



HCM Real Talk Symptom Questionnaire

This questionnaire can help identify HCM symptoms you may still be experiencing.

The symptoms of HCM can continue to affect your day-to-day activities even if you are currently being treated for the condition.

The following questions have been adapted from a validated tool (HCMSQ) that was developed specifically to assess symptoms of patients with HCM.

Answer the questions to help identify which HCM symptoms you are experiencing and how they may be affecting you. You can then bring this along to your next appointment to discuss with your doctor.

If any of your symptoms are severe, please contact your doctor or get help right away.

Lifestyle Changes

Which of the following lifestyle impacts and/or changes have you experienced due to your HCM?

Check all that apply:

- Find mild to moderate recreational exercise increasingly difficult
- Find strenuous exercise/competitive sports increasingly difficult
- Find taking the stairs increasingly difficult
- Find it increasingly difficult to eat certain foods
- Other (specify): _____
- None

Symptoms of HCM



The following questions ask you to report on your experiences with HCM during the past 7 days.

Please check one box per question that best describes your symptom during that time.

Please be sure to answer all questions.

Were you short of breath during the past 7 days?

Select one:

- Not at all
- Mildly
- Moderately
- Severely
- Very severely

Were you short of breath during light physical activity such as walking slowly or cooking during the past 7 days?

Select one:

- I had no opportunity to do light physical activity
- Not at all
- Mildly
- Moderately
- Severely
- Very severely
- Too short of breath to do the activity

HCM=hypertrophic cardiomyopathy.

Were you short of breath during moderate physical activity such as cleaning the house or lifting heavy objects during the past 7 days?

Select one:

- I had no opportunity to do moderate physical activity
- Not at all
- Mildly
- Moderately
- Severely
- Very severely
- Too short of breath to do the activity

How often did you have shortness of breath during the past 7 days?

Select one:

- Never
- Seldom
- Sometimes
- Often
- Almost always

Were you tired during the past 7 days?

Select one:

- Not at all
- Mildly
- Moderately
- Severely
- Very severely

Did your heart beat rapidly or flutter (palpitations) during the past 7 days?

Select one:

- Not at all
- Mildly
- Moderately
- Severely
- Very severely

Did you have chest pain during the past 7 days?

Select one:

- Not at all
- Mildly
- Moderately
- Severely
- Very severely

Were you dizzy or light-headed during the past 7 days?

Select one:

- Not at all
- Mildly
- Moderately
- Severely
- Very severely

Did you faint or lose consciousness during the past 7 days?

Select one:

- Yes
- No

Thank you for filling out the HCM Symptom Questionnaire.

Use this guide to have a conversation with your cardiologist at your next appointment so they can assess your results.