

A GUIDE TO POSSIBLE COMMON SYMPTOMS OF HYPERTROPHIC CARDIOMYOPATHY (HCM)

FULL NAME: _____ TODAY'S DATE: _____

When seeking answers about unexplained symptoms:

SHARING SYMPTOM-RELATED DETAILS WITH YOUR DOCTOR IS IMPORTANT.



Shortness of breath, tiredness, rapid heartbeat, chest pain, feeling dizzy or light-headed, fainting, and fatigue could potentially be symptoms of HCM—a lifelong heart condition where the heart muscle wall thickens, stiffens, and makes it harder for the heart to pump oxygenated blood throughout the body. Only your doctor can determine whether any of these symptoms you may be experiencing are related to HCM or to another condition.

People with HCM may experience additional symptoms that are not represented here.

If you are experiencing symptoms, **print out and complete this Symptom Guide and give it to your doctor to provide them with a better understanding of your symptoms**—including their frequency and impact on your activities. By doing so, you are taking an important step in finding out what may be causing them.

1. Which of these possible symptoms have you experienced?

Please check all that apply and select how frequently, and for how long, they have been affecting you.

Possible common symptoms	How often do they occur?	For how long have they been present?
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> <3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> >6 months
<input type="checkbox"/> Tiredness	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> <3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> >6 months
<input type="checkbox"/> Rapid heartbeat	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> <3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> >6 months
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> <3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> >6 months
<input type="checkbox"/> Feeling dizzy or light-headed	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> <3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> >6 months
<input type="checkbox"/> Fainting	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> <3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> >6 months
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> <3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> >6 months

Symptoms can be representative of many conditions. Only a healthcare provider can determine whether these symptoms could be related to HCM or another condition. Talk with your doctor and share this Symptom Guide at your next visit.

2. How difficult do your symptoms make it for you to perform the below activities?

Please answer using the scale and add any details you can share.

	Not difficult		Difficult		Extremely difficult
Walking	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	I am able to walk ___ blocks before I have difficulty breathing.				
Climbing stairs	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	I am able to climb ___ flights of stairs before I can't go further.				
Exercising	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	I am able to exercise for ___ minutes before I need to stop.				
Standing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	I am able to stand for ___ minutes before I have to sit.				
Getting dressed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	I [do] / [do not] require any help to dress.				
Shopping	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	I [do] / [do not] often rely on delivery services or loved ones for my shopping needs.				
Household chores	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	I [do] / [do not] often rely on outside services or loved ones to cook or clean for me.				
Performing your job	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	I [am] / [am not] able to work a full-time job with my symptoms.				

3. Have you been diagnosed with any other medical conditions? If so, please list them below.

Since other conditions often have symptoms similar to those of HCM, be sure to tell your doctor about any previously diagnosed conditions you may have and about any medications you may be taking.



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Talk with your doctor and find more helpful resources on HCM at www.CouldItBeHCM.com