

## HCMSQ v2.0-24h Recall Instrument

The following questions ask you to report on your experiences with HCM **during the past 24 hours**. Please check one box per question that best describes your symptom during that time. Please be sure to answer all questions.

1. Were you short of breath **during the past 24 hours**?

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

2. Were you short of breath during light physical activity such as walking slowly or cooking **during the past 24 hours**?

- ☐ I did not attempt to do the activity
- ☐ Not at all
- ☐ Mildly
- ☐ Moderately
- ☐ Severely
- ☐ Very Severely
- ☐ Too short of breath to do the activity

3. Were you short of breath during moderate physical activity such as cleaning house or lifting heavy objects **during the past 24 hours**?

- ☐ I did not attempt to do the activity
- ☐ Not at all
- ☐ Mildly
- ☐ Moderately
- ☐ Severely
- ☐ Very Severely
- ☐ Too short of breath to do the activity

4. How often did you have shortness of breath **during the past 24 hours**?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

5. Were you tired **during the past 24 hours**?

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

6. Did your heart beat rapidly or flutter (palpitations) **during the past 24 hours**?

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

7. Did you have chest pain **during the past 24 hours?**

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

8. Were you dizzy or lightheaded **during the past 24 hours?**

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

9. Did you faint or lose consciousness **during the past 24 hours?**

- ☐ Yes
- ☐ No