HUNTINGTON’S DISEASE

Small decisions can belong in the conversation.

Huntington’s disease can affect thinking and decision-making, as well as movement and mood. A change that looks small from the outside can still matter in daily life.

Start with what actually changed

Choosing dinner is an everyday illustration, not a diagnostic test. If decisions have become harder for you, describe that change to your clinician. Ordinary indecision alone does not establish Huntington’s disease.

Use the care team you have

This guide helps you organize observations and questions. You can use it without purchasing care. Your clinician determines the diagnosis, evaluation and treatment.

Inside this guide

Name the changes. Give a real example. Bring your history. Ask about the next step. A separate section explains the VA rating language without assigning you a percentage.

THE DAILY IMPACT

Name the change. Then its effect.

Movement is one part of the picture. Share changes in thinking or mood too, when they are part of your actual experience.

Movement and everyday tasks

Describe any changes in coordination, walking, speech or swallowing. Say what you now do differently or need help doing. You do not need to demonstrate or exaggerate a symptom.

Thinking and decisions

If learning or making decisions has become harder, give one specific example. Explain what the task was, what happened and whether you needed help.

Mood and emotional changes

Tell your clinician about changes you have noticed. If you want a trusted person involved, ask them to share their observations separately from your own.

Keep the uncertainty

Say when you first noticed the change and whether it seems different over time. Label estimates as estimates. You do not need a perfect diary before seeking care.

ONE REAL MOMENT

A real moment is more useful than a bigger adjective.

The purpose is to help a clinician understand your day. Use your own experience, not this example as a script.

Illustrative example — only if true

“Choosing dinner has become harder. Last night I could not settle on a meal, and my partner helped me choose.”

Add the details you know

When did you first notice the difficulty? Has it changed? What help did you need? What happened next? Do not add a frequency, cause or limitation you have not experienced.

Leave the conclusion to the clinician

A personal observation describes what happened. It does not establish why it happened, a diagnosis, or a VA rating. Ask what needs evaluation.

AT YOUR NEXT VISIT

Bring the history. Leave with a next step.

A short appointment note can keep the conversation focused on your care.

Before the visit

Bring your current medication list, relevant records and questions. Include what you have tried and what you noticed. Do not change medication based on this guide.

Three questions to ask

What might explain this change? What should we evaluate? What support could help with everyday tasks?

Before you leave

Ask what happens next, who will follow up and whether the record reflects what you described. Your clinician decides which assessments are appropriate.

About the VA questionnaire

The VA Central Nervous System and Neuromuscular Diseases DBQ is completed by a healthcare provider. It covers medical history, clinical assessment and functional impact. It is not a self-diagnosis form or a requirement for every care visit.

VA RATING LANGUAGE

The five labels in the rating schedule.

DC 8106 directs Huntington’s chorea to be rated as Sydenham’s chorea under DC 8105. The listed severity wording is reproduced below.

10%	**Mild**
30%	**Moderate**
50%	**Moderately severe**
80%	**Severe**
100%	**Pronounced, progressive grave types**

What these labels do not provide

These rows do not set numerical symptom-count, frequency or duration cutoffs. “Moderately severe” is a distinct category. The complete 100% label is “Pronounced, progressive grave types”; progressive disease alone is not that full criterion.

READ THE LIMITS

A schedule is not a personal rating estimate.

Keep clinical findings, service connection and the percentage decision separate.

Eligibility is a separate question

A condition’s presence in the schedule does not establish individual eligibility or service connection. An accredited representative can help with individual claims questions. The VA decides outcomes.

Zero percent is a general rule

Under § 4.31, when a code does not list a zero percent evaluation, a zero percent evaluation is assigned if the requirements for a compensable evaluation are not met. This is not an extra severity row in DC 8105.

The same manifestation is not counted twice

The neurological framework considers functional impairment. Section 4.14 prevents evaluating the same manifestation under different diagnoses. A list of symptoms is not permission to add overlapping ratings.

Read the cross-reference in context

DC 8106’s regulatory text mentions late-adult onset, but Huntington’s disease can also begin in childhood. DC 8105’s note says to consider rheumatic etiology and complications; that note does not establish a rheumatic cause for Huntington’s disease. MedlinePlus identifies its genetic cause.

SOURCES & SCOPE

Sources you can check.

Reviewed September 21, 2026. The clinical source and rating schedule answer different questions.

Clinical information

MedlinePlus Genetics describes the movement, thinking and emotional changes associated with Huntington’s disease, including juvenile-onset disease. Its page shows a July 1, 2020 update.

Clinical documentation

VA Central Nervous System and Neuromuscular Diseases DBQ, version 2024-11-08 v24_1. A clinician completes the medical findings.

Rating and eligibility

38 CFR §§ 4.124a, 4.31 and 4.14, plus VA disability eligibility. eCFR displayed Title 38 current through September 17, 2026; the title-wide last amendment was August 27, 2026. These are not section-specific amendment dates.

Scope

Educational information, not an individual diagnosis, treatment plan or benefits determination. No genetic testing interpretation, prognosis estimate or exposure-causation claim is made.

MedlinePlus Genetics: Huntington disease

VA Central Nervous System and Neuromuscular Diseases DBQ

38 CFR § 4.124a: Neurological conditions; DCs 8105 and 8106

38 CFR § 4.31: Zero percent evaluations

38 CFR § 4.14: Avoidance of pyramiding

VA disability eligibility

CONTROL THE FOUNDATION

Your health is where the evidence begins.

You cannot control the VA, the examiner or the timeline. You can take the next step toward having your conditions properly evaluated and your daily reality accurately documented.

Four paths. Only one brings both pieces together.

Wrong medicine. Wrong claim.

Gaps in the medical foundation and the claims process.

Wrong medicine. Right claim.

The right filing cannot fill gaps in the medical record.

Right medicine. Wrong claim.

The medical foundation is there, but is not put to work correctly.

Right medicine. Right claim.

Health evaluated. Findings documented. Evidence put to work.

Leave either piece incomplete and you risk a denial or a rating that does not reflect the conditions you live with. Start with your health. It is the foundation the claim depends on.

You can start with your care team. Or let us coordinate it.

VHN brings veteran-focused independent care, records, appointments and follow-up into one coordinated process. Your case manager keeps the moving pieces connected. Use your own accredited representative, or ask about an introduction.

SEE IF VHN IS RIGHT FOR YOU

Independent clinicians establish medical findings. Accredited representatives handle claims. The VA decides outcomes.