



PDS4 | 2018-10-R1

Periodic Dataset 4

Annotated Case Report Form (CRF) for Enroll-HD Periodic Dataset

Version 2018-10-R1

Enroll-HD

A worldwide observational study for Huntington's
disease families

A CHDI Foundation Project

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1 Purpose of this Document

The purpose of this document is to provide an annotated view of the Enroll-HD's eCRF (electronic Case Report Form). It shows the source of the variable names provided in the Enroll-HD periodic dataset, which is available to the HD research community at large. The periodic dataset represents a data extract of the Enroll-HD Electronic Data Capture (EDC) database at a defined point in time. Information that could potentially identify a participant has been removed or de-identified within this dataset. When available, CDISC SDMT naming conventions were used.

The annotated view shows all forms, variables, and variable names used within the periodic dataset. Forms and variables that are not provided in the dataset are not shown in the annotated forms. Variables that have been transformed for de-identification reasons are shown in the transformed manner in the annotated view.

The variables and data files of the dataset are described in detail within the [data dictionary](#) for the Enroll-HD PDS.

2 Forms and Data Files

Forms are CRF entry screens that are displayed to data entry personnel and show how data is entered in the eCRF. Data files are sets of variables that define how the data are represented. The following table defines how forms and data files are related.

Form / Data File	Profile	Participation	PharmacoTx	NutSuppl	NonPharmacoTx	Comorbid	Event	Enroll
<i>Enrollment</i>		✓						
<i>Demog</i>	✓							
<i>MHx</i>								✓
<i>HD CC</i>	✓							
<i>PharmacoTx</i>			✓					
<i>NutSuppl</i>				✓				
<i>NonPharmacoTx</i>					✓			
<i>Comorbid</i>						✓		
<i>Mortality</i>	✓							
<i>Variable BL</i>								✓
<i>Variable FUP</i>								✓
<i>Motor</i>								✓
<i>TFC</i>								✓
<i>Function</i>								✓

Form / Data File	Profile	Participation	PharmacoTx	NutSuppl	NonPharmacoTx	Comorbid	Event	Enroll
<i>PBA-s BL</i>								✓
<i>Cognitive</i>								✓
<i>HADS-SIS</i>								✓
<i>MMSE</i>								✓
<i>Physio</i>								✓
<i>SF12</i>								✓
<i>WPAI-SHP</i>								✓
<i>CSSRS BL</i>								✓
<i>CSSRS FUP</i>								✓
<i>Event</i>							✓	
<i>End</i>		✓						
<i>Missed Visit</i>								✓

The data files “Profile” and “Participation” are not displayed on an entry form but consist of variables of various forms. It contains key information like subject, study and region identifiers and some visit-independent subject information, e.g. the subject’s latest HD classification. Please refer to the [data dictionary](#) for detailed information.

3 Form “Enrollment”

The screenshot shows the 'Enrollment' form for PDS4. The form is divided into sections by dashed lines. The top section is titled 'Enrollment' and includes a header bar with the text 'Enrollment [enr1mnt1] 5452_1'. Below this, the 'Day of informed consent:' field is shown with a date input box and a label 'rfcdy'. The 'Participant category:' section is highlighted with a dashed border and contains a list of radio button options: 'genotype unknown 1', 'pre-manifest/pre-motor-manifest HD 2', 'manifest/pre-motor-manifest HD 3', 'genotype negative 4', and 'family control 5'. A callout box points to the 'pre-manifest/pre-motor-manifest HD 2' option, stating 'Coded value “2” of variable „hdcat“, item “pre-manifest [..]”'. Another callout box points to the 'Participant category:' label, stating 'Label of the variable “hdcat”'. A third callout box points to the 'pre-manifest/pre-motor-manifest HD 2' option, stating 'Variable “hdcat”'. The 'Optional Components:' section is at the bottom left, showing '[enr1mnt2] 359_1'. The 'Family History:' section is at the bottom right, showing a radio button for 'yes' and a radio button for 'no 0', with a label 'fhx'.

Enrollment [enr1mnt1] 5452_1

Day of informed consent: rfcdy

[varitems12]

Participant category:

- ☐ genotype unknown 1
- ☐ pre-manifest/pre-motor-manifest HD 2
- ☐ manifest/pre-motor-manifest HD 3
- ☐ genotype negative 4
- ☐ family control 5

Optional Components: [enr1mnt2] 359_1


Family History: ☐ yes ☐ no 0 fhx

Variable “hdcat”

Coded value “2” of variable „hdcat“, item “pre-manifest [..]”

Label of the variable “hdcat”

4 Form “Demographics (Demog)”

Demographics (invariable) [dm1] 116_1		
Age at enrollment:	<input type="text"/>	age
Gender:	<input type="radio"/> female f <input type="radio"/> male m	sex
[dm2]		
Ethnicity:	<input type="radio"/> Caucasian 1 <input type="radio"/> American - Black 2 <input type="radio"/> Hispano or Latino Origin 3 <input type="radio"/> American Indian/Native American/Amerindian 8 <input type="radio"/> Asian 16 <input type="radio"/> mixed 15 <input type="radio"/> other 6	race
[dm4]		
Handedness: 	<input type="radio"/> right 1 <input type="radio"/> left 2 <input type="radio"/> mixed 3	handed

5 Form “Medical History (MHx)”

Past Medical History [mhx4] 376_1

Has the participant had alcohol problems in the past? ☐ yes 1 ☐ no 0 hxalcab

Has the participant ever smoked? ☐ yes 1 ☐ no 0 hxtobab

Cigarettes per day: hxtobcpd

Years of smoking: hxtobyos

Packyears: packy

Has the participant ever abused drugs? ☐ yes 1 ☐ no 0 hxdrugab

Drug use for non-medical reasons? [384] 384_1

	Abuse	Frequency
Marijuana	<div>----</div> <div>yes 1</div> <div>no 0</div> <div>hxmar</div>	<div>----</div> <div>seldom 1</div> <div>occasionally 2</div> <div>frequently 3</div> <div>hxmarfrq</div>
Heroin	<div>----</div> <div>yes 1</div> <div>no 0</div> <div>hxher</div>	<div>----</div> <div>seldom 1</div> <div>occasionally 2</div> <div>frequently 3</div> <div>hxherfrq</div>
Cocaine	<div>----</div> <div>yes 1</div> <div>no 0</div> <div>hxcoc</div>	<div>----</div> <div>seldom 1</div> <div>occasionally 2</div> <div>frequently 3</div> <div>hxcocfrq</div>

Club drugs (Ecstasy, GHB, Roofies)	<div>----</div> <div>yes 1</div> <div>no 0</div> <div>hxclb</div>	<div>----</div> <div>seldom 1</div> <div>occasionally 2</div> <div>frequently 3</div> <div>hxclbfrq</div>
Amphetamines	<div>----</div> <div>yes 1</div> <div>no 0</div> <div>hxamp</div>	<div>----</div> <div>seldom 1</div> <div>occasionally 2</div> <div>frequently 3</div> <div>hxampfrq</div>
Ritalin	<div>----</div> <div>yes 1</div> <div>no 0</div> <div>hxrit</div>	<div>----</div> <div>seldom 1</div> <div>occasionally 2</div> <div>frequently 3</div> <div>hxritfrq</div>
Hallucinogens	<div>----</div> <div>yes 1</div> <div>no 0</div> <div>hxhal</div>	<div>----</div> <div>seldom 1</div> <div>occasionally 2</div> <div>frequently 3</div> <div>hxhalfrq</div>
Inhalants	<div>----</div> <div>yes 1</div> <div>no 0</div> <div>hxinh</div>	<div>----</div> <div>seldom 1</div> <div>occasionally 2</div> <div>frequently 3</div> <div>hxinhfrq</div>
Opium	<div>----</div> <div>yes 1</div> <div>no 0</div> <div>hxopi</div>	<div>----</div> <div>seldom 1</div> <div>occasionally 2</div> <div>frequently 3</div> <div>hxopifrq</div>

6 Form “HD Clinical Characteristics (HD CC)”

Family History [hdcc6] 594_1	
Mother affected:	<input type="radio"/> yes 1 <input type="radio"/> no 0 <input type="radio"/> unknown 9999 momhd
Age at onset of symptoms in mother:	<input type="text"/> years momagesx
Father affected:	<input type="radio"/> yes 1 <input type="radio"/> no 0 <input type="radio"/> unknown 9999 dadhd
Age at onset of symptoms in father:	<input type="text"/> years dadagesx

[hdcc2]
Each estimate of symptom onset should be based on ALL available sources of information including reports of participant, companions, case notes and clinical rating scales.

HD Clinical Characteristics and Age-of-Onset [6895] 6893_1	
Has depression (includes treatment with antidepressants with or without a formally-stated diagnosis of depression) ever been a part of the participant's medical history?	<input type="radio"/> yes 1 <input type="radio"/> no 0 ccdep
At what age did the depression begin? [6897] 6897_1	
age (years)	<input type="text"/> ccdepage
Has irritability ever been a part of the participant's medical history?	<input type="radio"/> yes 1 <input type="radio"/> no 0 ccirb
At what age did the irritability begin? [6903] 6903_1	
age (years)	<input type="text"/> ccirbage
Has violent or aggressive behavior ever been a part of the participant's medical history?	<input type="radio"/> yes 1 <input type="radio"/> no 0 ccvab
At what age did violent or aggressive behaviour begin? [6909] 6909_1	
age (years)	<input type="text"/> ccvabage

Has apathy ever been a part of the participant's medical history:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ccapt
At what age did apathy begin? [6915] 6915_1		
age (years)		
<input type="text"/> ccaptyr		
Has perseverative/obsessive behaviors ever been a part of the participant's medical history:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ccpob
At what age did perseverative/obsessive behaviour begin? [6921] 6921_1		
age (years)		
<input type="text"/> ccpobage		
Has psychosis (hallucinations or delusions) ever been a part of the participant's medical history:	<input type="radio"/> yes 1 <input type="radio"/> no 0	ccpsy
At what age did psychosis (hallucinations or delusions) begin? [6927] 6927_1		
age (years)		
<input type="text"/> ccpsyage		
Does the participant have a family history of a psychotic illness in a first degree relative:		<input type="radio"/> yes 1 <input type="radio"/> no 0
		ccpsyfh
Has significant cognitive impairment (severe enough to impact on work or activities of daily living) or dementia ever been a part of the participant's medical history:	<input type="radio"/> yes 1 <input type="radio"/> no 0	cccog
At what age did cognitive impairment first start to have an impact on daily life? [6934] 6934_1		
age (years)		
<input type="text"/> cccogage		

History of HD Motor Symptoms [6940] 6940_1

Have motor symptoms compatible with HD ever been a part of the participant's medical history?

☐ yes 1 ☐ no 0

ccmtr

At what age did the participant's motor symptoms begin? [6942] 6942_1

age (years)

ccmtrage

[hdcc4]

HD History - Participant and Family [6947] 6947_1

Symptoms first noted by participant:

sxsubj

Initial major symptom noted by participant:

☐ motor 1 ☐ cognitive 2 ☐ psychiatric 3 ☐ oculomotor 4 ☐ other 5 ☐ mixed 6

sxsubjm

Mixed symptoms: [6951] 6951_1

motor: ☐ 1

sxsm

cognitive: ☐ 1

sxsc

psychiatric: ☐ 1

sxsp

oculomotor: ☐ 1

sxso

Symptoms first noted by family:

sxfam

Initial major symptom noted by family:

☐ motor 1 ☐ cognitive 2 ☐ psychiatric 3 ☐ oculomotor 4 ☐ other 5 ☐ mixed 6

sxfamm

Mixed symptoms: [6959] 6959_1

motor: ☐ 1

sxfm

cognitive: ☐ 1

sxf_c

psychiatric: ☐ 1

sxf_p

oculomotor: ☐ 1

sxf_o

HD History - Rater [6964] 6964_1			
Date of clinical HD diagnosis:	<input type="text"/> . <input type="text"/> mm.yyyy		hddiagn
Can you, as a rater, estimate the time of symptom onset:	<input type="radio"/> yes 1 <input type="radio"/> no 0		sxest
Rater's estimate of symptom onset:	<input type="text"/>		sxrater
Confidence with which this estimation is made:	<input type="radio"/> high 1 <input type="radio"/> low 2		sxestcfd
Please specify why you, as a rater, can not estimate symptom onset (without additional external information) at the moment:	<input type="radio"/> participant can not provide information (mute, or cognitively too impaired) 1 <input type="radio"/> information provided deemed unreliable 2		sxreas
What is your best guess of how many years ago symptom onset took place:	<input type="radio"/> < 5 1 <input type="radio"/> < 10 2 <input type="radio"/> < 15 3 <input type="radio"/> < 20 4 <input type="radio"/> > 20 5		sxgs
Day of data entry:	<input type="text"/>		sxgsdy
Rater's judgement of initial major symptom:	<input type="radio"/> motor 1 <input type="radio"/> cognitive 2 <input type="radio"/> psychiatric 3 <input type="radio"/> oculomotor 4 <input type="radio"/> other 5 <input type="radio"/> mixed 6		sxraterm
Mixed symptoms: [6976] 6976_1	motor: <input type="checkbox"/> 1 cognitive: <input type="checkbox"/> 1 psychiatric: <input type="checkbox"/> 1 oculomotor: <input type="checkbox"/> 1		sxr_m sxr_c sxr_p sxr_o

Suicidal Behavior [hdcc7] 3918_1	
Previous suicidal ideation or attempts?	<input type="radio"/> yes 1 <input type="radio"/> no 0

NOTE: This form is part of the "profile" dataset

7 Form “Pharmacotherapy (PharmacoTx)”

[cm1]

Medications (Pharmacotherapy) [med].222_1											
Drug name	Indication		Total Daily Dose / Unit		Frequency	Route	Start day	Ongoing	End day		
1. <input type="text"/> <small>modify decod cmtrt</small>	<input type="text"/> <small>modify decod cminde</small>	<input type="text"/> <small>cmdostot</small>	<input type="text"/> <small>cmdosu cmdose</small>	<input type="text"/> <small>cmdosfrq</small>	<input type="text"/> <small>cmdosfrq</small>	<input type="text"/> <small>cmroute</small>	<input type="text"/> <small>cmstdy</small>	<input type="checkbox"/> <small>1 cmernf</small>	<input type="text"/> <small>cmendy</small>		
<div> <div>daily 1</div> <div>p.o. 1</div> </div> <div> <div>every 2nd day 2</div> <div>p.r. 2</div> </div> <div> <div>every 3rd day 3</div> <div>s.c. 3</div> </div> <div> <div>weekly 4</div> <div>i.m. 4</div> </div> <div> <div>every 2nd week 5</div> <div>i.v. 5</div> </div> <div> <div>monthly 6</div> <div>nasal 6</div> </div> <div> <div>every 2nd month 7</div> <div>td 7</div> </div> <div> <div>every 3rd month 8</div> <div>sl 8</div> </div> <div> <div>annually 9</div> <div>inh 9</div> </div> <div> <div>as needed 10</div> <div>other 10</div> </div>											
2. <input type="text"/> <small>modify decod cmtrt</small>	<input type="text"/> <small>modify decod cminde</small>	<input type="text"/> <small>cmdostot</small>	<input type="text"/> <small>cmdosu cmdose</small>	<input type="text"/> <small>cmdosfrq</small>	<input type="text"/> <small>cmdosfrq</small>	<input type="text"/> <small>cmroute</small>	<input type="text"/> <small>cmstdy</small>	<input type="checkbox"/> <small>1 cmernf</small>	<input type="text"/> <small>cmendy</small>		
3. <input type="text"/> <small>modify decod cmtrt</small>	<input type="text"/> <small>modify decod cminde</small>	<input type="text"/> <small>cmdostot</small>	<input type="text"/> <small>cmdosu cmdose</small>	<input type="text"/> <small>cmdosfrq</small>	<input type="text"/> <small>cmdosfrq</small>	<input type="text"/> <small>cmroute</small>	<input type="text"/> <small>cmstdy</small>	<input type="checkbox"/> <small>1 cmernf</small>	<input type="text"/> <small>cmendy</small>		

8 Form “Nutritional Supplements (NutSuppl)”

Nutritional Supplements [3905] .Nutritional Supplements 3905_1												
Type	Total Daily Dose		Unit	Frequency		Start day	Ongoing	End day				
1. <input type="text" value="----"/>	cmcat	<input type="text"/>	cmdostot	<input type="text" value="----"/>	cmdosunit	<input type="text" value="----"/>	cmdosfrq	<input type="text"/>	cmstdy	<input type="checkbox"/> 1 cmenrf	<input type="text"/>	cmendy
vitamin & supplements 1 herbs (extracts) 2 herbs (teas) 3 other natural remedies 4 aromatherapies 5 homeopathic remedies 6												
g 1 mg 2 IU 3 spoons 4 tablets 5 drops 6 capsule 7 other 8												
daily 1 every 2nd day 2 every 3rd day 3 weekly 4 every 2nd week 5 monthly 6 every 2nd month 7 every 3rd month 8 annually 9 as needed 10												
2. <input type="text" value="----"/>	cmcat	<input type="text"/>	cmdostot	<input type="text" value="----"/>	cmdosunit	<input type="text" value="----"/>	cmdosfrq	<input type="text"/>	cmstdy	<input type="checkbox"/> 1 cmenrf	<input type="text"/>	cmendy
3. <input type="text" value="----"/>	cmcat	<input type="text"/>	cmdostot	<input type="text" value="----"/>	cmdosunit	<input type="text" value="----"/>	cmdosfrq	<input type="text"/>	cmstdy	<input type="checkbox"/> 1 cmenrf	<input type="text"/>	cmendy

9 Form “Non-Pharmacologic Therapies (NonPharmaTx)”

Non-Pharmacologic Therapies [3894] .Non-Pharmacologic Therapies 3894_1

Therapy	Number of times	Frequency	Start day	Ongoing	End day
1. <input type="text" value="----"/>	<input type="text" value=""/>	<input type="text" value="----"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>
Physical therapy 1		daily 1			
Occupational therapy 2		weekly 2			
Psychotherapy 3		monthly 3			
Counseling 4		as needed 4			
Speech/Language therapy 5					
Swallowing therapy 6					
Music therapy 7					
Relaxation therapy (meditation, massage, yoga, etc.) 8					
Acupuncture 9					
2. <input type="text" value="----"/>	<input type="text" value=""/>	<input type="text" value="----"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>
3. <input type="text" value="----"/>	<input type="text" value=""/>	<input type="text" value="----"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>

10 Form “Comorbid Conditions (Comorbid)”

Past Disorders and Comorbidities [group] M01 251_1

Condition	Body system code	Start day	Ongoing	End day
1. <input type="text"/> <small>modify</small> <input type="text"/> <small>decod</small> <small>⇒ mhterm</small>	<div> <div>----</div> <div>▼</div> </div> <div> <div>mhbdsys</div> <div>mhstdy</div> <div><input type="checkbox"/> 1 mhenrf</div> <div>mhendy</div> </div> <div> <div>cardiovascular 1</div> <div>pulmonary 2</div> <div>neurologic 3</div> <div>ENT 4</div> <div>gynecologic/urologic 5</div> <div>reproductive 6</div> <div>gastrointestinal 7</div> <div>metabolic/endocrine 8</div> <div>hemato/lymphatic 9</div> <div>dermatological 10</div> <div>psychiatric 11</div> <div>musculoskeletal 12</div> <div>allergy/immunologic 13</div> <div>ophthalmological 14</div> <div>hepatobiliary 15</div> <div>renal 16</div> <div>other 17</div> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/> <small>modify</small> <input type="text"/> <small>decod</small> <small>⇒ mhterm</small>	<div> <div>----</div> <div>▼</div> </div> <div> <div>mhbdsys</div> <div>mhstdy</div> <div><input type="checkbox"/> 1 mhenrf</div> <div>mhendy</div> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/> <small>modify</small> <input type="text"/> <small>decod</small> <small>⇒ mhterm</small>	<div> <div>----</div> <div>▼</div> </div> <div> <div>mhbdsys</div> <div>mhstdy</div> <div><input type="checkbox"/> 1 mhenrf</div> <div>mhendy</div> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/> <small>modify</small> <input type="text"/> <small>decod</small> <small>⇒ mhterm</small>	<div> <div>----</div> <div>▼</div> </div> <div> <div>mhbdsys</div> <div>mhstdy</div> <div><input type="checkbox"/> 1 mhenrf</div> <div>mhendy</div> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/> <small>modify</small> <input type="text"/> <small>decod</small> <small>⇒ mhterm</small>	<div> <div>----</div> <div>▼</div> </div> <div> <div>mhbdsys</div> <div>mhstdy</div> <div><input type="checkbox"/> 1 mhenrf</div> <div>mhendy</div> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/> <small>modify</small> <input type="text"/> <small>decod</small> <small>⇒ mhterm</small>	<div> <div>----</div> <div>▼</div> </div> <div> <div>mhbdsys</div> <div>mhstdy</div> <div><input type="checkbox"/> 1 mhenrf</div> <div>mhendy</div> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11 Form “Reportable Event Monitoring (Event)”

General [3007] 3007_1

Day of report:

evtdy

Reportable Event [3009] 3009_1

Reportable event
codes:

- ☐ suicide attempts 01
- ☐ completed suicide 2
- ☐ mental health event requiring hospitalization 3
- ☐ death (other than suicide, any cause) 4

evtcode

Event term:

modify decod

evtterm

Details of Reportable Event [3014] 3014_1

Onset day:

evtstdy

Date estimated:

☐ yes 1 ☐ no 0

stdtcest

Resolved:

☐ yes 1 ☐ no 0

evtongo

End day:

evtendy

DSMC Review [4750] 4750_1

Status of DSMC review:

- ☐ pending review 1
- ☐ ongoing review 2
- ☐ closed/completed review 3

evtdsmc

12 Form “Mortality”

Death Report Form [mortrpt] 2846_1

Age of death:

years

dssage

Place of death:

☐ home 1

☐ hospital 2

☐ nursing home 3

☐ hospice care 4

☐ unknown 5

dsplace

Cause of death:

☐ pneumonia 1

☐ other infection 2

☐ cancer 3

☐ stroke 4

☐ trauma 5

☐ suicide 6

☐ other 7

dscnd

13 Form “Variable Items - Baseline Visit (Variable BL)”

General Variable Items I [offset] 049_1

[varitems2]

Weight (kg) weight

Height (cm) height

BMI: bmi

[varitems3]

Does the participant currently drink alcohol? ☐ yes 1 ☐ no 0 alcab

Units per week: alcunits

Does the participant currently smoke? ☐ yes 1 ☐ no 0 tobab

Cigarettes per day: tobcpd

Years of smoking: tobyos

Packyears: packy

Current caffeine use? ☐ yes 1 ☐ no 0 cafab

Do you drink more than 3 cups of coffee, tea and cola drinks combined per day? ☐ yes 1 ☐ no 0 cafpd

Does the participant currently use drugs? ☐ yes 1 ☐ no 0 drugab

Drug use for non-medical reasons? [787] 787_1

	Abuse	Frequency
Marijuana	<input type="text"/> mar yes 1 no 0	<input type="text"/> marfrq seldom 1 occasionally 2 frequently 3
Heroin	<input type="text"/> her yes 1 no 0	<input type="text"/> herfrq seldom 1 occasionally 2 frequently 3
Cocaine	<input type="text"/> coc yes 1 no 0	<input type="text"/> cocfrq seldom 1 occasionally 2 frequently 3

Club drugs (Ecstasy, GHB, Roofies)	<div><div>----</div><div>▼</div><div>clb</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>clbfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Amphetamines	<div><div>----</div><div>▼</div><div>amp</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>ampfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Ritalin	<div><div>----</div><div>▼</div><div>rit</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>ritfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Hallucinogens	<div><div>----</div><div>▼</div><div>hal</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>halfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Inhalants	<div><div>----</div><div>▼</div><div>inh</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>inhfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Opium	<div><div>----</div><div>▼</div><div>opi</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>opifrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Painkillers	<div><div>----</div><div>▼</div><div>pak</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>pakfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Barbiturates/sedatives	<div><div>----</div><div>▼</div><div>bar</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>barfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Tranquilizers	<div><div>----</div><div>▼</div><div>trq</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>trqfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>

General Variable Items II [rarely] 650..1

[varitem7]

Marital status:

☐ single 1

☐ married 3

☐ partnership 2

☐ divorced 4

☐ widowed 5

☐ legally separated 6

maristat

[varitem8]

Residence:

☐ rural 1


☐ village 2

☐ town 3

☐ city 4

res

[varitem10]

ISCED education level: 

☐ ISCED 0 0

☐ ISCED 1 1

☐ ISCED 2 2

☐ ISCED 3 3

☐ ISCED 4 4

☐ ISCED 5 5

☐ ISCED 6 6

isced

[varitems13]		
Employment:	<input type="radio"/> full-time employed 1 <input type="radio"/> part-time employed 2 <input type="radio"/> self employed 3 <input type="radio"/> not employed 4	jobclas
Status:	<input type="radio"/> paid 1 <input type="radio"/> unpaid 2	jobpaid
Reason:	<input type="radio"/> sick leave 1 <input type="radio"/> retirement 2 <input type="radio"/> working in the home (e.g. caring for children) 3 <input type="radio"/> unemployed 4 <input type="radio"/> training/college 5	emplnrsn
	Retired due to:	<input type="radio"/> ill health 1 <input type="radio"/> age 2
		emplnrd
[varitems15]		
Do you receive incapacity benefit/social security or disability benefit?	<input type="radio"/> yes 1 <input type="radio"/> no 0	ssdb
Do you intend to return to work?	<input type="radio"/> yes 1 <input type="radio"/> no 0	rtrnwk
Since when have you been unemployed/retired?	<input type="text"/> YYYY	rtrddur
Additional Employment Section [varitems14] SC 3920_1		
Have you had to stop or reduce work due to your health?	<input type="radio"/> yes 1 <input type="radio"/> no 0	rdcwkw
How many days in the last 6 months have you had off work because of HD?	<input type="text"/> days	rdcwkd
How many fewer hours per week have you worked because of HD?	<input type="text"/> hours/week	rdcwkhw

14 Form “Variable Items - Follow-Up Visit (Variable FUP)”

General Variable Items I [often] 657_1

[varitems2]

Weight (kg) weight

Height (cm) height

BMI: bmi

[varitems3]

Does the participant currently drink alcohol? ☐ yes 1 ☐ no 0 alcab

Units per week: alcunits

Does the participant currently smoke? ☐ yes 1 ☐ no 0 tobab

Cigarettes per day: tobcpd

Years of smoking: tobyos

Packyears: packy

Current caffeine use? ☐ yes 1 ☐ no 0 cafab

Do you drink more than 3 cups of coffee, tea and cola drinks combined per day? ☐ yes 1 ☐ no 0 cafpd

Does the participant currently use drugs? ☐ yes 1 ☐ no 0 drugab

Drug use for non-medical reasons? [787] 787_1

	Abuse	Frequency
Marijuana	<input type="text"/> mar yes 1 no 0	<input type="text"/> marfrq seldom 1 occasionally 2 frequently 3
Heroin	<input type="text"/> her yes 1 no 0	<input type="text"/> herfrq seldom 1 occasionally 2 frequently 3
Cocaine	<input type="text"/> coc yes 1 no 0	<input type="text"/> cocfrq seldom 1 occasionally 2 frequently 3

Club drugs (Ecstasy, GHB, Roofies)	<div><div>----</div><div>▼</div><div>clb</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>clbfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Amphetamines	<div><div>----</div><div>▼</div><div>amp</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>ampfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Ritalin	<div><div>----</div><div>▼</div><div>rit</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>ritfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Hallucinogens	<div><div>----</div><div>▼</div><div>hal</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>halfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Inhalants	<div><div>----</div><div>▼</div><div>inh</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>inhfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Opium	<div><div>----</div><div>▼</div><div>opi</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>opifrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Painkillers	<div><div>----</div><div>▼</div><div>pak</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>pakfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Barbiturates/sedatives	<div><div>----</div><div>▼</div><div>bar</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>barfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>
Tranquilizers	<div><div>----</div><div>▼</div><div>trq</div></div> <div>yes 1 no 0</div>	<div><div>----</div><div>▼</div><div>trqfrq</div></div> <div>seldom 1 occasionally 2 frequently 3</div>

General Variable Items II [rarely] 638.1

General Variable items of previous visits:

Participant category	----	(invalid)
Occupation		(invalid)
Employment	----	(invalid)
Marital status	----	(invalid)
Residence	----	(invalid)
ISCED education level	----	(invalid)
Years of education		(invalid)

html

Any changes to the rarely changing General Variable Items above: ☐ yes 1 ☐ no 0 upds

[varitem12]

Participant category: hdcat

- ☐ genotype unknown 1
- ☐ pre-manifest/pre-motor-manifest HD 2
- ☐ manifest/motor-manifest HD 3
- ☐ genotype negative 4
- ☐ family control 5
- ☐ community control 6

[varitem7]

Marital status: maristat


- ☐ single 1
- ☐ married 3
- ☐ partnership 2
- ☐ divorced 4
- ☐ widowed 5
- ☐ legally separated 6

[varitem8]

Residence: res

- ☐ rural 1
- ☐ village 2
- ☐ town 3
- ☐ city 4

[varitem10]

ISCED education level:  iscd

- ☐ ISCED 0 0
- ☐ ISCED 1 1
- ☐ ISCED 2 2
- ☐ ISCED 3 3
- ☐ ISCED 4 4
- ☐ ISCED 5 5
- ☐ ISCED 6 6

This table contains information about value of "Participant Category", "Occupation", etc.

[varitem13]		
Employment:	<input type="radio"/> full-time employed 1 <input type="radio"/> part-time employed 2 <input type="radio"/> self employed 3 <input type="radio"/> not employed 4	jobclas
Status:	<input type="radio"/> paid 1 <input type="radio"/> unpaid 2	jobpaid
Reason:	<input type="radio"/> sick leave 1 <input type="radio"/> retirement 2 <input type="radio"/> working in the home (e.g. caring for children) 3 <input type="radio"/> unemployed 4 <input type="radio"/> training/college 5	emplnrsn
Retired due to:	<input type="radio"/> ill health 1 <input type="radio"/> age 2	emplnrd
[varitem15]		
Do you receive incapacity benefit/social security or disability benefit?	<input type="radio"/> yes 1 <input type="radio"/> no 0	ssdb
Do you intend to return to work?	<input type="radio"/> yes 1 <input type="radio"/> no 0	rtrnwtk
Since when have you been unemployed/retired?	<input type="text"/> YYYY	rtddur

Additional Employment Section [varitem14] 50.3920_1	
Have you had to stop or reduce work due to your health?	<input type="radio"/> yes 1 <input type="radio"/> no 0 rdcwtk
How many days in the last 6 months have you had off work because of HD?	<input type="text"/> days rdcwkd
How many fewer hours per week have you worked because of HD?	<input type="text"/> hours/week rdcwkhw

[varitem11]	
Since the last visit have there been [chldiet] 0.06_1	
Any changes to participant's medication?	<input type="radio"/> yes 1 <input type="radio"/> no 0 updmtd
Any changes to participant's comorbid conditions?	<input type="radio"/> yes 1 <input type="radio"/> no 0 updmth
Any updates to the clinical characteristics and/or onset of HD?	<input type="radio"/> yes 1 <input type="radio"/> no 0 updhth

15 Form “UHDRS Motor/Diagnostic Confidence (Motor)”

[motor2]

General [motor] 132_1

Motor score (TMS): motscore

Motor score (TMS) incomplete: miscore

Motor Assessment [135] 135_1

Ocular pursuit: [136] 136_1

Horizontal	Vertical	
<input type="radio"/> 0	<input type="radio"/> 0	0 = complete (normal)
<input type="radio"/> 1	<input type="radio"/> 1	1 = jerky movement
<input type="radio"/> 2	<input type="radio"/> 2	2 = interrupted pursuits/full range
<input type="radio"/> 3	<input type="radio"/> 3	3 = incomplete range
<input type="radio"/> 4 ocularh	<input type="radio"/> 4 ocularv	4 = cannot pursue

Saccade initiation: [140] 140_1

Horizontal	Vertical	
<input type="radio"/> 0	<input type="radio"/> 0	0 = normal
<input type="radio"/> 1	<input type="radio"/> 1	1 = increased latency only
<input type="radio"/> 2	<input type="radio"/> 2	2 = suppressible blinks or head movements to initiate
<input type="radio"/> 3	<input type="radio"/> 3	3 = unsuppressible head movements
<input type="radio"/> 4 sacinith	<input type="radio"/> 4 sacinitv	4 = cannot initiate saccades

Saccade velocity: [144] 144_1

Horizontal Vertical

- | | | |
|---------------------------------|---------------------------------|-------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 0 | 0 = normal |
| <input type="radio"/> 1 | <input type="radio"/> 1 | 1 = mild slowing |
| <input type="radio"/> 2 | <input type="radio"/> 2 | 2 = moderate slowing |
| <input type="radio"/> 3 | <input type="radio"/> 3 | 3 = severely slow, full range |
| <input type="radio"/> 4 sacvelh | <input type="radio"/> 4 sacvelv | 4 = incomplete range |

Dysarthria:

- ☐ 0 = normal 0
☐ 1 = unclear, no need to repeat 1
☐ 2 = must repeat to be understood 2
☐ 3 = mostly incomprehensible 3
☐ 4 = anarthria 4

dysarth

Tongue protrusion:

- ☐ 0 = can hold tongue fully protruded for 10 sec 0
☐ 1 = cannot keep fully protruded for 10 sec 1
☐ 2 = cannot keep fully protruded for 5 sec 2
☐ 3 = cannot fully protrude tongue 3
☐ 4 = cannot protrude tongue beyond lips 4

tongue

Finger taps: [150] 150_1

Right Left

- | | | |
|----------------------------------|----------------------------------|---|
| <input type="radio"/> 0 | <input type="radio"/> 0 | 0 = normal ($\geq 15/5$ sec.) |
| <input type="radio"/> 1 | <input type="radio"/> 1 | 1 = mild slowing, reduction in amplitude (11-14/5 sec.) |
| <input type="radio"/> 2 | <input type="radio"/> 2 | 2 = moderately impaired (7-10/5 sec.) |
| <input type="radio"/> 3 | <input type="radio"/> 3 | 3 = severely impaired (3-6/5 sec.) |
| <input type="radio"/> 4 fingtapr | <input type="radio"/> 4 fingtapl | 4 = can barely perform task (0-2/5 sec.) |

<u>Pronate/supinate-hands:</u>	<u>Right</u>	<u>Left</u>		
[154] 154_1	<input type="radio"/> 0	<input type="radio"/> 0	0 = normal	
	<input type="radio"/> 1	<input type="radio"/> 1	1 = mild slowing and/or irregular	
	<input type="radio"/> 2	<input type="radio"/> 2	2 = moderate slowing and irregular	
	<input type="radio"/> 3	<input type="radio"/> 3	3 = severe slowing and irregular	
	<input type="radio"/> 4 prosupr	<input type="radio"/> 4 prosupl	4 = cannot perform	
<u>Luria:</u>	<input type="radio"/> 0 = ≥ 4 in 10 sec, no cue			luria
	<input type="radio"/> 1 = < 4 in 10 sec, no cue			
	<input type="radio"/> 2 = ≥ 4 in 10 sec with cues			
	<input type="radio"/> 3 = < 4 in 10 sec with cues			
	<input type="radio"/> 4 = cannot perform			
<u>Rigidity-arms:</u> [159] 159_1	<u>Right</u>	<u>Left</u>		
	<input type="radio"/> 0	<input type="radio"/> 0	0 = absent	
	<input type="radio"/> 1	<input type="radio"/> 1	1 = slight or present only with activation	
	<input type="radio"/> 2	<input type="radio"/> 2	2 = mild to moderate	
	<input type="radio"/> 3	<input type="radio"/> 3	3 = severe, full range of motion	
	<input type="radio"/> 4 rigarmr	<input type="radio"/> 4 rigarml	4 = severe with limited range	
<u>Bradykinesia-body:</u>	<input type="radio"/> 0 = normal			brady
	<input type="radio"/> 1 = minimally slow (?normal)			
	<input type="radio"/> 2 = mildly but clearly slow			
	<input type="radio"/> 3 = moderately slow, some hesitation			
	<input type="radio"/> 4 = markedly slow, long delays in initiation			

Maximal dystonia: [164] 164_1

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	0 = absent
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	1 = slight/intermittent
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	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	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	4 = marked/prolonged

Maximal chorea: [171] 171_1

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	0 = absent
1	1	1	1	1	1	1	1 = slight/intermittent
2	2	2	2	2	2	2	2 = mild/common or moderate/intermittent
3	3	3	3	3	3	3	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	4 = marked/prolonged

Gait:

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

gait

Tandem walking:

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

tandem

Retropulsion pull test:

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

retropuls

Diagnostic Confidence [motor3] .DCL 185_1

Diagnostic confidence level (DCL):

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

diagconf

16 Form “UHDRS Total Functional Capacity (TFC)”

General [tfc] 893_1

Functional score:

tfcscore

Functional Capacity [funcap] 893_1

Occupation:

- ☐ 0 = unable 0
☐ 1 = marginal work only 1
☐ 2 = reduced capacity for usual job 2
☐ 3 = normal 3

occupatn

Finances:

- ☐ 0 = unable 0
☐ 1 = major assistance 1
☐ 2 = slight assistance 2
☐ 3 = normal 3

finances

Domestic chores:

- ☐ 0 = unable 0 ☐ 1 = impaired 1 ☐ 2 = normal 2

chores

ADL:

- ☐ 0 = total care 0
☐ 1 = gross tasks only 1
☐ 2 = minimal impairment 2
☐ 3 = normal 3

adl

Care level:

- ☐ 0 = full time skilled nursing 0
☐ 1 = home or chronic care 1
☐ 2 = home 2

carelevl

17 Form “UHDRS Functional Assessment/Independence Scale (Function)”

[function2]

General [function] 849_1	
Functional assessment score:	<input type="text"/> fascore
Functional score incomplete:	<input type="text"/> fiscore

Functional Assessment [852] 852_1	
	yes no
Could subject engage in gainful employment in his/her accustomed work	<input type="radio"/> 1 <input type="radio"/> 0 emplust
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 transport to get to 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

Independence Scale [indep1] .Independence 883_1

Subject's independence in %:

indepcl

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

18 Form “Problem Behaviours Assessment Short (PBA-s)”

General [general] 2623_1			
[pba1]			
Domain scores: [2624] 2624_1	Depression:	<input type="text"/>	depscore
	Irritability/aggression:	<input type="text"/>	irascore
	Psychosis:	<input type="text"/>	psyscore
	Apathy:	<input type="text"/>	aptscore
	Executive function:	<input type="text"/>	exfscore

Problem Behaviours Assessment for HD [2630] PBA-s 2630_1			
1. Depressed mood: [2631] 2631_1	a. Severity:	<input type="radio"/> 0 = absent 0 <input type="radio"/> 1 = slight, questionable 1 <input type="radio"/> 2 = mild (present, not a problem) 2 <input type="radio"/> 3 = moderate (symptom causing problem) 3 <input type="radio"/> 4 = severe (almost intolerable for carer) 4	pba1sv
	b. Frequency:	<input type="radio"/> 0 = never/almost never 0 <input type="radio"/> 1 = seldom (less than once/week) 1 <input type="radio"/> 2 = sometimes (up to four times a week) 2 <input type="radio"/> 3 = frequently (most days/5, 6 or 7 times a week) 3 <input type="radio"/> 4 = daily/almost daily for most (or all) of day 4	pba1fr
	c. Worst:	<input type="radio"/> 0 = absent 0 <input type="radio"/> 1 = slight, questionable 1 <input type="radio"/> 2 = mild (present, not a problem) 2 <input type="radio"/> 3 = moderate (symptom causing problem) 3 <input type="radio"/> 4 = severe (almost intolerable for carer) 4	pba1wo

2. Suicidal ideation: [2635] 2635_1

a. Severity:

- ☐ 0 = absent 0
☐ 1 = slight, questionable 1
☐ 2 = mild (present, not a problem) 2
☐ 3 = moderate (symptom causing problem) 3
☐ 4 = severe (almost intolerable for carer) 4

pbas2sv

b. Frequency:

- ☐ 0 = never/almost never 0
☐ 1 = seldom (less than once/week) 1
☐ 2 = sometimes (up to four times a week) 2
☐ 3 = frequently (most days/5, 6 or 7 times a week) 3
☐ 4 = daily/almost daily for most (or all) of day 4

pbas2fr

c. Worst:

- ☐ 0 = absent 0
☐ 1 = slight, questionable 1
☐ 2 = mild (present, not a problem) 2
☐ 3 = moderate (symptom causing problem) 3
☐ 4 = severe (almost intolerable for carer) 4

pbas2wo

3. Anxiety: [2639] 2639_1

a. Severity:

- ☐ 0 = absent 0
☐ 1 = slight, questionable 1
☐ 2 = mild (present, not a problem) 2
☐ 3 = moderate (symptom causing problem) 3
☐ 4 = severe (almost intolerable for carer) 4

pbas3sv

b. Frequency:

- ☐ 0 = never/almost never 0
☐ 1 = seldom (less than once/week) 1
☐ 2 = sometimes (up to four times a week) 2
☐ 3 = frequently (most days/5, 6 or 7 times a week) 3
☐ 4 = daily/almost daily for most (or all) of day 4

pbas3fr

c. Worst:

- ☐ 0 = absent 0
☐ 1 = slight, questionable 1
☐ 2 = mild (present, not a problem) 2
☐ 3 = moderate (symptom causing problem) 3
☐ 4 = severe (almost intolerable for carer) 4

pbas3wo

4. Irritability: [2643] 2643_1

a. Severity:

- ☐ 0 = absent 0
☐ 1 = slight, questionable 1
☐ 2 = mild (present, not a problem) 2
☐ 3 = moderate (symptom causing problem) 3
☐ 4 = severe (almost intolerable for carer) 4

pbas4sv

b. Frequency:

- ☐ 0 = never/almost never 0
☐ 1 = seldom (less than once/week) 1
☐ 2 = sometimes (up to four times a week) 2
☐ 3 = frequently (most days/5, 6 or 7 times a week) 3
☐ 4 = daily/almost daily for most (or all) of day 4

pbas4fr

c. Worst:

- ☐ 0 = absent 0
☐ 1 = slight, questionable 1
☐ 2 = mild (present, not a problem) 2
☐ 3 = moderate (symptom causing problem) 3
☐ 4 = severe (almost intolerable for carer) 4

pbas4wo

5. Angry or aggressive behaviour: [2647] 2647_1

a. Severity:

- ☐ 0 = absent 0
☐ 1 = slight, questionable 1
☐ 2 = mild (present, not a problem) 2
☐ 3 = moderate (symptom causing problem) 3
☐ 4 = severe (almost intolerable for carer) 4

pbas5sv

b. Frequency:

- ☐ 0 = never/almost never 0
☐ 1 = seldom (less than once/week) 1
☐ 2 = sometimes (up to four times a week) 2
☐ 3 = frequently (most days/5, 6 or 7 times a week) 3
☐ 4 = daily/almost daily for most (or all) of day 4

pbas5fr

c. Worst:

- ☐ 0 = absent 0
☐ 1 = slight, questionable 1
☐ 2 = mild (present, not a problem) 2
☐ 3 = moderate (symptom causing problem) 3
☐ 4 = severe (almost intolerable for carer) 4

pbas5wo

6. Lack of initiative (apathy): [2651] 2651_1	a. Severity:	<input type="radio"/> 0 = absent 0 <input type="radio"/> 1 = slight, questionable 1 <input type="radio"/> 2 = mild (present, not a problem) 2 <input type="radio"/> 3 = moderate (symptom causing problem) 3 <input type="radio"/> 4 = severe (almost intolerable for carer) 4	pbas6sv
	b. Frequency:	<input type="radio"/> 0 = never/almost never 0 <input type="radio"/> 1 = seldom (less than once/week) 1 <input type="radio"/> 2 = sometimes (up to four times a week) 2 <input type="radio"/> 3 = frequently (most days/5, 6 or 7 times a week) 3 <input type="radio"/> 4 = daily/almost daily for most (or all) of day 4	pbas6fr
	c. Worst:	<input type="radio"/> 0 = absent 0 <input type="radio"/> 1 = slight, questionable 1 <input type="radio"/> 2 = mild (present, not a problem) 2 <input type="radio"/> 3 = moderate (symptom causing problem) 3 <input type="radio"/> 4 = severe (almost intolerable for carer) 4	pbas6wo
7. Perseverative thinking or behaviour: [2655] 2655_1	a. Severity:	<input type="radio"/> 0 = absent 0 <input type="radio"/> 1 = slight, questionable 1 <input type="radio"/> 2 = mild (present, not a problem) 2 <input type="radio"/> 3 = moderate (symptom causing problem) 3 <input type="radio"/> 4 = severe (almost intolerable for carer) 4	pbas7sv
	b. Frequency:	<input type="radio"/> 0 = never/almost never 0 <input type="radio"/> 1 = seldom (less than once/week) 1 <input type="radio"/> 2 = sometimes (up to four times a week) 2 <input type="radio"/> 3 = frequently (most days/5, 6 or 7 times a week) 3 <input type="radio"/> 4 = daily/almost daily for most (or all) of day 4	pbas7fr
	c. Worst:	<input type="radio"/> 0 = absent 0 <input type="radio"/> 1 = slight, questionable 1 <input type="radio"/> 2 = mild (present, not a problem) 2 <input type="radio"/> 3 = moderate (symptom causing problem) 3 <input type="radio"/> 4 = severe (almost intolerable for carer) 4	pbas7wo

8. Obsessive-Compulsive Behaviours:
[2659] 2659_1

a. Severity:

- ☐ 0 = absent 0
- ☐ 1 = slight, questionable 1
- ☐ 2 = mild (present, not a problem) 2
- ☐ 3 = moderate (symptom causing problem) 3
- ☐ 4 = severe (almost intolerable for carer) 4

pbas8sv

b. Frequency:

- ☐ 0 = never/almost never 0
- ☐ 1 = seldom (less than once/week) 1
- ☐ 2 = sometimes (up to four times a week) 2
- ☐ 3 = frequently (most days/5, 6 or 7 times a week) 3
- ☐ 4 = daily/almost daily for most (or all) of day 4

pbas8fr

c. Worst:

- ☐ 0 = absent 0
- ☐ 1 = slight, questionable 1
- ☐ 2 = mild (present, not a problem) 2
- ☐ 3 = moderate (symptom causing problem) 3
- ☐ 4 = severe (almost intolerable for carer) 4

pbas8wo

9. Delusions / paranoid thinking: [2663]
2663_1

a. Severity:

- ☐ 0 = absent 0
- ☐ 1 = slight, questionable 1
- ☐ 2 = mild (present, not a problem) 2
- ☐ 3 = moderate (symptom causing problem) 3
- ☐ 4 = severe (almost intolerable for carer) 4

pbas9sv

b. Frequency:

- ☐ 0 = never/almost never 0
- ☐ 1 = seldom (less than once/week) 1
- ☐ 2 = sometimes (up to four times a week) 2
- ☐ 3 = frequently (most days/5, 6 or 7 times a week) 3
- ☐ 4 = daily/almost daily for most (or all) of day 4

pbas9fr

c. Worst:

- ☐ 0 = absent 0
- ☐ 1 = slight, questionable 1
- ☐ 2 = mild (present, not a problem) 2
- ☐ 3 = moderate (symptom causing problem) 3
- ☐ 4 = severe (almost intolerable for carer) 4

pbas9wo

10. Hallucinations: [2667] 2667_1

a. Severity:

- ☐ 0 = absent 0
- ☐ 1 = slight, questionable 1
- ☐ 2 = mild (present, not a problem) 2
- ☐ 3 = moderate (symptom causing problem) 3
- ☐ 4 = severe (almost intolerable for carer) 4

pbas10sv

Please specify [modsv] 2669_1

Modality of hallucinations:

- ☐ auditory 1
- ☐ visual 2
- ☐ tactile 3
- ☐ olfactory 4
- ☐ gustatory 5

pbas10sm

b. Frequency:

- ☐ 0 = never/almost never 0
- ☐ 1 = seldom (less than once/week) 1
- ☐ 2 = sometimes (up to four times a week) 2
- ☐ 3 = frequently (most days/5, 6 or 7 times a week) 3
- ☐ 4 = daily/almost daily for most (or all) of day 4

pbas10fr

c. Worst:

- ☐ 0 = absent 0
- ☐ 1 = slight, questionable 1
- ☐ 2 = mild (present, not a problem) 2
- ☐ 3 = moderate (symptom causing problem) 3
- ☐ 4 = severe (almost intolerable for carer) 4

pbas10wo

Please specify [modwo] 2673_1

Modality of hallucinations:

- ☐ auditory 1
- ☐ visual 2
- ☐ tactile 3
- ☐ olfactory 4
- ☐ gustatory 5

pbas10vwm

11. Disoriented Behaviour: [2675] 2675_1

a. Severity:

- ☐ 0 = absent 0
- ☐ 1 = slight, questionable 1
- ☐ 2 = mild (present, not a problem) 2
- ☐ 3 = moderate (symptom causing problem) 3
- ☐ 4 = severe (almost intolerable for carer) 4

pbas11sv

b. Frequency:

- ☐ 0 = never/almost never 0
- ☐ 1 = seldom (less than once/week) 1
- ☐ 2 = sometimes (up to four times a week) 2
- ☐ 3 = frequently (most days/5, 6 or 7 times a week) 3
- ☐ 4 = daily/almost daily for most (or all) of day 4

pbas11fr

c. Worst:

- ☐ 0 = absent 0
- ☐ 1 = slight, questionable 1
- ☐ 2 = mild (present, not a problem) 2
- ☐ 3 = moderate (symptom causing problem) 3
- ☐ 4 = severe (almost intolerable for carer) 4

pbas11wo

Information [pba1] .PBA 1006_1

i) Is informant a relative?

- ☐ spouse or partner 1
- ☐ parent 2
- ☐ sibling 3
- ☐ child 4
- ☐ other relative 5
- ☐ friend or neighbor 6
- ☐ professional care worker 7
- ☐ other 8
- ☐ no informant - participant came alone 9

pbainfo

ii) Is informant a household member?

- ☐ household member (i.e. relative or friend who lives with participant) 1 pbahshd
- ☐ not a household member but has frequent contact with participant (most days) 2
- ☐ not a household member and sees participant less than three or four times a week 3
- ☐ staff of residential care home or hospital 4

19 Form “Core and Extended Cognitive Assessment (Cognitive)”

[cogs1]

Specifics [cogn3] ,Cognitive Assessment 2288_1

Did the participant complete the assessment in their native language and with normal or corrected-to-normal vision and hearing? ☐ yes 1 ☐ no 0 gen1

Did the participant complete the assessment in their native language? ☐ yes 1 ☐ no 0 gen2

At what age did the participant learn the language used? years gen3

Did the participant have normal/corrected-to-normal hearing and vision? ☐ yes 1 ☐ no 0 gen4


Was vision uncorrected (e.g. no glasses during visit)? ☐ yes 1 ☐ no 0 gen5

Was hearing uncorrected (e.g. no hearing aid worn)? ☐ yes 1 ☐ no 0 gen6

Core Cognitive Assessment [cognitive] 2341_1

[sdmt1]

Symbol Digit Modality Test completed: ☐ yes 1 ☒ no 0 sdmt








Total correct: sdmt1

Total errors: sdmt2


Reason: sdmtnd

cognitive impairment 1
motor impairment 2
mental state 3
physical health 4
visual impairment 5
language barrier 6
refusal 7
study conflict 8
scheduling issue 9
site error 10

Verbal Fluency Test (Category)		[verfct1]	
completed: 	<input type="radio"/> yes 1 <input type="radio"/> no 0		verfct
Category:	<div>----- </div>		verfctd
	animals 1		
	other 2		
Total correct (1 min):	<input type="text"/>		verfct5
Total intrusion errors:	<input type="text"/>		verfct6
Total perseverative errors:	<input type="text"/>		verfct7
Reason:	<div>----- </div>		verfctnd
	cognitive impairment 1		
	motor impairment 2		
	mental state 3		
	physical health 4		
	visual impairment 5		
	language barrier 6		
	refusal 7		
	study conflict 8		
	scheduling issue 9		
	site error 10		
Stroop Color Naming Test completed: 		[scnt1]	
	<input type="radio"/> yes 1 <input type="radio"/> no 0		scnt
Total correct:	<input type="text"/>		scnt1
Total errors:	<input type="text"/>		scnt2
Total self-corrected errors:	<input type="text"/>		scnt3
Reason:	<div>----- </div>		scntnd
	cognitive impairment 1		
	motor impairment 2		
	mental state 3		
	physical health 4		
	visual impairment 5		
	language barrier 6		
	refusal 7		
	study conflict 8		
	scheduling issue 9		
	site error 10		

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[tmi]

Trailmaking Test completed: 

☐ yes 1 ☐ no 0

Trailmaking Test [6851] 6851_1

Part A: time to complete: sec

Part A: total correct:

Part A: total errors:

Part B: time to complete: sec

Part B: total correct:

Part B: total errors:

trl

tria1

tria2


tria3

trlb1

trlb2

trlb3

[verfit]

Verbal Fluency Test (Letters) completed: 

☐ yes 1 ☐ no 0

Subscores: [scores] 6879_1

Total correct (3 min):

Total intrusion errors:

Total perseverative errors:

verfit

verfit05

verfit06

verfit07

20 Form “Premature End of Study (End)”

[end1]

General [42966] DS 2828_1

Day of end of study: rfendy

End of Study [end] DS 2830_1

Specify primary reason for patient's premature discontinuation from study:

☐ event or intercurrent illness of a nature requiring withdrawal 1

☐ request of primary care physician, site investigator 2

☐ subject's request (includes carer/spouse/legal representative's request) 3

☐ failure of subject to return to follow-up visit and failure to be located by investigator 4

☐ institutionalized (will not be followed further) 5

☐ other 6

dsterm

21 Form “Hospital Anxiety and Depression Scale/Snaith Irritability Scale (HADS-SIS)”

General [hads] HADS 1972_1		
Anxiety subscore:	<input type="text"/>	anxscore
Depression subscore:	<input type="text"/>	hads_depscore
Irritability subscore:	<input type="text"/>	irrscore
Outward irritability subscore:	<input type="text"/>	outscore
Inward irritability subscore:	<input type="text"/>	inwscore

22 Form “Mini Mental State Examination (MMSE) (US)”


General [mmse] 3070_1

MMSE score:

mmsetotal

23 Form “Physiotherapy Outcomes Measures (Physio)”

Timed Up and Go Test [tug01] -TUG 3055_1

Timed "Up and Go"
performed: 

☐ yes 1 ☐ no 0


tug

Total time:

sec

tug1

30 Second Chair Stand Test [scst1] -30sec Chair Stand 3073_1

30 second chair stand test
performed: 

☐ yes 1 ☐ no 0

scst

Number of times the participant stands
in 30 seconds:

scst1

24 Form “Short Form Health Survey – 12v2 (SF-12)”

Scoring [3931] 3931_1

Online scoring: scoring

pending 0
 succeeded 1
 failed 2
 failed (2) 3
 error 4

Domain scores	Physical Functioning (PF)	Role-Physical (RP)	Bodily Pain (BP)	General Health (GH)
Norm-based scores	<input type="text"/> pf	<input type="text"/> rp	<input type="text"/> bp	<input type="text"/> gh

Domain scores	Vitality (VT)	Social Functioning (SF)	Role-Emotional (RE)	Mental Health (MH)
Norm-based scores	<input type="text"/> vt	<input type="text"/> sf	<input type="text"/> re	<input type="text"/> mh

Summary Scale Measures	Physical Component (PCS)	Mental Component (PCS)
	<input type="text"/> pcs	<input type="text"/> mcs

25 Form “Work Productivity and Activity Impairment-Specific Health Problem Questionnaire (WPAI-SHP)”

General [general] 3146_1

Scores: [3147] 3147_1

Work time missed due to HD:

%

wpaiscr1

Impairment while working due to HD:

%

wpaiscr2

Overall work impairment due to HD:

%

wpaiscr3

Activity impairment due to HD:

%

wpaiscr4

26 Form “CSSRS BL”

[cssrs2]

Suicidal Ideation - For Lifetime, rate the period when the participant felt the most suicidal. [2092] 2092_1

1. Wish to be dead: [2093] 2093_1	Have you wished you were dead or wished you could go to sleep and not wake up?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sid1
2. Non-Specific Active Suicidal Thoughts: [2097] 2097_1	Have you actually had any thoughts of killing yourself?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sid2

Suicidal Ideation (continued) [2101] 2101_1

3. Active Suicidal Ideation with Any Methods (not Plan) without Intent to Act: [2102] 2102_1	Have you been thinking about how you might do this?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sid3
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan: [2106] 2106_1	Have you had these thoughts and had some intention of acting on them?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sid4
5. Active Suicidal Ideation with Specific Plan and Intent: [2110] 2110_1	Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sid5

Intensity of Ideation - Most Severe [2114] 2114_1

Most Severe Ideation: [2115] 2115_1	Type # (1-5):	Wish to be dead 1 Non-Specific Active Suicidal Thoughts 2 Active Suicidal Ideation with Any Methods (not Plan) without Intent to Act 3 Active Suicidal Ideation with Some Intent to Act, without Specific Plan 4 Active Suicidal Ideation with Specific Plan and Intent 5	int1
Frequency: [2118] 2118_1	How many times have you had these thoughts?	<input type="radio"/> Less than once a week 1 <input type="radio"/> Once a week 2 <input type="radio"/> 2-5 times in week 3 <input type="radio"/> Daily or almost daily 4 <input type="radio"/> Many times each day 5	int2
Duration: [2120] 2120_1	When you have the thoughts, how long do they last?	<input type="radio"/> Fleeting - few seconds or minutes 1 <input type="radio"/> Less than 1 hour/some of the time 2 <input type="radio"/> 1-4 hours/a lot of time 3 <input type="radio"/> 4-8 hours/most of day 4 <input type="radio"/> More than 8 hours/persistent or continuous 5	int3

Controllability: [2122] 2122_1	Could/can you stop thinking about killing yourself or wanting to die if you want to?	<input type="radio"/> Easily able to control thoughts 1 <input type="radio"/> Can control thoughts with little difficulty 2 <input type="radio"/> Can control thoughts with some difficulty 3 <input type="radio"/> Can control thoughts with a lot of difficulty 4 <input type="radio"/> Unable to control thoughts 5 <input type="radio"/> Does not attempt to control thoughts 0	int4
Deterrents: [2124] 2124_1	Are there things - anyone or anything (e.g. family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?	<input type="radio"/> Deterrents definitely stopped you 1 <input type="radio"/> Deterrents probably stopped you 2 <input type="radio"/> Uncertain that deterrents stopped you 3 <input type="radio"/> Deterrents most likely did not stop you from attempting suicide 4 <input type="radio"/> Deterrents definitely did not stop you 5 <input type="radio"/> Does not apply; wish to die only 0	int5
Reasons for Ideation: [2126] 2126_1	What sort of reasons did you have for thinking about wanting to die or killing yourself?	<input type="radio"/> Completely to get attention, revenge or a reaction from others 1 <input type="radio"/> Mostly to get attention, revenge or a reaction from others. 2 <input type="radio"/> Equally to get attention, revenge or a reaction from others 3 <input type="radio"/> Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling). 4 <input type="radio"/> Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling). 5 <input type="radio"/> Does not apply 0	int6

Suicidal Behavior [2128] 2128_1			
Actual Attempt: [2129] 2129_1	Actual attempt:	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh1
	Total # of attempts:	<input type="text"/>	sbh1n
	Has subject engaged in Non-Suicidal Self-Injurious Behavior?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh2
Interrupted Attempt: [2135] 2135_1	Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh3
	Total # of interrupted:	<input type="text"/>	sbh3n
Aborted Attempt: [2140] 2140_1	Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh4
	Total # of aborted:	<input type="text"/>	sbh4n
Preparatory Acts or Behavior: [2145] 2145_1	Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh5
Suicidal Behavior: [2149] 2149_1	Suicidal behaviour was present during the assessment period?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh6

Answer for Actual Attempts Only [2151] C-5003 2151_1			
Most recent attempt: [2152] 2152_1	Day of most recent attempt:	<input type="text"/>	atmpt1dy
	Actual Lethality/Medical Damage:	<div>----- No physical damage 0 Minor physical damage 1 Moderate physical damage 2 Moderately severe physical damage 3 Severe physical damage 4 Death 5</div>	atmpt11
		Potential Lethality:	<div>----- not likely to result in injury 0 likely to result in injury 1 likely to result in death 2</div>
Most lethal attempt: [2157] 2157_1	Day of most lethal attempt:	<input type="text"/>	atmpt2dy
	Actual Lethality/Medical Damage:	<div>----- No physical damage 0 Minor physical damage 1 Moderate physical damage 2 Moderately severe physical damage 3 Severe physical damage 4 Death 5</div>	atmpt21
		Potential Lethality:	<div>----- not likely to result in injury 0 likely to result in injury 1 likely to result in death 2</div>
Initial/First attempt: [2162] 2162_1	Day of Initial/First Attempt:	<input type="text"/>	atmpt3dy
	Actual Lethality/Medical Damage:	<div>----- No physical damage 0 Minor physical damage 1 Moderate physical damage 2 Moderately severe physical damage 3 Severe physical damage 4 Death 5</div>	atmpt31
		Potential Lethality:	<div>----- not likely to result in injury 0 likely to result in injury 1 likely to result in death 2</div>

27 Form “CSSRS FUP”

[csm2]

Suicidal Ideation - Rate the period since last visit. [2168] 2168_1			
1. Wish to be dead: [2169] 2169_1	Have you wished you were dead or wished you could go to sleep and not wake up?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sid1
2. Non-Specific Active Suicidal Thoughts: [2173] 2173_1	Have you actually had any thoughts of killing yourself?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sid2
Suicidal Ideation (continued) [2177] 2177_1			
3. Active Suicidal Ideation with Any Methods (not Plan) without Intent to Act: [2178] 2178_1	Have you been thinking about how you might do this?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sid3
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan: [2182] 2182_1	Have you had these thoughts and had some intention of acting on them?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sid4
5. Active Suicidal Ideation with Specific Plan and Intent: [2186] 2186_1	Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sid5
Intensity of Ideation - Most Severe [2190] 2190_1			
Most Severe Ideation: [2191] 2191_1	Type # (1-5):	Wish to be dead 1 Non-Specific Active Suicidal Thoughts 2 Active Suicidal Ideation with Any Methods (not Plan) without Intent to Act 3 Active Suicidal Ideation with Some Intent to Act, without Specific Plan 4 Active Suicidal Ideation with Specific Plan and Intent 5	int1
Frequency: [2194] 2194_1	How many times have you had these thoughts?	<input type="radio"/> Less than once a week 1 <input type="radio"/> Once a week 2 <input type="radio"/> 2-5 times in week 3 <input type="radio"/> Daily or almost daily 4 <input type="radio"/> Many times each day 5	int2
Duration: [2196] 2196_1	When you have the thoughts, how long do they last?	<input type="radio"/> Fleeting - few seconds or minutes 1 <input type="radio"/> Less than 1 hour/some of the time 2 <input type="radio"/> 1-4 hours/a lot of time 3 <input type="radio"/> 4-8 hours/most of day 4 <input type="radio"/> More than 8 hours/persistent or continuous 5	int3

Controllability: [2198] 2198_1	Could/can you stop thinking about killing yourself or wanting to die if you want to?	<input type="radio"/> Easily able to control thoughts 1 <input type="radio"/> Can control thoughts with little difficulty 2 <input type="radio"/> Can control thoughts with some difficulty 3 <input type="radio"/> Can control thoughts with a lot of difficulty 4 <input type="radio"/> Unable to control thoughts 5 <input type="radio"/> Does not attempt to control thoughts 0	int4
Deterrents: [2200] 2200_1	Are there things - anyone or anything (e.g. family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?	<input type="radio"/> Deterrents definitely stopped you 1 <input type="radio"/> Deterrents probably stopped you 2 <input type="radio"/> Uncertain that deterrents stopped you 3 <input type="radio"/> Deterrents most likely did not stop you from attempting suicide 4 <input type="radio"/> Deterrents definitely did not stop you 5 <input type="radio"/> Does not apply; wish to die only 0	int5
Reasons for Ideation: [2202] 2202_1	What sort of reasons did you have for thinking about wanting to die or killing yourself?	<input type="radio"/> Completely to get attention, revenge or a reaction from others 1 <input type="radio"/> Mostly to get attention, revenge or a reaction from others. 2 <input type="radio"/> Equally to get attention, revenge or a reaction from others 3 <input type="radio"/> Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling). 4 <input type="radio"/> Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling). 5 <input type="radio"/> Does not apply 0	int6

Suicidal Behavior [2204] 2204_1			
Actual Attempt: [2205] 2205_1	Actual attempt:	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh1
	Total # of attempts:	<input type="text"/>	sbh1n
	Has subject engaged in Non-Suicidal Self-Injurious Behavior?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh2
Interrupted Attempt: [2211] 2211_1	Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh3
	Total # of interrupted:	<input type="text"/>	sbh3n
Aborted Attempt: [2216] 2216_1	Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh4
	Total # of aborted:	<input type="text"/>	sbh4n
Preparatory Acts or Behavior: [2221] 2221_1	Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh5
Suicidal Behavior: [2225] 2225_1	Suicidal behaviour was present during the assessment period?	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh6
Completed Suicide: [2227] 2227_1	Completed suicide was present during the assessment period:	<input type="radio"/> yes 1 <input type="radio"/> no 0	sbh7

Answer for Actual Attempts Only [2229] 2229_1

Most lethal attempt: [2230] 2230_1

Day:

atmpt2dy

Actual Lethality/Medical Damage:

atmpt21

No physical damage 0

Minor physical damage 1

Moderate physical damage 2

Moderately severe physical damage 3

Severe physical damage 4

Death 5

Potential Lethality:

atmpt22

not likely to result in injury 0

likely to result in injury 1

likely to result in death 2

28 Form “Missed Visit”

Documentation of Missed Follow-Up [mvfup] 4052_1	
Source of information:	<input type="radio"/> 1 = participant 1 mvsrc <input type="radio"/> 2 = spouse/partner 2 <input type="radio"/> 3 = next of kin (family or friends) 3 <input type="radio"/> 4 = physician 4 <input type="radio"/> 5 = nurse 5 <input type="radio"/> 6 = other (e.g. hearsay, obituary in newspaper, death certificate) 6
Reason for missed follow-up visit:	<input type="radio"/> 1 = participant alive, unable to attend FUP, open to future FUPs 1 mvrsn <input type="radio"/> 2 = participant alive, objects to further FUP visits, open to further phone contacts 2 <input type="radio"/> 3 = participant alive, objects to further FUP visits and to further phone contacts 3 <input type="radio"/> 4 = participant alive, lost to FUP 4 <input type="radio"/> 5 = participant dead 5 <input type="radio"/> 6 = status unclear 6
If participant is alive [4056] 4056_1	
Level of care required:	<input type="radio"/> 0 = The participant does not require any help for basic activities of daily living (un/dressing, washing/bathing, getting up/going to bed). 0 crlvl <input type="radio"/> 1 = The participant requires some help to manage basic activities of daily living (typically < 4h support per day), but no full-time supervision. 1 <input type="radio"/> 2 = The participant requires extensive help to manage basic activities of daily living (typically ≥ 4h support per day), and full-time supervision with additional help as required. 2
Days since full-time dependency:	<input type="text"/> dpdy

Revision History

Version	Summary of Changes
2018-10-R1	Initial version of annotated CRF for Enroll-HD Periodic Dataset.