To be completed by the participant/subject

1. Have you had a genetic test performed to determine your number of CAG repeats?

[ ]  Yes [ ]  No

If Yes, what was your risk of Huntington disease?

**[ ]** Intermediate (27-35)

**[ ]** Uninformative/Reduced penetrance (36-39)

**[ ]** 100% (40+)

[ ]  Unknown

[ ]  None

1. Do you know your CAG repeat lengths? [ ]  Yes [ ]  No
2. If Yes, what are the number of CAG repeats on the:
	1. Number of CAG repeats on the larger allele:
	2. Number of CAG repeats on the smaller allele:
3. Who provided you with these CAG repeat results?

[ ]  Neurologist

[ ]  Other Type of Physician

[ ]  Genetic counselor

**[ ]** Other, specify:

[ ]  Unknown

## General Instructions

Note: All data elements on this form are considered Supplemental-Highlight Recommended

This form is collecting sensitive information about the participant’s/subject’s CAG repeats. All information collected on this form should be maintained with strict confidentiality.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

The CRF includes all instructions available for the data elements at this time. More detailed instructions will be added in Version 2.0 of this CRF Module.