 1 <input type="radio"/> no 0 ic7

Exclusion Criteria 6638	
Major psychiatric disorder at time of enrolment:	<input type="radio"/> yes 1 <input type="radio"/> no 0 ec1

Known history of epilepsy:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec2  
Concomitant significant neurological disorder:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec3  
Concomitant significant medical illness:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec4  
Unsuitability for MRI, e.g. claustrophobia, metal implants:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec5  
History of significant head injury:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec6  
Predictable non-compliance by drug and/or alcohol abuse:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec7  
Significant hand injuries that preclude either writing or rapid computerized responding:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec8  
Participant in Predict-HD:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec9  
Currently participating in a clinical drug trial:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec10  
Unwillingness to donate blood:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec11  
Additional Exclusion Criterion 6694		
Diagnostic confidence scores of 4 according to the UHDRS 99:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec12  
Eligibility 6687		
Subject is:	<input type="text" value="---"/>	eligible  

4 Form “Demographics (Demog)”

Demographics

Demographics (invariable) 6700

Date of birth:

.

.

(format "dd.mm.yyyy")

brthdte

Sex:

female 1

male 2

sex

Ethnicity:

Caucasian 1

African - Black 11

African - North 12

American - Black 2

American - Latin 3

Asian - West 13

Asian - East 14

mixed 15

other 6

unknown 7

ethnic

Subject's statement:

ethnicself

Handedness:

right 1

left 2

mixed 3

handed

Edinburgh-Inventory

right

left

Writing

writingright

writingleft

Sum

edinventright

edinventleft

Comments 6709










Comments:

generalcmt

5 Form “Past Disorders and Comorbidities (Comorbid)”

Past Disorders and Comorbidities

Past Disorders and Comorbidities 6713

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  




6 Form “Previous and Concomitant Medication (Medication)”

Previous and Concomitant Medication

Previous and Concomitant Medication 5724													
Drug name	Indication	Dose/Unit	Regimen	Regimen per day	Route	Start date	Ongoing	End date					
1. <input type="text"/> name modify code certainty drug	<input type="text"/> name modify code certainty indication	<input type="text"/> value <input type="text"/> unit dosu	<input type="text"/> regimen	<input type="text"/> frequent	<input type="text"/> route	<input type="text"/> . <input type="text"/> . <input type="text"/>	<input type="checkbox"/> 1 ongoing	<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"/>



7 Form “HD Clinical Characteristics and Age-of-Onset (HD History)”


Huntington's Disease History



HD Clinical Characteristics and Age-of-Onset 6839		
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	<input type="radio"/> yes 1 <input type="radio"/> no 0	obsessive  

clinical features:

Has psychosis (hallucinations or delusions) been a part of the subject's HD:



At what age did perseverative/obsessive behaviours begin: years obsessage  

☐ yes 1 ☐ no 0 psychosis  

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") dtcsuicidal  

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") dtcsuicide  

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") dtcselfharm  

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

8 Form “End of Study (End)”

End of Study

End of Study 6740		
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  

9 Form “General Variable Items (Variable Items)”









































General Variable Items

General Variable Items 6752	
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
Current education level (ISCED 2010):	<input type="text"/> isced
What is the highest degree that you have currently 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
Subject group:	<input type="text"/> premanifest gene carrier (TRACK-HD) sgroup
Relation to subject:	<input type="radio"/> sibling/non-gene carrier 1 relation <input type="radio"/> cohabiting partner/spouse of pre-HD subject 2 <input type="radio"/> cohabiting partner/spouse of early-HD subject 3
Do you have a companion who will be completing questionnaires?	<input type="radio"/> yes 1 <input type="radio"/> no 0 qscmp
Is it the same companion as at all previous TRACK-HD visits?	<input type="radio"/> yes, same at all visits 1 cmpvs <input type="radio"/> no, same at some previous visits 2 <input type="radio"/> no, different to all previous visits 0
Specify previous visit:	<input type="checkbox"/> visit 1 1 cmpvsn <input type="checkbox"/> visit 2 2 <input type="checkbox"/> visit 3 3 <input type="checkbox"/> visit 4 4
Is informant:	<input type="radio"/> spouse or partner 1 cmpstat <input type="radio"/> parent 2 <input type="radio"/> sibling 3 <input type="radio"/> child 4 <input type="radio"/> other relative 5 <input type="radio"/> friend or neighbour 6 <input type="radio"/> professional care worker 7 <input type="radio"/> other 8

		Is informant a household member?	<input type="radio"/> household member (i.e. relative or friend who lives with subject) ¹ cmphh
		<input type="radio"/> not a household member but has frequent contact with subject (most days) ² <input type="radio"/> not a household member and sees subject less than three or four times a week ³ <input type="radio"/> staff of residential care home or hospital ⁴	
		Signature of companion if completing companion questionnaires?	<input type="radio"/> yes ¹ <input type="radio"/> no ⁰ cmpsg
Current alcohol consumption:	Disease Burden Score:	<input type="text"/>	dbscore
	<input type="text"/> units per week		alcunits

10 Form “General Variable Items (Variable Items)”









































General Variable Items

General Variable Items 9429			
Date of visit:	<input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy")	svstdtc  	
Does the participant still meet the eligibility criteria for Track-On?			
Known history of epilepsy:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec1  	
Concomitant significant neurological disorder:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec2  	
Concomitant significant medical illness:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec3  	
History of significant head injury:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec4  	
Predictable non-compliance by drug and/or alcohol abuse:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec5  	
Significant hand injuries that preclude either writing or rapid computerized responding:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec6  	
Currently participating in a clinical drug trial:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec7  	
Subject is:	<input type="text" value="---"/>	eligible  	
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  	
Subject group:	premanifest gene carrier (TRACK-HD)	sgroup  	
Relation to subject:	<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	relation  	
Do you have a companion who will be completing questionnaires?	<input type="radio"/> yes 1 <input type="radio"/> no 0	qscmp  	
Is it the same companion as at Track-On HD visit 1?	<input type="radio"/> yes 1 <input type="radio"/> no 0	cmpvstn  	
Is it the same companion as at all visits	<input type="radio"/> yes, same at all visits 1	cmpvs  	







		previous TRACK-HD visits?	<input type="radio"/> no, same at some previous visits 2 <input type="radio"/> no, different to all previous visits 0	Specify previous TRACK-HD visit(s): <input type="checkbox"/> visit 1 1 cmpvsn <input type="checkbox"/> visit 2 2 <input type="checkbox"/> visit 3 3 <input type="checkbox"/> visit 4 4
			Signature of companion if completing companion questionnaires?	<input type="radio"/> yes 1 <input type="radio"/> no 0 cmpsg
		Is informant:	<input type="radio"/> spouse or partner 1 cmpstat <input type="radio"/> parent 2 <input type="radio"/> sibling 3 <input type="radio"/> child 4 <input type="radio"/> other relative 5 <input type="radio"/> friend or neighbour 6 <input type="radio"/> professional care worker 7 <input type="radio"/> other 8	
		Is informant a household member?	<input type="radio"/> household member (i.e. relative or friend who lives with subject) 1 cmphh <input type="radio"/> not a household member but has frequent contact with subject (most days) 2 <input type="radio"/> not a household member and sees subject less than three or four times a week 3 <input type="radio"/> staff of residential care home or hospital 4	
	Had the HD History form been updated to the current status?	<input type="radio"/> yes 1 <input type="radio"/> no 0 hdcccheck		
	Disease Burden Score:	<input type="text"/>	dbscore	
Current alcohol consumption:	<input type="text"/> units per week	akunits		
Had the Comorbid and Medication forms been updated to the current status?	<input type="radio"/> yes 1 <input type="radio"/> no 0 comorbmedcheck			

11 Form “General Variable Items (Variable Items)”

General Variable Items









































































































































General Variable Items 9805		
Date of visit:	<input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy")	svstdtc  
Does the participant still meet the eligibility criteria for Track-On?		
Known history of epilepsy:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec1  
Concomitant significant neurological disorder:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec2  
Concomitant significant medical illness:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec3  
History of significant head injury:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec4  
Predictable non-compliance by drug and/or alcohol abuse:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec5  
Significant hand injuries that preclude either writing or rapid computerized responding:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec6  
Currently participating in a clinical drug trial:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ec7  
Subject is:	<input type="text"/> ---	eligible  
Weight:	<input type="text"/> kg	weight  
Height:	<input type="text"/> cm	height  
BMI:	<input type="text"/>	bmi  
Current education level (ISCED 2011):	<input type="text"/> ---	isced  
What is the highest degree that you have currently 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  
Subject group:	premanifest gene carrier (TRACK-HD)	sgroup  
Relation to subject:	<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	relation  
Do you have a companion who will be completing questionnaires?	<input type="radio"/> yes 1 <input type="radio"/> no 0	qscmp  























		<p>Is it the same companion as at all previous Track-On HD visits?</p> <p> <input type="radio"/> yes, same at all visits 1 cmpvstnn <input type="radio"/> no, same at some previous visits 2 cmpvstnn <input type="radio"/> no, different to all previous visits 0 cmpvstnn </p> <p>Specify previous Track-On HD visit(s):</p> <p> <input type="checkbox"/> visit 1 1 cmpvstnn <input type="checkbox"/> visit 2 2 cmpvstnn </p> <p>Is it the same companion as at all previous TRACK-HD visits?</p> <p> <input type="radio"/> yes, same at all visits 1 cmpvsn <input type="radio"/> no, same at some previous visits 2 cmpvsn <input type="radio"/> no, different to all previous visits 0 cmpvsn </p> <p>Specify previous TRACK-HD visit(s):</p> <p> <input type="checkbox"/> visit 1 1 cmpvsn <input type="checkbox"/> visit 2 2 cmpvsn <input type="checkbox"/> visit 3 3 cmpvsn <input type="checkbox"/> visit 4 4 cmpvsn </p> <p>Signature of companion if completing companion questionnaires?</p> <p> <input type="radio"/> yes 1 cmpsg <input type="radio"/> no 0 cmpsg </p> <p>Is informant:</p> <p> <input type="radio"/> spouse or partner 1 cmpstat <input type="radio"/> parent 2 cmpstat <input type="radio"/> sibling 3 cmpstat <input type="radio"/> child 4 cmpstat <input type="radio"/> other relative 5 cmpstat <input type="radio"/> friend or neighbour 6 cmpstat <input type="radio"/> professional care worker 7 cmpstat <input type="radio"/> other 8 cmpstat </p> <p>Is informant a household member?</p> <p> <input type="radio"/> household member (i.e. relative or friend who lives with subject) 1 cmphh <input type="radio"/> not a household member but has frequent contact with subject (most days) 2 cmphh <input type="radio"/> not a household member and sees subject less than three or four times a week 3 cmphh <input type="radio"/> staff of residential care home or hospital 4 cmphh </p> <p>Had the HD History form been updated to the current status?</p> <p> <input type="radio"/> yes 1 hdcccheck <input type="radio"/> no 0 hdcccheck </p>
--	--	---

	Disease Burden Score: <input type="text"/>	dbscore  
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  




12 Form “General Medical History (Medical History)”

General Medical History

General Medical History 6772																																		
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 harmful alcohol use:	<input type="radio"/> never 1 <input type="radio"/> previous 2 <input type="radio"/> current 3 alcoholabuse  																																	
Alcohol units per week: <input type="text"/>																																		
alcunits  																																		
History of harmful drug use:	<input type="radio"/> never 1 <input type="radio"/> previous 2 <input type="radio"/> current 3 druguse  																																	
	<table border="1"> <thead> <tr> <th></th> <th>Harmful use</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Marijuana</td> <td><input type="text"/> marijuana  </td> <td><input type="text"/> marijuanafreq  </td> </tr> <tr> <td>Heroin</td> <td><input type="text"/> heroin  </td> <td><input type="text"/> heroinfreq  </td> </tr> <tr> <td>Cocaine</td> <td><input type="text"/> cocaine  </td> <td><input type="text"/> cocainefreq  </td> </tr> <tr> <td>Club drugs (Ecstasy, GHB, Roofies)</td> <td><input type="text"/> clubdrugs  </td> <td><input type="text"/> clubdrugsfreq  </td> </tr> <tr> <td>Amphetamines</td> <td><input type="text"/> amphetamines  </td> <td><input type="text"/> amphetaminesfreq  </td> </tr> <tr> <td>Ritalin</td> <td><input type="text"/> ritalin  </td> <td><input type="text"/> ritalinfreq  </td> </tr> <tr> <td>Hallucinogens</td> <td><input type="text"/> hallucinogen  </td> <td><input type="text"/> hallucinogenfreq  </td> </tr> <tr> <td>Inhalants</td> <td><input type="text"/> inhalants  </td> <td><input type="text"/> inhalantsfreq  </td> </tr> <tr> <td>Opium</td> <td><input type="text"/> opium  </td> <td><input type="text"/> opiumfreq  </td> </tr> <tr> <td>Painkillers used for non-medical reasons</td> <td><input type="text"/> painkiller  </td> <td><input type="text"/> painkillerfreq  </td> </tr> </tbody> </table>		Harmful use	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  
	Harmful use	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  																																
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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	smokyears  
	<input type="radio"/> yes 1 <input type="radio"/> no 0 allergies  		
	Please list allergies:	<input type="text"/>	
allergieslist  			

Psychiatric History 6830

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 “CAG History (CAG History)”

CAG History

General 6893	
Date of laboratory report:	<input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy") datecag
CAG Analysis 6895	
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











14 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 7733		
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 7739		
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	patient  

















	<input type="radio"/> some of the time 2 <input type="radio"/> hardly ever 3	
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	control  

I get a sort of frightened feeling like 'butterflies' in the stomach:	<input type="radio"/> never 0 <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  











15 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 7766		
Beck Depression Score:	<input type="text" value="0"/>	bdtotal  
Beck Depression Inventory II (BDI-II) 7768		
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 <input type="radio"/> 3 = I dislike myself 3	gdisappointed  

8. Self-Criticalness:	<ul style="list-style-type: none"> ○ 0 = I don't criticize or blame myself more than usual 0 ○ 1 = I am more critical of myself than I used to be 1 ○ 2 = I criticize myself for all of my faults 2 ○ 3 = I blame myself for everything bad that happens 3 	hblame  
9. Suicidal Thoughts or Wishes:	<ul style="list-style-type: none"> ○ 0 = I don't have any thoughts of killing myself 0 ○ 1 = I have thoughts of killing myself, but I would not carry them out 1 ○ 2 = I would like to kill myself 2 ○ 3 = I would kill myself if I had the chance 3 	ikill  
10. Crying:	<ul style="list-style-type: none"> ○ 0 = I don't cry anymore than I used to 0 ○ 1 = I cry more than I used to 1 ○ 2 = I cry over every little thing 2 ○ 3 = I feel like crying, but I can't 3 	jcry  
11. Agitation:	<ul style="list-style-type: none"> ○ 0 = I am no more restless or wound up than usual 0 ○ 1 = I feel more restless or wound up than usual 1 ○ 2 = I am so restless or agitated that it's hard to stay still 2 ○ 3 = I am so restless or agitated that I have to keep moving or doing something 3 	kagitation  
12. Loss of Interest:	<ul style="list-style-type: none"> ○ 0 = I have not lost interest in other people or activities 0 ○ 1 = I am less interested in other people or things than before 1 ○ 2 = I have lost most of my interest in other people or things 2 ○ 3 = It's hard to get interested in anything 3 	linterest  
13. Indecisiveness:	<ul style="list-style-type: none"> ○ 0 = I make decisions about as well as ever 0 ○ 1 = I find it more difficult to make decisions than usual 1 ○ 2 = I have much greater difficulty in making decisions than I used to 2 ○ 3 = I have trouble making any decisions 3 	mdesicions  
14. Worthlessness:	<ul style="list-style-type: none"> ○ 0 = I do not feel I am worthless 0 ○ 1 = I don't consider myself as worthwhile and useful as I used to 1 ○ 2 = I feel more worthless as compared to other people 2 ○ 3 = I feel utterly worthless 3 	nworthlessness  
15. Loss of Energy:	<ul style="list-style-type: none"> ○ 0 = I have as much energy as ever 0 ○ 1 = I have less energy than I used to have 1 ○ 2 = I don't have enough energy to do very much 2 ○ 3 = I don't have enough energy to do anything 3 	oenergy  
16. Changes in Sleeping Pattern:	<ul style="list-style-type: none"> ○ 0 = I have not experienced any change in my sleeping pattern 0 ○ 1a = I sleep somewhat more than usual 1a 	psleep  

	<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	
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  



















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

Withdrawal of Biosamples with Instant Shipment

General 8688												
Subject group:										premanifest gene carrier		sgroup
Withdrawal of Specimen 8629												
Date and time of sampling:										<input type="text"/> : <input type="text"/> : <input type="text"/> GMT+1 (Format "dd.mm.yyyy hh:mm")		specimendate
Should CAG be determined by BioRep?										<input type="radio"/> yes 1 <input type="radio"/> no 0		determinecag
Subject group	Specimen	Product	Container	Barcode	Quantity	Notified	Receipt state	Outcome	Date Completed	ID		
sgroup	ACD	specimentype	DNA	producttype	Collection tube	containertype	barcode	quantity	notified	substate finalstate completeddate inv_id		
Shipping of Specimen 8645												
Date of shipment:										<input type="text"/> : <input type="text"/> : <input type="text"/> (format "dd.mm.yyyy")		shiptc
Airway bill no:										<input type="text"/>		airwaybillnum
Date of last 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
Resubmit form:										<input type="checkbox"/> 1		resubmit
Evaluation of Specimen 8650												
CAG smaller allele:										<input type="text"/> value ± <input type="text"/> precision		cagsmaller
CAG larger allele:										<input type="text"/> value ± <input type="text"/> precision		caglarger

17 Form “Withdrawal of Biosamples with Deferred Shipment (Samples Other)”

Withdrawal of Biosamples with Instant Shipment

General 8688													
Subject group:										premanifest gene carrier		sgroup 	
Withdrawal of Specimen 8629													
Date and time of sampling:										GMT+1 (Format "dd.mm.yyyy hh:mm")		specimendate 	
Should CAG be determined by BioRep?										yes 1 no 0		determinecag 	
Subject group	Specimen	Product	Container	Barcode	Quantity	Notified	Receipt state	Outcome	Date Completed	ID			
sgroup	ACD	specimentype	DNA	producttype	Collection tube	containertype	barcode 	quantity 	notified 	substate 	finalstate 	completeddate 	inv_id 
Shipping of Specimen 8645													
Date of shipment:										(format "dd.mm.yyyy")		shiptc 	
Airway bill no:												airwaybillnum 	
Date of last notification:										(format "dd.mm.yyyy")		requestdate 	
Date of receipt:										(format "dd.mm.yyyy")		receiptdate 	
Total shipping time:										h : min hours/min min		shiptime 	
Resubmit form:										1		resubmit 	
Evaluation of Specimen 8650													
CAG smaller allele:										value ± precision		cagsmaller 	
CAG larger allele:										value ± precision		caglarger 	

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























Withdrawal of Biosamples with Deferred Shipment

Withdrawal of Specimen 9630												
Date and Time of Sampling: <input type="text"/> : <input type="text"/> : <input type="text"/> GMT+1 (Format "dd.mm.yyyy hh:mm") specimendate												
Specimen	Product	Container	Barcode	Quantity	Shipped?	Notified	Receipt state	Outcome	Date Completed	ID		
<input type="text"/> EDTA <small>specimentype</small>	<input type="text"/> Plasma <small>producttype</small>	<input type="text"/> Cryovial <small>containertype</small>	<input type="text"/> <small>barcode</small>	<input type="text"/> <small>quantity</small>	<input type="text"/> no <small>shipped</small>	<input type="text"/> no <small>notified</small>	<input type="text"/> <small>submstate</small>	<input type="text"/> <small>finalstate</small>	<input type="text"/> <small>completeddate</small>	<input type="text"/> <small>inv_id</small>		

Shipment of Specimen 9630		
Above samples will be processed and stored locally at the site. The shipment of all unsent plasma, PBMC and buccal tissue samples will be done on a monthly basis . Please use the study site dossier, section Dry Ice Shipments in order to select unsent samples and to notify the shipment to BioRep before delivery.		
Date of shipment:	<input type="text"/> . <input type="text"/> . <input type="text"/> (format "dd.mm.yyyy")	shiptc
Airway bill no:	<input type="text"/>	airwaybillnum
Date of last 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 <input type="text"/> min	shiptime























19 Form “MRI (MRI)”

MRI

General 8786									
Are data available for fMRI working memory task:		<input type="radio"/> yes 1 <input type="radio"/> no 0		data_memory 					
Are data available for fMRI finger tapping task:		<input type="radio"/> yes 1 <input type="radio"/> no 0		data_motor 					
		Hand used for fMRI finger tapping task:		<input type="radio"/> right 1 <input type="radio"/> left 2		usedhand 			
Upload of entered MRI record form:		<input type="button" value="Browse..."/>		No file selected.		record 			
Technologist's comment 8655									
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 8600									
Study ID	Series ID	Description	Date of scan	No	MRI type	Sub type	Att.	QCstatus	
1. <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"/>
Do not upload scans until the section about the technologist's comment has been completed. An upload of image scans is not possible unless the form has been previously submitted (irrespective of whether there are still empty or incorrect fields).									
Upload image scan set:		<input type="button" value="Start Upload"/>		scanupload 					
MRI Queries: none 									
Radiologist's comment 8674									
Radiologist's comment available:		<input type="checkbox"/> 1		rcommentyn 					
Radiologist's name:		<input type="text"/>		rname 					
Date of read:		<input type="text"/> (format "dd.mm.yyyy")		dread 					
Comment:		<input type="text"/>		rcomment 					
Radiologist has confirmed that:		<input type="radio"/> the images are suitable for the Track-On HD study 1		<input type="radio"/> the images are not suitable for the Track-On HD study 2		rconfirm 			
Quality Control Summary 8601									
Volumetric QC:		<input type="radio"/> pass 1 <input type="radio"/> fail 0 <input type="radio"/> borderline 2		max_mri 					
Volumetric QC comment:		<input type="text"/>		mriqc 					
DTI QC:		<input type="radio"/> pass 1 <input type="radio"/> fail 0 <input type="radio"/> borderline 2		dtiqc 					
Full DTI QC report upload:		<input type="button" value="Browse..."/>		No file selected.		dtiqreport 			
DTI QC comment:		<input type="text"/>		dtiqcomment 					
fMRI QC:		<input type="radio"/> pass 1 <input type="radio"/> fail 0 <input type="radio"/> borderline 2		fmriqc 					
fMRI QC comment:		<input type="text"/>		fmriqcomment 					

20 Form “MRI (MRI)”

MRI

General 9997									
Are data available for fMRI working memory task:		<input type="radio"/> yes 1 <input type="radio"/> no 0		data_memory 					
Are data available for fMRI finger tapping task:		<input type="radio"/> yes 1 <input type="radio"/> no 0		data_motor 					
		Hand used for fMRI finger tapping task:		<input type="radio"/> right 1 <input type="radio"/> left 2		usedhand 			
Upload of entered MRI record form:		<input type="button" value="Browse..."/>		No file selected.		record 			
Technologist's comment 9999									
Technologist's name:		<input type="text"/>		trame 					
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 9998									
Study ID	Series ID	Description	Date of scan	No	MRI type	Sub type	Att.	QCStatus	
1. <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"/>
Do not upload scans until the section about the technologist's comment has been completed. An upload of image scans is not possible unless the form has been previously submitted (irrespective of whether there are still empty or incorrect fields).									
Upload image scan set:		<input type="button" value="Start Upload"/>		scanupload 					
MRI Queries: none 									
Radiologist's comment 9913									
Radiologist's comment available:		<input type="checkbox"/> 1		rcommentyn 					
Radiologist's name:		<input type="text"/>		rname 					
Date of read:		<input type="text"/>		dcread 					
Comment:		<input type="text"/>		rcomment 					
Radiologist has confirmed that:		<input type="radio"/> the images are suitable for the Track-On HD study 1		<input type="radio"/> the images are not suitable for the Track-On HD study 2		rconfirm 			
Volumetric, CEST/MTR, and DTI Quality Control Summary 9920									
Volumetric QC:		<input type="radio"/> pass 1 <input type="radio"/> fail 0 <input type="radio"/> borderline 2		max_mri 					
Volumetric QC comment:		<input type="text"/>		mriqc 					
				mriqccomment 					
CEST/MTR QC:		<input type="radio"/> pass 1 <input type="radio"/> fail 0 <input type="radio"/> borderline 2		cestmtrqc 					
CEST/MTR QC comment:		<input type="text"/>		cestmtrqccomment 					
DTI QC:		<input type="radio"/> pass 1 <input type="radio"/> fail 0 <input type="radio"/> borderline 2		dtiqc 					
DTI QC comment:		<input type="text"/>		dtiqccomment 					

21 Form “fMRI QC (FMRI QC)”

fMRI QC

Image scans 9934									
Study ID	Series ID	Description	Date of scan	No	MRI type	Sub type	Att.	QC status	
1. <input type="text" value="studyid"/>	<input type="text" value="seriesid"/>	<input type="text" value="description"/>	<input type="text" value="date"/>	<input type="text" value="no"/>	<input type="text" value="mri type"/>	<input type="text" value="sub type"/>	<input type="text" value="att."/>	<input type="text" value="attachment"/>	<input type="text" value="scanstatus"/>
Radiologist has confirmed that: <input type="text"/>									max_mri reconfirm

Task fMRI Quality Control Summary 9935	
Task fMRI QC:	<input type="radio"/> pass 1 <input type="radio"/> fail 0 <input type="radio"/> borderline 2
fMRI QC comment:	<input type="text"/> <input type="text"/>
	tfmriqc fmriqc comment

RS fMRI Quality Control Summary 9937	
RS fMRI QC:	<input type="radio"/> pass 1 <input type="radio"/> fail 0 <input type="radio"/> borderline 2
RS fMRI QC comment:	<input type="text"/> <input type="text"/>
	rsfmriqc rsfmriqc comment

22 Form “Unified Huntington’s Disease Rating Scale ‘99 – Motor Assessment (UHDRS Motor)”

Unified Huntington’s Disease Rating Scale ‘99 - Motor Assessment

General 8007			
Motor score:	<input type="text"/>	motscore	
Completeness of motor score:	<input type="text"/> %	cmplms	
		trigger	
Motor Assessment 8010			
Ocular pursuit:			
	Horizontal	Vertical	
	<input type="radio"/> 0	<input type="radio"/> 0	complete (normal)
	<input type="radio"/> 1	<input type="radio"/> 1	jerky movement
	<input type="radio"/> 2	<input type="radio"/> 2	interrupted pursuits/full range
	<input type="radio"/> 3	<input type="radio"/> 3	incomplete range
	<input type="radio"/> 4	<input type="radio"/> 4	cannot pursue
Saccade initiation:			
	Horizontal	Vertical	
	<input type="radio"/> 0	<input type="radio"/> 0	normal
	<input type="radio"/> 1	<input type="radio"/> 1	increased latency only
	<input type="radio"/> 2	<input type="radio"/> 2	suppressible blinks or head movements to initiate
	<input type="radio"/> 3	<input type="radio"/> 3	unsuppressible head movements
	<input type="radio"/> 4	<input type="radio"/> 4	cannot initiate saccades
Saccade velocity:			
	Horizontal	Vertical	
	<input type="radio"/> 0	<input type="radio"/> 0	normal
	<input type="radio"/> 1	<input type="radio"/> 1	mild slowing
	<input type="radio"/> 2	<input type="radio"/> 2	moderate slowing
	<input type="radio"/> 3	<input type="radio"/> 3	severely slow, full range
	<input type="radio"/> 4	<input type="radio"/> 4	incomplete range
Dysarthria:	<input type="radio"/> normal 0 <input type="radio"/> unclear, no need to repeat 1 <input type="radio"/> must repeat to be understood 2 <input type="radio"/> mostly incomprehensible 3 <input type="radio"/> anarthria 4		dysarth
Tongue protrusion:	<input type="radio"/> can hold tongue fully protruded for 10 sec 0 <input type="radio"/> cannot keep fully protruded for 10 sec 1 <input type="radio"/> cannot keep fully protruded for 5 sec 2 <input type="radio"/> cannot fully protrude tongue 3 <input type="radio"/> cannot protrude tongue beyond lips 4		tongue
Finger taps:			
	Right	Left	
	<input type="radio"/> 0	<input type="radio"/> 0	normal (≥15/5 sec.)
	<input type="radio"/> 1	<input type="radio"/> 1	mild slowing, reduction in amplitude (11-14/5 sec.)
	<input type="radio"/> 2	<input type="radio"/> 2	moderately impaired (7-10/5 sec.)
	<input type="radio"/> 3	<input type="radio"/> 3	severely impaired (3-6/5 sec.)
	<input type="radio"/> 4	<input type="radio"/> 4	can barely perform task (0-2/5 sec.)
Pronate/supinate-hands:			
	Right	Left	
	<input type="radio"/> 0	<input type="radio"/> 0	normal
	<input type="radio"/> 1	<input type="radio"/> 1	mild slowing and/or irregular
	<input type="radio"/> 2	<input type="radio"/> 2	moderate slowing and irregular
	<input type="radio"/> 3	<input type="radio"/> 3	severe slowing and irregular
	<input type="radio"/> 4	<input type="radio"/> 4	cannot perform
Luria:	<input type="radio"/> ≥4 in 10 sec, no cue 0 <input type="radio"/> <4 in 10 sec, no cue 1 <input type="radio"/> ≥4 in 10 sec with cues 2 <input type="radio"/> <4 in 10 sec with cues 3 <input type="radio"/> cannot perform 4		luria
Rigidity-arms:			
	Right	Left	
	<input type="radio"/> 0	<input type="radio"/> 0	absent
	<input type="radio"/> 1	<input type="radio"/> 1	slight or present only with activation
	<input type="radio"/> 2	<input type="radio"/> 2	mild to moderate
	<input type="radio"/> 3	<input type="radio"/> 3	severe, full range of motion
	<input type="radio"/> 4	<input type="radio"/> 4	severe with limited range

Bradykinesia-body:

☐ normal 0
☐ minimally slow (?normal) 1
☐ mildly but clearly slow 2
☐ moderately slow, some hesitation 3
☐ markedly slow, long delays in initiation 4

brady

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	absent
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	slight/intermittent
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	mild/common or moderate/intermittent
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	moderate/common
<input type="radio"/> 4 dysttrnk	<input type="radio"/> 4 dysttrue	<input type="radio"/> 4 dystlue	<input type="radio"/> 4 dystrie	<input type="radio"/> 4 dystlle	marked/prolonged

Maximal chorea:

Face	BOL	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"/> 0	<input type="radio"/> 0	absent
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	slight/intermittent
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	mild/common or moderate/intermittent
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	moderate/common
<input type="radio"/> 4 chorface	<input type="radio"/> 4 chorbol	<input type="radio"/> 4 chortrnk	<input type="radio"/> 4 chorruue	<input type="radio"/> 4 chorlue	<input type="radio"/> 4 chorrie	<input type="radio"/> 4 chorlle	marked/prolonged

Gait:

☐ normal gait, narrow base 0
☐ wide base and/or slow 1
☐ wide base and walks with difficulty 2
☐ walks only with assistance 3
☐ cannot attempt 4

gait

Tandem walking:

☐ normal for 10 steps 0
☐ 1 to 3 deviations from straight line 1
☐ >3 deviations 2
☐ cannot complete 3
☐ cannot attempt 4

tandem

Retropulsion pull test:

☐ normal 0
☐ recovers spontaneously 1
☐ would fall if not caught 2
☐ tends to fall spontaneously 3
☐ cannot stand 4

retrops

Diagnostic Confidence 8058

Diagnostic confidence level:

☐ normal (no abnormalities) 0
☐ non-specific motor abnormalities (less than 50 % confidence) 1
☐ motor abnormalities that may be signs of HD (50 - 89 % confidence) 2
☐ motor abnormalities that are likely signs of HD (90 - 98 % confidence) 3
☐ motor abnormalities that are unequivocal signs of HD ≥ 99 % confidence) 4

diagconf

maxdychorea maxdyscheck

23 Form “Unified Huntington’s Disease Rating Scale ‘99 – Total Functional Capacity (UHDRS TFC)”





Unified Huntington's Disease Rating Scale '99 - Total Functional Capacity









































General 8073	
Functional score:	<input type="text"/>
Completeness of functional score:	<input type="text"/> %
tfcscore	
cmpltfc	
trigger	













Functional Capacity 8076	
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
occupatn	
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
finances	
Domestic chores:	<input type="radio"/> 0 = unable 0 <input type="radio"/> 1 = impaired 1 <input type="radio"/> 2 = normal 2
chores	
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
adl	
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
carelevl	
Information Sources:	
Was the information obtained from:	<input type="radio"/> 1 = participant only 1 <input type="radio"/> 2 = participant and family/companion 2
tfcsrc	

24 Form “Huntington’s Disease Rating Scale ‘99 – Functional Assessment (UHDRS Function)”



Huntington’s Disease Rating Scale ‘99 - Functional Assessment

General 8086		
Functional Assessment Score:	<input type="text"/>	fascore  
Completeness of functional assessment score:	0 %	cmplfs  
Independence scale in %:	<input type="text"/>	indpsclp
trigger		

Functional Assessment 8090		
	yes	no
Could subject engage in gainful employment in his/her accustomed work	<input type="radio"/> 1	<input type="radio"/> 0 emplusi  
Could subject engage in any kind of gainful employment?	<input type="radio"/> 1	<input type="radio"/> 0 emplany  
Could subject engage in any kind of volunteer or non-gainful work?	<input type="radio"/> 1	<input type="radio"/> 0 volunt  
Could subject manage his/her finances (monthly) without any help?	<input type="radio"/> 1	<input type="radio"/> 0 fafinan  
Could subject shop for groceries without help?	<input type="radio"/> 1	<input type="radio"/> 0 grocery  
Could subject handle money as a purchaser in a simple cash (shop) transaction?	<input type="radio"/> 1	<input type="radio"/> 0 cash  
Could subject supervise children without help?	<input type="radio"/> 1	<input type="radio"/> 0 supchild  
Could subject operate an automobile safely and independently?	<input type="radio"/> 1	<input type="radio"/> 0 drive  
Could subject do his/her own housework without help?	<input type="radio"/> 1	<input type="radio"/> 0 housewrk  
Could subject do his/her own laundry (wash/dry) without help?	<input type="radio"/> 1	<input type="radio"/> 0 laundry  
Could participant prepare his/her own meals without help?	<input type="radio"/> 1	<input type="radio"/> 0 prepmeal  
Could subject use the telephone without help?	<input type="radio"/> 1	<input type="radio"/> 0 telephon  
Could subject take his/her own medications without help?	<input type="radio"/> 1	<input type="radio"/> 0 ownmeds  
Could subject feed himself/herself without help?	<input type="radio"/> 1	<input type="radio"/> 0 feedself  
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 transportation to get places without help?	<input type="radio"/> 1	<input type="radio"/> 0 pubtrans  
Could subject walk to places in his/her neighbourhood without help?	<input type="radio"/> 1	<input type="radio"/> 0 walknbr  
Could subject walk without falling?	<input type="radio"/> 1	<input type="radio"/> 0 walkfall  
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	comb  
Could subject transfer between chairs without help?	<input type="radio"/> 1	<input type="radio"/> 0	trnchair  
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	fasrc  











Independence Scale 8119



Subject's independence in %:	<input type="radio"/> 100 = no special care needed 100 indep scl   <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
------------------------------	---



25 Form “Cognitive Battery (Cognitive)”



Cognitive Battery

















General 6906	
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  



Core Cognitive Battery 6911	
IQ Covariate completed: <input type="radio"/> yes 1 <input type="radio"/> not started 0 <input type="radio"/> partial data 2	site  
Test:	<input type="text" value="---"/> iq_test  
Number of correctly pronounced words:	<input type="text"/> iq_correct  
Reason for non-completion:	<input type="radio"/> subject unable to complete 1 iq_noncompl   <input type="radio"/> STOP THE TASK protocol applied 2 <input type="radio"/> equipment failure 3 <input type="radio"/> other 4
Please explain:	<input type="text"/> iq_noncompl_cmnt  

Cancellation Task completed: ☐ yes 1 ☐ not started 0 ☐ partial data 2 cancel  



RAW Data: (no file) cancel_raw  



Digital Fingerprint (MD5) of the RAW Data: cancel_md5  



	45s	90s
Figure Number correct in	<input type="text"/> cancel_fig_totalcorrect_45s  	<input type="text"/> cancel_fig_totalcorrect_90s  
Figure Number of Errors in	<input type="text"/> cancel_fig_errors_45s  	<input type="text"/> cancel_fig_errors_90s  
Digit Number correct in	<input type="text"/> cancel_digit_totalcorrect_45s  	<input type="text"/> cancel_digit_totalcorrect_90s  
Digit Number of Errors in	<input type="text"/> cancel_digit_errors_45s  	<input type="text"/> cancel_digit_errors_90s  



Reason for non-completion: cancel_noncompl  



- ☐ subject unable to complete 1
- ☐ STOP THE TASK protocol applied 2
- ☐ equipment failure 3
- ☐ other 4



Please explain: cancel_noncompl_cmnt  

Map Search Test completed: ☐ yes 1 ☐ not started 0 ☐ partial data 2 msearch  



Total number correctly found in 1 min: msearch_totcorr_1min  

Total number correctly found in 2 min: msearch_totcorr_2min  

Total number of incorrectly identified symbols in 2 min: msearch_totincorr_2min  

Reason for non-completion: msearch_noncompl  

- ☐ subject unable to complete 1
- ☐ STOP THE TASK protocol applied 2
- ☐ equipment failure 3
- ☐ other 4

Please explain: msearch_noncompl_cmnt  

Circle Tracing Task completed:

☐ yes 1
☐ not started 0
☐ partial data 2

Direct condition

Counting, Total Number of Numbers counted aloud

circle_cnt_direct_totalnumber

Counting, Total Number of Correct Numbers counted aloud

circle_cnt_direct_totakcorrect

Indirect condition

Counting, Total Number of Numbers counted aloud

circle_cnt_indirect_totalnumber

Counting, Total Number of Correct Numbers counted aloud

circle_cnt_indirect_totakcorrect

RAW data:

(no file)

circle_raw

Digital Fingerprint (MD5) of the RAW Data:

circle_md5

	Direct condition	Indirect condition
Number of rotations completed	<div></div> circle_dir_all_numrot	<div></div> circle_ind_all_numrot
Number of deviations beyond outer edge of annulus	<div></div> circle_dir_all_outerr_numdev	<div></div> circle_ind_all_outerr_numdev
Number of deviations inside inner edge of annulus	<div></div> circle_dir_all_inerr_numdev	<div></div> circle_ind_all_inerr_numdev
Milliseconds within the annulus	<div></div> ms circle_dir_all_annulus_t	<div></div> ms circle_ind_all_annulus_t
Milliseconds beyond outer edge of annulus moving away from annulus	<div></div> ms circle_dir_all_outerraway_t	<div></div> ms circle_ind_all_outerraway_t
Milliseconds beyond outer edge of annulus moving toward annulus	<div></div> ms circle_dir_all_outerto_t	<div></div> ms circle_ind_all_outerto_t
Milliseconds inside inner edge of annulus moving away from annulus	<div></div> ms circle_dir_all_inerraway_t	<div></div> ms circle_ind_all_inerraway_t
Milliseconds inside inner edge of annulus moving toward annulus	<div></div> ms circle_dir_all_inerto_t	<div></div> ms circle_ind_all_inerto_t
Centimeters of ink laid within the annulus	<div></div> cm circle_dir_all_annulus_l	<div></div> cm circle_ind_all_annulus_l
Centimeters of ink laid outside outer edge of annulus moving away from annulus	<div></div> cm circle_dir_all_outerraway_l	<div></div> cm circle_ind_all_outerraway_l
Centimeters of ink laid outside outer edge of annulus moving toward annulus	<div></div> cm circle_dir_all_outerto_l	<div></div> cm circle_ind_all_outerto_l
Centimeters of ink laid inside inner edge of annulus moving away from annulus	<div></div> cm circle_dir_all_inerraway_l	<div></div> cm circle_ind_all_inerraway_l
Centimeters of ink laid inside inner edge of annulus moving toward annulus	<div></div> cm circle_dir_all_inerto_l	<div></div> cm circle_ind_all_inerto_l
Mean theta over all sampled points	<div></div> circle_dir_all_theta_mean	<div></div> circle_ind_all_theta_mean
Mean radius over all sampled points	<div></div> circle_dir_all_radius_mean	<div></div> circle_ind_all_radius_mean
Counting, Centimeters of ink laid within the annulus	<div></div> circle_cnt_direct_all_ann_lgth	<div></div> circle_cnt_indirect_all_ann_lgth



Reason for non-completion:



☐ subject unable to complete 1
☐ STOP THE TASK protocol applied 2
☐ equipment failure 3
☐ other 4



circle_noncompl



Please explain:



circle_noncompl_cmnt



Stroop Test - Word Reading Condition completed: ☐ yes 1 ☐ not started 0 ☐ partial data 2 stroop  



Number of words correct in 45 seconds: stroop_correct  





























Reason for non-completion: ☐ subject unable to complete 1 ☐ STOP THE TASK protocol applied 2 ☐ equipment failure 3 ☐ other 4 stroop_noncompl  

Please explain: stroop_noncompl_cmnt  

Mental Rotation Task completed: ☐ yes 1 ☐ not started 0 ☐ partial data 2 mrot  

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  			
	1	2 and 6	3 and 5		4	
Trials responded correctly for orientation	<input type="text"/> % mrot_ang1_percentcor  	<input type="text"/> % mrot_ang2_percentcor  	<input type="text"/> % mrot_ang3_percentcor  	<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  		
	mean response times		speed of rotation			
For all correctly responded to 'same' trials	<input type="text"/> mrot_corsame_meanrt  		<input type="text"/> ms/degree mrot_corsame_rotationspeed  			
Reason for non-completion: <input type="radio"/> subject unable to complete 1 <input type="radio"/> STOP THE TASK protocol applied 2 <input type="radio"/> equipment failure 3 <input type="radio"/> other 4 mrot_noncompl  						
Please explain: <input type="text"/> mrot_noncompl_cmnt  						

Symbol Digit Modalities Test (SDMT) completed:

☐ yes 1
☐ not started 0
☐ partial data 2

sdmt

Total number of correct responses:

sdmt_correct

Reason for non-completion:

☐ subject unable to complete 1
☐ STOP THE TASK protocol applied 2
☐ equipment failure 3
☐ other 4

sdmt_noncompl

Please explain:

sdmt_noncompl_cmnt

Self Paced Tapping Task completed:

☐ yes 1
☐ not started 0
☐ partial data 2

ptap

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

ptap_3hz_all_tone_iti_sd

ptap_3hz_all_tone_iti_asgnd

3Hz Pace, Self paced taps

ptap_3hz_all_self_iti_sd

ptap_3hz_all_self_iti_asgnd

Reason for non-completion:

☐ subject unable to complete 1
☐ STOP THE TASK protocol applied 2
☐ equipment failure 3
☐ other 4

ptap_noncompl

Please explain:

ptap_noncompl_cmnt

Spot the Change Task completed:

☐ yes 1
☐ not started 0
☐ partial data 2

spot

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

spot_setsize5_hitrate

spot_setsize5_correjectrate

spot_setsize5_k

% spot_setsize5_percentcorrect

Set size 7 trials

spot_setsize7_hitrate

spot_setsize7_correjectrate

spot_setsize7_k

% spot_setsize7_percentcorrect

Reason for non-completion:

☐ subject unable to complete 1
☐ STOP THE TASK protocol applied 2
☐ equipment failure 3
☐ other 4

spot_noncompl

Please explain:













spot_noncompl_cmnt

26 Form “Cognitive Battery (Cognitive)”

Cognitive Battery

General 9461	
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

Core Cognitive Battery 9466																
Cancellation Task completed:	<input type="radio"/> yes 1 <input type="radio"/> not started 0 <input type="radio"/> partial data 2 cancel															
RAW Data: (no file) cancel_raw Digital Fingerprint (MD5) of the RAW Data: cancel_md5																
	<table border="1"> <thead> <tr> <th></th> <th>45s</th> <th>90s</th> </tr> </thead> <tbody> <tr> <td>Figure Number correct in</td> <td><input type="text"/> cancel_fig_totalcorrect_45s</td> <td><input type="text"/> cancel_fig_totalcorrect_90s</td> </tr> <tr> <td>Figure_Number of Errors in</td> <td><input type="text"/> cancel_fig_errors_45s</td> <td><input type="text"/> cancel_fig_errors_90s</td> </tr> <tr> <td>Digit Number correct in</td> <td><input type="text"/> cancel_digit_totalcorrect_45s</td> <td><input type="text"/> cancel_digit_totalcorrect_90s</td> </tr> <tr> <td>Digit Number of Errors in</td> <td><input type="text"/> cancel_digit_errors_45s</td> <td><input type="text"/> cancel_digit_errors_90s</td> </tr> </tbody> </table>		45s	90s	Figure Number correct in	<input type="text"/> cancel_fig_totalcorrect_45s	<input type="text"/> cancel_fig_totalcorrect_90s	Figure_Number of Errors in	<input type="text"/> cancel_fig_errors_45s	<input type="text"/> cancel_fig_errors_90s	Digit Number correct in	<input type="text"/> cancel_digit_totalcorrect_45s	<input type="text"/> cancel_digit_totalcorrect_90s	Digit Number of Errors in	<input type="text"/> cancel_digit_errors_45s	<input type="text"/> cancel_digit_errors_90s
	45s	90s														
Figure Number correct in	<input type="text"/> cancel_fig_totalcorrect_45s	<input type="text"/> cancel_fig_totalcorrect_90s														
Figure_Number of Errors in	<input type="text"/> cancel_fig_errors_45s	<input type="text"/> cancel_fig_errors_90s														
Digit Number correct in	<input type="text"/> cancel_digit_totalcorrect_45s	<input type="text"/> cancel_digit_totalcorrect_90s														
Digit Number of Errors in	<input type="text"/> cancel_digit_errors_45s	<input type="text"/> cancel_digit_errors_90s														
Reason for non-completion:	<input type="radio"/> subject unable to complete 1 cancel_noncompl <input type="radio"/> STOP THE TASK protocol applied 2 <input type="radio"/> equipment failure 3 <input type="radio"/> other 4															
Please explain:	<input type="text"/> cancel_noncompl_cmnt															



Map Search Test completed:	<input type="radio"/> yes 1 <input type="radio"/> not started 0 <input type="radio"/> partial data 2		msearch  
	Total number correctly found in 1 min:	<input type="text"/>	msearch_totcorr_1min  
	Total number correctly found in 2 min:	<input type="text"/>	msearch_totcorr_2min  
	Total number of incorrectly identified symbols in 2 min:	<input type="text"/>	msearch_totincorr_2min  
	Reason for non-completion: <div> <input type="radio"/> subject unable to complete 1 <input type="radio"/> STOP THE TASK protocol applied 2 <input type="radio"/> equipment failure 3 <input type="radio"/> other 4 </div>		msearch_noncompl  
	Please explain:	<input type="text"/>	msearch_noncompl_cmnt  



Circle
Tracing Task
completed:

☐ yes 1 ☐ not started 0 ☐ partial data 2



circle  



Direct condition

Counting, Total Number of Numbers counted aloud circle_cnt_direct_totalnumber  

Counting, Total Number of Correct Numbers counted aloud circle_cnt_direct_totalcorrect  

Indirect condition

Counting, Total Number of Numbers counted aloud circle_cnt_indirect_totalnumber  

Counting, Total Number of Correct Numbers counted aloud circle_cnt_indirect_totakcorrect  

































RAW data:

(no file)

circle_raw 



Digital Fingerprint (MD5) of the RAW Data:

circle_md5 

	Direct condition	Indirect condition
Number of rotations completed	<input type="text"/> circle_dir_all_numrot 	<input type="text"/> circle_ind_all_numrot 
Number of deviations beyond outer edge of annulus	<input type="text"/> circle_dir_all_outerr_numdev 	<input type="text"/> circle_ind_all_outerr_numdev 
Number of deviations inside inner edge of annulus	<input type="text"/> circle_dir_all_inerr_numdev 	<input type="text"/> circle_ind_all_inerr_numdev 
Milliseconds within the annulus	<input type="text"/> ms circle_dir_all_annulus_t 	<input type="text"/> ms circle_ind_all_annulus_t 
Milliseconds beyond outer edge of annulus moving away from annulus	<input type="text"/> ms circle_dir_all_outerraway_t 	<input type="text"/> ms circle_ind_all_outerraway_t 
Milliseconds beyond outer edge of annulus moving toward annulus	<input type="text"/> ms circle_dir_all_outerrto_t 	<input type="text"/> ms circle_ind_all_outerrto_t 
Milliseconds inside inner edge of annulus moving away from annulus	<input type="text"/> ms circle_dir_all_inerraway_t 	<input type="text"/> ms circle_ind_all_inerraway_t 
Milliseconds inside inner edge of annulus moving toward annulus	<input type="text"/> ms circle_dir_all_inerrto_t 	<input type="text"/> ms circle_ind_all_inerrto_t 
Centimeters of ink laid within the annulus	<input type="text"/> cm circle_dir_all_annulus_l 	<input type="text"/> cm circle_ind_all_annulus_l 
Centimeters of ink laid outside outer edge of annulus moving away from annulus	<input type="text"/> cm circle_dir_all_outerraway_l 	<input type="text"/> cm circle_ind_all_outerraway_l 
Centimeters of ink laid outside outer edge of annulus moving toward annulus	<input type="text"/> cm circle_dir_all_outerrto_l 	<input type="text"/> cm circle_ind_all_outerrto_l 
Centimeters of ink laid inside inner edge of annulus moving away from annulus	<input type="text"/> cm circle_dir_all_inerraway_l 	<input type="text"/> cm circle_ind_all_inerraway_l 
Centimeters of ink laid inside inner edge of annulus moving toward annulus	<input type="text"/> cm circle_dir_all_inerrto_l 	<input type="text"/> cm circle_ind_all_inerrto_l 
Mean theta over all sampled points	<input type="text"/> circle_dir_all_theta_mean 	<input type="text"/> circle_ind_all_theta_mean 
Mean radius over all sampled points	<input type="text"/> circle_dir_all_radius_mean 	<input type="text"/> circle_ind_all_radius_mean 
Counting, Centimeters of ink laid within the annulus	<input type="text"/> circle_cnt_direct_all_ann_lgth 	<input type="text"/> circle_cnt_indirect_all_ann_lgth 

Reason for non-completion:

- ☐ subject unable to complete 1
- ☐ STOP THE TASK protocol applied 2
- ☐ equipment failure 3
- ☐ other 4

circle_noncompl  

Please explain:

circle_noncompl_cmnt  

Stroop Test - Word Reading Condition completed: ☐ yes 1 ☐ not started 0 ☐ partial data 2 stroop

Number of words correct in 45 seconds: stroop_correct

Reason for non-completion: ☐ subject unable to complete 1 ☐ STOP THE TASK protocol applied 2 ☐ equipment failure 3 ☐ other 4 stroop_noncompl

Please explain: stroop_noncompl_cmnt

Mental Rotation Task completed: ☐ yes 1 ☐ not started 0 ☐ partial data 2 mrot



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		
	1	2 and 6	3 and 5	4		
Trials responded correctly for orientation	<input type="text"/> % mrot_ang1_percentcor	<input type="text"/> % mrot_ang2_percentcor	<input type="text"/> % mrot_ang3_percentcor	<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		
	mean response times		speed of rotation			
For all correctly responded to 'same' trials	<input type="text"/> mrot_corsame_meanrt		<input type="text"/> mrot_corsame_rotationspeed			
			ms/degree			



Reason for non-completion: ☐ subject unable to complete 1 ☐ STOP THE TASK protocol applied 2 ☐ equipment failure 3 ☐ other 4 mrot_noncompl



Please explain: mrot_noncompl_cmnt


Symbol Digit Modalities Test (SDMT) completed: ☐ yes 1 ☐ not started 0 ☐ partial data 2 sdmt  


Total number of correct responses: sdmt_correct  





Reason for non-completion: ☐ subject unable to complete 1 sdmt_noncompl  
☐ STOP THE TASK protocol applied 2
☐ equipment failure 3
☐ other 4



Please explain: sdmt_noncompl_cmnt  



Self Paced Tapping Task completed: ☐ yes 1 ☐ not started 0 ☐ partial data 2 ptap  



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 <input type="text"/>	ptap_3hz_all_tone iti_sd 	ptap_3hz_all_tone iti_asgnd 
3Hz Pace, Self paced taps <input type="text"/>	ptap_3hz_all_self iti_sd 	ptap_3hz_all_self iti_asgnd 









Reason for non-completion: ☐ subject unable to complete 1 ptap_noncompl  
☐ STOP THE TASK protocol applied 2
☐ equipment failure 3
☐ other 4



Please explain: ptap_noncompl_cmnt  



Spot the Change Task completed: ☐ yes 1 ☐ not started 0 ☐ partial data 2 spot  

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 <input type="text"/>	spot_setsize5_hitrate 	spot_setsize5_correjectrate 	spot_setsize5_k 	% spot_setsize5_percentcorrect 
Set size 7 trials <input type="text"/>	spot_setsize7_hitrate 	spot_setsize7_correjectrate 	spot_setsize7_k 	% spot_setsize7_percentcorrect 

Reason for non-completion: ☐ subject unable to complete 1 spot_noncompl  
☐ STOP THE TASK protocol applied 2
☐ equipment failure 3
☐ other 4

Please explain: spot_noncompl_cmnt  

27 Form “Quantitative Motor Assessments (QMotor)”

Quantitative Motor Assessments

Source Data 8335

Force Transducer Tasks: No file selected. [file](#)

Force Plate Tasks: No file selected. [fpfile](#)

Speeded Tapping Task with Serial 2s 8338

Speeded Tapping Task with Serial 2s completed: ☒ yes 1 ☐ 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

Analysed Data Import 8578

Qmotor Analysis File: No file selected. [qmotorcsv](#)

Last Qmotor analysis variables import report: [qmotor_import_report](#)

Qmotor Analyse File successfully uploaded and imported: [qmotorsvsuccess](#)

Analysed Data Variables 8579

Lift Light Weight	Right	Left
Grip Force-Force variability - STDEV/ MEAN*100 (Coefficient of Variation)	<input type="text"/> % llx_gf_rx_cvf	<input type="text"/> % llx_gf_lx_cvf
Position Index - Mean of sum of velocity of position changes during static phase (Mean)	<input type="text"/> cm/s llx_pos_rx_mnx	<input type="text"/> cm/s llx_pos_lx_mnx
Orientation Index - Mean of sum of velocity of orientation changes during static phase (Mean)	<input type="text"/> °/s llx_ori_rx_mnx	<input type="text"/> °/s llx_ori_lx_mnx
Lift Heavy Weight	Right	Left
Grip Force-Force variability - STDEV/ MEAN*100 (Coefficient of Variation)	<input type="text"/> % lhx_gf_rx_cvf	<input type="text"/> % lhx_gf_lx_cvf
Position Index - Mean of sum of velocity of position changes during static phase (Mean)	<input type="text"/> cm lhx_pos_rx_mnx	<input type="text"/> cm lhx_pos_lx_mnx
Orientation Index - Mean of sum of velocity of orientation changes during static phase (Mean)	<input type="text"/> cm lhx_ori_rx_mnx	<input type="text"/> cm lhx_ori_lx_mnx
Tapping Speeded	Right	Left
Inter Onset Interval (Standard Deviation)	<input type="text"/> s tsx_loi_rx_std	<input type="text"/> s tsx_loi_lx_std
Inter Onset Interval (Mean)	<input type="text"/> s tsx_loi_rx_mnx	<input type="text"/> s tsx_loi_lx_mnx
Inter Tap Interval (Standard Deviation)	<input type="text"/> s tsx_tli_rx_std	<input type="text"/> s tsx_tli_lx_std
Inter Tap Interval (Mean)	<input type="text"/> s tsx_tli_rx_mnx	<input type="text"/> s tsx_tli_lx_mnx
Tap Duration (Standard Deviation)	<input type="text"/> s tsx_td_rx_std	<input type="text"/> s tsx_td_lx_std
Tap Duration (Mean)	<input type="text"/> s tsx_td_rx_mnx	<input type="text"/> s tsx_td_lx_mnx
Tapping Speeded Foot	Right	Left
Inter Onset Interval (Standard Deviation)	<input type="text"/> s tsf_loi_rx_std	<input type="text"/> s tsf_loi_lx_std
Inter Onset Interval (Mean)	<input type="text"/> s tsf_loi_rx_mnx	<input type="text"/> s tsf_loi_lx_mnx
Inter Tap Interval (Standard Deviation)	<input type="text"/> s tsf_tli_rx_std	<input type="text"/> s tsf_tli_lx_std
Inter Tap Interval (Mean)	<input type="text"/> s tsf_tli_rx_mnx	<input type="text"/> s tsf_tli_lx_mnx
Tap Duration (Standard Deviation)	<input type="text"/> s tsf_td_rx_std	<input type="text"/> s tsf_td_lx_std
Tap Duration (Mean)	<input type="text"/> s tsf_td_rx_mnx	<input type="text"/> s tsf_td_lx_mnx
Force Variability (Coefficient of Variation)	Contact Time	
Tongue High Force <input type="text"/> % t50_fv_na_cvf	<input type="text"/> % t50_ct_na_pct	
Surface (Mean)	Velocity (Mean)	Distance (Mean)
Forceplate <input type="text"/> mm ² fps_sur_eo_mnx	<input type="text"/> mm/s fps_veL_eo_mnx	<input type="text"/> mm fps_dis_eo_mnx

28 Form “Oculomotor Assessment (Oculomotor)”

Oculomotor Assessment

Source Data 8387			
LatencyMeter File (LDF):		Browse... No file selected. ldfile	
Protocol	Session	Comment	
1. TON protocol	session	comment	








Analysed Data Import 8822	
Oculomotor Analysis File:	Browse... No file selected. oculomcsv
Last OAB variables import report:	oab_import_report
<div style="border: 1px solid #ccc; height: 150px; width: 100%;"></div>	
Oculomotor Analysis File successfully uploaded and imported:	yes oculomotorcsvsuccess
























Analysed Data Variables 8823	
Saccades Accepted:	acc
Error rate:	err
Latency Median:	latmed
Latency Standard Deviation:	latsd
Duration Mean:	durmn
Duration Standard Deviation:	dursd
Mean Velocity Mean:	mvelmn
Mean Velocity Standard Deviation:	mvelsd
Amplitude Mean:	ampmn
Amplitude Standard Deviation:	ampsd
Velocity Function Slope:	velsl
Velocity Function Intercept:	velin
LATER model mu:	latmu
LATER model sigma:	latsig
LATER model sigma epsilon:	latse














29 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 7794					
Total FrSBe score:	<input type="text"/>	frsbescore  			
Apathy	Disinhibition	Executive Dysfunction			
<input type="text"/> apathyscore  	<input type="text"/> disinhibscore  	<input type="text"/> execdysscore  			

FrSBe Self-Rating Form - Part I 7801					
	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 7838								
	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  

30 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 7858					
Total FrSBe score:	174		frsbescore  		
Apathy	Disinhibition		Executive Dysfunction		
50	apathyscore  	63	disinhbcscore  	61	execdyscore  

FrSBe Family-Rating Form - Part I 7865					
	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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/> 5	frontf14b  
15. Is disorganized	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/> 5	frontf31b		
32. Swears	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input checked="" 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 7902								
	1 = almost always	2 = frequently	3 = sometimes	4 = seldom	5 = almost never			
33. Apologizes for misbehaviour (for example, apologizes for swearing)	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	frontf46b		

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





Baltimore Apathy Scale - Subject Version





























General 7920					
Date data obtained:	<input type="text"/> . <input type="text"/> . <input type="text"/>	<input type="text"/> (format "dd.mm.yyyy")	acjcdtc  		
Score:	<input type="text"/>	apathysscore  			

Baltimore Apathy Scale 7923					
	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  

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

Baltimore Apathy Scale - Companion Version

General 7941					
Date data obtained:	<input type="text"/> . <input type="text"/> . <input type="text"/>	<input type="text"/> (format "dd.mm.yyyy")	acjcdtc  		
Score:	<input type="text"/>	apathycscore  			

Baltimore Apathy Scale 7944					
	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  

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





Baltimore Irritability Scale - Subject Version





























General 7962				
Date data obtained:	<input type="text"/> . <input type="text"/> . <input type="text"/>	(format "dd.mm.yyyy")	irtypdte	
Score:	<input type="text"/>		irtysscore	

Chatterjee Irritability Evaluation Scale 7965					
	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

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























Baltimore Irritability Scale - Companion Version



















General 7983					
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 7986					
	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  





35 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 7176							
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"/> 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	hdqd2p12  
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	hdqd2p13  
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	hdqd2p14  
Lacked confidence with expressing your 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	hdqd2p15  
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	hdqd2p16  
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	hdqd2p17  
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	hdqd2p18  
Found it hard to organize your 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	hdqd2p19  
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	hdqd2p20  



Part 1. QUALITY OF LIFE 7198								
In the past month, how often has your quality of life been affected because you...	never	very rarely	infrequently	sometimes	often	most of the time	all 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	hdqd2p21  
Worried about the impact of Huntington's on 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	<input type="radio"/> 7	hdqd2p22  
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	hdqd2p23  
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	hdqd2p24  
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	hdqd2p25  
Found it hard to get on with 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	<input type="radio"/> 7	hdqd2p26  
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	hdqd2p27  

Did not feel confident in yourself	<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	hdqd2p28  
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	hdqd2p29  
Lacked confidence in fulfilling your 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	hdqd2p30  
Had problems with maintaining a meaningful role in your 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	hdqd2p31  
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	hdqd2p32  
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	hdqd2p33  
Lost your 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	hdqd2p34  
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	hdqd2p35  
Felt conscious of people's attitude to your 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	hdqd2p36  
Had problems with getting support from your 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	hdqd2p37  
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	hdqd2p38  

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	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 type="radio"/> 7	hdqd2p40  





















Part 2. ABOUT YOU 7220

Overall, how do you rate your quality of life: ☐ poor 1 ☐ fair 2 ☐ good 3 ☐ very good 4 ☐ excellent 5 gnrlp01  

Which of the following describes your carer arrangement: gnrlp12  

- ☐ 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









































Scales 7223

	Physical and cognitive function (PPCF)	Emotions and self (PES)	Services (PSR)						
Primary Scales	<input type="text"/> scale1  	<input type="text"/> scale2  	<input type="text"/> scale3  						
	Cognitive (SCG)	Hopes and worries (SHW)	Services (SSR)	Physical and functional (SPF)	Mood state (SMS)	Self and vitality (SSV)			
Specific Scales	<input type="text"/> scale4  	<input type="text"/> scale5  	<input type="text"/> scale6  	<input type="text"/> scale7  	<input type="text"/> scale8  	<input type="text"/> scale9  			
Summary scale	<input type="text"/> scale10  								

36 Form "HD Quality of Life Questionnaire (HDQ-D2) – Companion Version (HDQ-D2-p)"

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

Part 1. QUALITY OF LIFE 7247								
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 7269							
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 7291

Overall, how would you rate the quality of life of your partner/family member: ☐ poor 1 ☐ fair 2 ☐ good 3 ☐ very good 4 ☐ excellent 5

gnrlp01  
Part 3. ABOUT YOU 7293

In the past month, how often have you seen your partner/family member: ☐ never 1 ☐ 1-3 times 2 ☐ every week 3 ☐ everyday 4

gnrlc09  
Scales 7295

	Physical and cognitive function (PPCF)	Emotions and self (PES)	Services (PSR)				
Primary Scales	<input type="text"/> scale1  	<input type="text"/> scale2  	<input type="text"/> scale3  				
	Cognitive (SCG)	Hopes and worries (SHW)	Services (SSR)	Physical and functional (SPF)	Mood state (SMS)	Self and vitality (SSV)	
Specific Scales	<input type="text"/> scale4  	<input type="text"/> scale5  	<input type="text"/> scale6  	<input type="text"/> scale7  	<input type="text"/> scale8  	<input type="text"/> scale9  	
Summary scale	<input type="text"/> scale10  						

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

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

General 8212

Total Quality of Life Score:

0

qoliscor ✎ 📄

Health and functioning subscale score

0

healthscore ✎ 📄

Social and economic subscale score

0

socialscore ✎ 📄

Psychological/spiritual subscale score

0

psychscore ✎ 📄

Family subscale score

































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



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 8222











	1 = very dissatisfied	2 = moderately dissatisfied	3 = slightly dissatisfied	4 = slightly satisfied	5 = moderately satisfied	6 = very satisfied	
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	health ✎ 📄
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	healthcare ✎ 📄
3. The amount of pain that you have?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	pain ✎ 📄
4. The amount of energy you have 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	energy ✎ 📄
5. Your ability to take 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	without help ✎ 📄
6. The amount of control you have 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	control ✎ 📄
7. Your chances of 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	chance ✎ 📄
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	healthfam ✎ 📄
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	children ✎ 📄
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	happiness ✎ 📄
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	sex ✎ 📄
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	spouse ✎ 📄
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	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 8260						
	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 imphealth  
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 imphealthcare  
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 impnopain  
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 impenergy  
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 impcare  
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 impcontrol  
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 impliving  
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 imphealthfam  
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 impchildren  
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 imphappiness  
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 impsexlife  
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 impspouse  
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 impfriends  
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 impreponse  
	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"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6 imphappinessgen  
31. Being satisfied with	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6 implife  

life?						
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 impappearance  
33. Are you to yourself?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6 impyourself  

38 Form “Physical Activities Review (Physical Activities)”

Physical Activities Review

Recreation 7314

age

Teens activities:

☐ yes 1
 ☐ no 0

Teens

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min rtvdmin	<input type="text"/> freq rtvwfq	<input type="text"/> min rtvwmin	<input type="text"/> freq rtvmfq	<input type="text"/> min rtvmmmin	<input type="checkbox"/> never 1 rtvn
Moderate activity	<input type="text"/> min rtmdmin	<input type="text"/> freq rtmwfq	<input type="text"/> min rtmwmin	<input type="text"/> freq rtmmfq	<input type="text"/> min rtmmmin	<input type="checkbox"/> never 1 rtmn
Light activity	<input type="text"/> min rtldmin	<input type="text"/> freq rtlwfq	<input type="text"/> min rtlwmin	<input type="text"/> freq rtlmfq	<input type="text"/> min rtlmmin	<input type="checkbox"/> never 1 rtln
Total teen score:						rtscore

20's activities:

☐ yes 1
 ☐ no 0

20's

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min r2vdmin	<input type="text"/> freq r2vwfq	<input type="text"/> min r2vwmin	<input type="text"/> freq r2vmfq	<input type="text"/> min r2vmmmin	<input type="checkbox"/> never 1 r2vn
Moderate activity	<input type="text"/> min r2mdmin	<input type="text"/> freq r2mwfq	<input type="text"/> min r2mwmin	<input type="text"/> freq r2mmfq	<input type="text"/> min r2mmmin	<input type="checkbox"/> never 1 r2mn
Light activity	<input type="text"/> min r2ldmin	<input type="text"/> freq r2lwfq	<input type="text"/> min r2lwmin	<input type="text"/> freq r2lmfq	<input type="text"/> min r2lmmin	<input type="checkbox"/> never 1 r2ln
Total 20's score:						r2score

30's activities:

☐ yes 1
 ☐ no 0

30's

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min r3vdmin	<input type="text"/> freq r3vwfq	<input type="text"/> min r3vwmin	<input type="text"/> freq r3vmfq	<input type="text"/> min r3vmmmin	<input type="checkbox"/> never 1 r3vn
Moderate activity	<input type="text"/> min r3mdmin	<input type="text"/> freq r3mwfq	<input type="text"/> min r3mwmin	<input type="text"/> freq r3mmfq	<input type="text"/> min r3mmmin	<input type="checkbox"/> never 1 r3mn
Light activity	<input type="text"/> min r3ldmin	<input type="text"/> freq r3lwfq	<input type="text"/> min r3lwmin	<input type="text"/> freq r3lmfq	<input type="text"/> min r3lmmin	<input type="checkbox"/> never 1 r3ln
Total 30's score:						r3score

40's activities:

☐ yes 1
 ☐ no 0

40's

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min r4vdmin	<input type="text"/> freq r4vwfq	<input type="text"/> min r4vwmin	<input type="text"/> freq r4vmfq	<input type="text"/> min r4vmmmin	<input type="checkbox"/> never 1 r4vn
Moderate activity	<input type="text"/> min r4mdmin	<input type="text"/> freq r4mwfq	<input type="text"/> min r4mwmin	<input type="text"/> freq r4mmfq	<input type="text"/> min r4mmmin	<input type="checkbox"/> never 1 r4mn
Light activity	<input type="text"/> min r4ldmin	<input type="text"/> freq r4lwfq	<input type="text"/> min r4lwmin	<input type="text"/> freq r4lmfq	<input type="text"/> min r4lmmin	<input type="checkbox"/> never 1 r4ln
Total 40's score:						r4score

50+ activities:

☐ yes 1
 ☐ no 0

50+

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min r5vdmin	<input type="text"/> freq r5vwfq	<input type="text"/> min r5vwmin	<input type="text"/> freq r5vmfq	<input type="text"/> min r5vmmmin	<input type="checkbox"/> never 1 r5vn
Moderate activity	<input type="text"/> min r5mdmin	<input type="text"/> freq r5mwfq	<input type="text"/> min r5mwmin	<input type="text"/> freq r5mmfq	<input type="text"/> min r5mmmin	<input type="checkbox"/> never 1 r5mn

Light activity	<input type="text"/> min	<input type="text"/> freq	<input type="text"/> min	<input type="text"/> freq	<input type="text"/> min	<input type="text"/> never
	r5ldmin	r5lwfreq	r5lwmin	r5lmfreq	r5lmmin	r5ln
Total 50+ score:						r5score

Work 7441

Teens activities:

Teens

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min wtvdmin	<input type="text"/> freq wtvwfreq	<input type="text"/> min wtvwmin	<input type="text"/> freq wtvmfreq	<input type="text"/> min wtvmmin	<input type="text"/> never wtvn
Moderate activity	<input type="text"/> min wtmdmin	<input type="text"/> freq wtmwfreq	<input type="text"/> min wtmwmin	<input type="text"/> freq wtmmfreq	<input type="text"/> min wtmmmin	<input type="text"/> never wtmn
Light activity	<input type="text"/> min wtdmin	<input type="text"/> freq wtlwfreq	<input type="text"/> min wtlwmin	<input type="text"/> freq wtlmfreq	<input type="text"/> min wtlmmin	<input type="text"/> never wtln
Total teen score:						wtscore

30's activities:

30's

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min w2vdmin	<input type="text"/> freq w2vwfreq	<input type="text"/> min w2vwmin	<input type="text"/> freq w2vmfreq	<input type="text"/> min w2vmmin	<input type="text"/> never w2vn
Moderate activity	<input type="text"/> min w2mdmin	<input type="text"/> freq w2mwfreq	<input type="text"/> min w2mwmin	<input type="text"/> freq w2mmfreq	<input type="text"/> min w2mmmin	<input type="text"/> never w2mn
Light activity	<input type="text"/> min w2ldmin	<input type="text"/> freq w2lwfreq	<input type="text"/> min w2lwmin	<input type="text"/> freq w2lmfreq	<input type="text"/> min w2lmmin	<input type="text"/> never w2ln
Total 20's score:						w2score

30's activities:

30's

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min w3vdmin	<input type="text"/> freq w3vwfreq	<input type="text"/> min w3vwmin	<input type="text"/> freq w3vmfreq	<input type="text"/> min w3vmmin	<input type="text"/> never w3vn
Moderate activity	<input type="text"/> min w3mdmin	<input type="text"/> freq w3mwfreq	<input type="text"/> min w3mwmin	<input type="text"/> freq w3mmfreq	<input type="text"/> min w3mmmin	<input type="text"/> never w3mn
Light activity	<input type="text"/> min w3ldmin	<input type="text"/> freq w3lwfreq	<input type="text"/> min w3lwmin	<input type="text"/> freq w3lmfreq	<input type="text"/> min w3lmmin	<input type="text"/> never w3ln
Total 30's score:						w3score

40's activities:

40's

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min w4vdmin	<input type="text"/> freq w4vwfreq	<input type="text"/> min w4vwmin	<input type="text"/> freq w4vmfreq	<input type="text"/> min w4vmmin	<input type="text"/> never w4vn
Moderate activity	<input type="text"/> min w4mdmin	<input type="text"/> freq w4mwfreq	<input type="text"/> min w4mwmin	<input type="text"/> freq w4mmfreq	<input type="text"/> min w4mmmin	<input type="text"/> never w4mn
Light activity	<input type="text"/> min w4ldmin	<input type="text"/> freq w4lwfreq	<input type="text"/> min w4lwmin	<input type="text"/> freq w4lmfreq	<input type="text"/> min w4lmmin	<input type="text"/> never w4ln
Total 40's score:						w4score

50+ activities:

50+

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min w5vdmin	<input type="text"/> freq w5vwfreq	<input type="text"/> min w5vwmin	<input type="text"/> freq w5vmfreq	<input type="text"/> min w5vmmin	<input type="text"/> never w5vn
Moderate activity	<input type="text"/> min w5mdmin	<input type="text"/> freq w5mwfreq	<input type="text"/> min w5mwmin	<input type="text"/> freq w5mmfreq	<input type="text"/> min w5mmmin	<input type="text"/> never w5mn

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TRACK-ON HD Annotated eCRF

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Light activity	<input type="text"/> min	<input type="text"/> w5ldmin	<input type="text"/> freq	<input type="text"/> min	<input type="text"/> w5lwmin	<input type="text"/> freq	<input type="text"/> min	<input type="text"/> w5lmmin	<input type="text"/> never	<input type="text"/> w5ln
Total 50+ score:										<input type="text"/> w5score

Home 7567

Teens activities:

yes 1

no 0

hteens

Teens

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min	<input type="text"/> htvdfreq	<input type="text"/> min	<input type="text"/> htvdfreq	<input type="text"/> min	<input type="text"/> htvnever
Moderate activity	<input type="text"/> min	<input type="text"/> htmdfreq	<input type="text"/> min	<input type="text"/> htmdfreq	<input type="text"/> min	<input type="text"/> htmnever
Light activity	<input type="text"/> min	<input type="text"/> htdlfreq	<input type="text"/> min	<input type="text"/> htdlfreq	<input type="text"/> min	<input type="text"/> htdnever
Total teen score:						htscore

20's activities:

yes 1

no 0

htwent

20's

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min	<input type="text"/> h2vdfreq	<input type="text"/> min	<input type="text"/> h2vdfreq	<input type="text"/> min	<input type="text"/> h2vnever
Moderate activity	<input type="text"/> min	<input type="text"/> h2mdfreq	<input type="text"/> min	<input type="text"/> h2mdfreq	<input type="text"/> min	<input type="text"/> h2mnever
Light activity	<input type="text"/> min	<input type="text"/> h2ldfreq	<input type="text"/> min	<input type="text"/> h2ldfreq	<input type="text"/> min	<input type="text"/> h2lnever
Total 20's score:						h2score

30's activities:

yes 1

no 0

hthirty

30's

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min	<input type="text"/> h3vdfreq	<input type="text"/> min	<input type="text"/> h3vdfreq	<input type="text"/> min	<input type="text"/> h3vnever
Moderate activity	<input type="text"/> min	<input type="text"/> h3mdfreq	<input type="text"/> min	<input type="text"/> h3mdfreq	<input type="text"/> min	<input type="text"/> h3mnever
Light activity	<input type="text"/> min	<input type="text"/> h3ldfreq	<input type="text"/> min	<input type="text"/> h3ldfreq	<input type="text"/> min	<input type="text"/> h3lnever
Total 30's score:						h3score

40's activities:

yes 1

no 0

hfourty

40's

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min	<input type="text"/> h4vdfreq	<input type="text"/> min	<input type="text"/> h4vdfreq	<input type="text"/> min	<input type="text"/> h4vnever
Moderate activity	<input type="text"/> min	<input type="text"/> h4mdfreq	<input type="text"/> min	<input type="text"/> h4mdfreq	<input type="text"/> min	<input type="text"/> h4mnever
Light activity	<input type="text"/> min	<input type="text"/> h4ldfreq	<input type="text"/> min	<input type="text"/> h4ldfreq	<input type="text"/> min	<input type="text"/> h4lnever
Total 40's score:						h4score

50+ activities:

yes 1

no 0

hfifty

50+

	Daily	Weekly	Weekly	Monthly	Monthly	Never
Vigorous activity	<input type="text"/> min	<input type="text"/> h5vdfreq	<input type="text"/> min	<input type="text"/> h5vdfreq	<input type="text"/> min	<input type="text"/> h5vnever
Moderate activity	<input type="text"/> min	<input type="text"/> h5mdfreq	<input type="text"/> min	<input type="text"/> h5mdfreq	<input type="text"/> min	<input type="text"/> h5mnever

Light	<input type="text"/>	h5ldmin	<input type="text"/>	h5lwfg	<input type="text"/>	h5lwmin	<input type="text"/>	h5lmfg	<input type="text"/>	h5lmmin	<input type="text"/>	h5ln
activity	min		freq		min		freq		min		never	1
Total 50+ score:											<input type="text"/>	h5score

39 Form “Transcranial Magnetic Stimulation Assessment (TMS)”


Transcranial Magnetic Stimulation Assessment


General 8600	
Hemisphere assessed:	<input checked="" type="radio"/> right 1 <input type="radio"/> left 2 hemisphere
Transcranial Magnetic Stimulation Assessment 7093	
Somatosensory evoked potentials (SEP):	<input checked="" type="radio"/> yes 1 <input type="radio"/> no 0 sep
Sensory threshold median nerve:	<input type="text"/> mA sep_sens_median
Motor threshold median nerve:	<input type="text"/> mA sep_motor_median
Stimulation intensity used for SEP:	
Above sensory threshold:	<input type="text"/> mA sep_sensory
Above motor threshold:	<input type="text"/> mA sep_motor
150% motor threshold:	<input type="text"/> mA sep_150motor
Latency (N20):	<input type="text"/> ms sep_latency
Arm length:	<input type="text"/> cm sep_armlength
RAW Data at above sensory threshold:	<input type="button" value="Browse..."/> No file selected. sep_sensory_raw
RAW Data at above motor threshold:	<input type="button" value="Browse..."/> No file selected. sep_motor_raw
RAW Data at 150% motor threshold:	<input type="button" value="Browse..."/> No file selected. sep_150pct_raw
Long Latency Reflex (LLR):	<input checked="" type="radio"/> yes 1 <input type="radio"/> no 0 llr
Stimulation intensity used for LLR:	<input type="text"/> mA llr_intensity
RAW Data:	<input type="button" value="Browse..."/> No file selected. llr_raw
Transcranial magnetic stimulation:	<input checked="" type="radio"/> yes 1 <input type="radio"/> no 0 tms
Resting motor threshold:	<input type="text"/> % stimulator output tms_thrld_resting
Active motor threshold:	<input type="text"/> % stimulator output tms_thrld_active
I/O rest:	<input checked="" type="radio"/> yes 1 <input type="radio"/> no 0 tms_iorest
110% resting motor threshold:	<input type="text"/> % stimulator output tms_iorest_110_motor
130% resting motor threshold:	<input type="text"/> % stimulator output tms_iorest_130_motor
150% resting motor threshold:	<input type="text"/> % stimulator output tms_iorest_150_motor
RAW Data at 110% RMT:	<input type="button" value="Browse..."/> No file selected. tms_iorest_110_raw
RAW Data at 130% RMT:	<input type="button" value="Browse..."/> No file selected. tms_iorest_130_raw
RAW Data at 150% RMT:	<input type="button" value="Browse..."/> No file selected. tms_iorest_150_raw


Optional rapid PAS:	I/O active:	<input checked="" type="radio"/> yes 1 <input type="radio"/> no 0	tms_ioactv  
	125% active motor threshold:	<input type="text"/> % stimulator output	tms_ioact_125_motor  
	150% active motor threshold:	<input type="text"/> % stimulator output	tms_ioact_150_motor  
	175% active motor threshold:	<input type="text"/> % stimulator output	tms_ioact_175_motor  
	RAW Data at 125% AMT:	<input type="button" value="Browse..."/> No file selected.	tms_ioact_125_raw  
	RAW Data at 150% AMT:	<input type="button" value="Browse..."/> No file selected.	tms_ioact_150_raw  
	RAW Data at 175% AMT:	<input type="button" value="Browse..."/> No file selected.	tms_ioact_175_raw  
	Short latency sensory afferent inhibition (SAI):	<input checked="" type="radio"/> yes 1 <input type="radio"/> no 0	tms_sai  
	Stimulation intensity for unconditioned MEP:	<input type="text"/>	tms_sai_intens_mep  
	Inhibitory interstimulus intervals (ISIs):		
	N20+2:	<input type="text"/> ms	isi_n202  
	N20+4:	<input type="text"/> ms	isi_n204  
	Facilitatory ISIs:		
	N20+12:	<input type="text"/> ms	fisi_n2012  
	N20+14:	<input type="text"/> ms	fisi_n2014  
RAW Data:	<input type="button" value="Browse..."/> No file selected.	tms_sai_raw  	
	<input checked="" type="radio"/> yes 1 <input type="radio"/> no 0		pas  
Stimulation intensity for unconditioned MEP:	<input type="text"/> % stimulator output	pas_mep  	
Stimulation intensity median:	<input type="text"/> mA	pas_median  	
Stimulation intensity motor cortex:	<input type="text"/> % stimulator output	pas_motor  	
RAW Data before rapid PAS:	<input type="button" value="Browse..."/> No file selected.	pas_before_raw  	
RAW Data immediately after rapid PAS:	<input type="button" value="Browse..."/> No file selected.	pas_immediate_raw  	
RAW Data 5 min after rapid PAS:	<input type="button" value="Browse..."/> No file selected.	pas_5min_raw  	
RAW Data 10 min after rapid PAS:	<input type="button" value="Browse..."/> No file selected.	pas_10min_raw  	
RAW Data 15 min after rapid PAS:	<input type="button" value="Browse..."/> No file selected.	pas_15min_raw  	
RAW Data 20 min after rapid PAS:	<input type="button" value="Browse..."/> No file selected.	pas_20min_raw  	
Comments:	<input checked="" type="radio"/> yes 1 <input type="radio"/> no 0		comment  
Comment:	<input type="text"/>		commentspc  

Upload of entered TMS record sheet: No file selected. [record](#) 


Analysed Data Import 8566


TMS Analysis File: No file selected. [tmcscsv](#) 


Last TMS analysis variables import report:  [tms_import_report](#)


TMS Analysis File successfully uploaded and imported: [tmcscsvsuccess](#) 


Analysed Data Variables 8066


Somatosensory evoked potentials (SEP): [sep_anlys](#) 


Amplitude N20/P25 (above sensory threshold): [sep_amplitude_sensory](#) 


Amplitude N20/P25 (above motor threshold): [sep_amplitude_motor](#) 


Amplitude N20/P25 (150% motor threshold): [sep_amplitude_150motor](#) 


Long Latency Reflex (LLR): [llr_anlys](#) 


Latency LLRI: ms [llr_latency1](#) 


Latency LLRII: ms [llr_latency2](#) 


Size LLRII: [llr_size_llr2](#) 


Cortical relay time: ms [cortical_relay_time](#) 


Transcranial magnetic stimulation: [tms_anlys](#) 


I/O rest: [tms_iorest_anlys](#) 


MEP latency: ms [tms_iorest_latency](#) 


MEP area at 110% RMT: [tms_iorest_110_area](#) 


MEP area at 130% RMT: [tms_iorest_130_area](#) 


MEP area at 150% RMT: [tms_iorest_150_area](#) 

I/O active: [tms_ioactv_anlys](#) 

MEP area at 125% AMT: [tms_ioactv_125_area](#) 

MEP area at 150% AMT: [tms_ioactv_150_area](#) 











MEP area at 175% AMT: [tms_ioactv_175_area](#) 

Cortical silent period duration at 125% AMT: ms [tms_ioactv_125_spd](#) 

	MEP area at 125% AMT/Cortical silent period duration at 125% AMT:	<input type="text"/>	tms_ioactv_125_area_spd  
	Cortical silent period duration at 150% AMT:	<input type="text"/> ms	tms_ioactv_150_spd  
	MEP area at 150% AMT/Cortical silent period duration at 150% AMT:	<input type="text"/>	tms_ioactv_150_area_spd  
	Cortical silent period duration at 175% AMT:	<input type="text"/> ms	tms_ioactv_175_spd  
	MEP area at 175% AMT/Cortical silent period duration at 175% AMT:	<input type="text"/>	tms_ioactv_175_area_spd  
	Short latency sensory afferent inhibition (SAI):	<input checked="" type="checkbox"/>	tms_sai_anlys  
	Conditioned MEP size N20+2/unconditioned MEP size:	<input type="text"/> %	tms_sai_n202_size  
	Conditioned MEP size N20+4/unconditioned MEP size:	<input type="text"/> %	tms_sai_n204_size  
	Conditioned MEP size N20+12/unconditioned MEP size:	<input type="text"/> %	tms_sai_n2012_size  
	Conditioned MEP size N20+14/unconditioned MEP size:	<input type="text"/> %	tms_sai_n2014_size  
	Optional rapid PAS:	<input checked="" type="checkbox"/>	pas_anlys  
	MEP size before rapid PAS:	<input type="text"/>	pas_size_before  
	MEP size immediately after rapid PAS:	<input type="text"/>	pas_size_immediate  
	MEP size 5 min after rapid PAS:	<input type="text"/>	pas_size_5min  
	MEP size 10 min after rapid PAS:	<input type="text"/>	pas_size_10min  
MEP size 15 min after rapid PAS:	<input type="text"/>	pas_size_15min  	
MEP size 20 min after rapid PAS:	<input type="text"/>	pas_size_20min  	

40 Form “Visit Checks (Visit Checks)”

Visit Checks

8804		
Forms to deactivate: have all forms according to assignment to categories former TRACK-HD participant, subject group and/or availability of companion for questionnaires been deactivated?	<input type="checkbox"/>	deactivated  
Completeness of data entry:	<input type="checkbox"/>	dentry  
Completeness of signing:	<input type="checkbox"/>	signing  
Calculation of disease burden score with cag value from Biorep done:	<input type="checkbox"/>	dbb  
Handedness in Demog, TMS and MRI form:	<input type="checkbox"/>	handed  

41 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-ON HD Data Dictionary*, TRACK-IDS-2015-10-RC2, Version 1.0, Nov 2015

Revision History

Version	Summary of Changes
TRACK-IDS-2015-10-R1	Initial version of annotated CRF of Track-On HD study, Release 1.0.