Baseline

Record ID	_____
CRF filling by:	_____
Patient ID	_____
Informed consent for registry obtained	◯ Yes ◯ No

General Information

ID -Two last digits (Without check digit - "Sifrat Bikoret")	_____
Initials (Please fill in the first letter of family name & first letter of first name)	_____
Year of Birth	_____
Gender	◯ male ◯ female
Origin	◯ Israeli Ashkenazi ◯ Israeli Sepharadi ◯ Israeli Arab ◯ Other ◯ Mixed Jewish
please specify other origin	_____
Height (cm)	_____
Weight (kg)	_____
Obstructive HCM	◯ Yes ◯ No
Age at Diagnosis	_____
Age at Evaluation	_____
Family History HCM	◯ No ◯ Yes ◯ Unknown
Other Family History	_____
Affected Family History	

Father	☐
Mother	☐
Brothers	☐
Sisters	☐
Sons	☐
Daughters	☐
Other	☐
Please specify the relative	_____

Family History SCD (Before age 50)	◯ Yes ◯ No
Family History of SCD degree	☐ First degree ☐ Second degree

	no	yes
Personal History SYNCOPE	◯	◯
Personal History VT/VF	◯	◯
History of Non Sustained VT	◯	◯
Hypokinetic Transformation	◯	◯
Extra Cardiac Features	◯	◯
Apical CMP	◯	◯

CAF	☐
PAF	☐
WPW	☐
AVNRT	☐
AT	☐
Other	☐
Atrial Arrythmia	
Please specify the atrial arrythmia	_____
Surgical Myectomy	◯ Yes ◯ No

Septal Ablation	◯ Yes ◯ No
Heart Transplant	◯ Yes ◯ No
Mitral Surgery	◯ Yes ◯ No
Flutter/ Istmus Ablation	◯ Yes ◯ No
A.fib Ablation	◯ Yes ◯ No
year (sm)	_____
year (sa)	_____
year (ht)	_____
year (ms)	_____
year (fa)	_____
year (aa)	_____
Other Personal History	
Coronary Angiography	◯ NCA ◯ Non- significant CAD ◯ 1 vessel disease ◯ 2 vessel disease ◯ 3 vessel disease
Year of Coronary Angiography	_____
LAD	☐
CX	☐
RCA	☐
Myocardial Bridging	
Other Myocardial Bridging	_____
Year of Myocardial Bridging	_____

Comorbidities

	No	Yes
Diabetes	◯	◯
Hyperlipidemia	◯	◯
HTN	◯	◯
Current Smoking	◯	◯
Alcohol Abuse	◯	◯
CVA/TIA	◯	◯
Chronic Renal Failure	◯	◯
Asthma	◯	◯
COPD	◯	◯
CAD	◯	◯
S/P Myocardial Infarction	◯	◯
S/P CABG	◯	◯
S/P PCI	◯	◯
S/P Endocarditis	◯	◯

Sleep Apnea

◯ No
◯ Mild
◯ Moderate
◯ Severe
◯ Unknown

Other Clinical Features

_____

Angina Class

◯ No ◯ I ◯ II ◯ III
◯ IV

NYHA Class

◯ I ◯ II ◯ III ◯ IV

Devices

Pacemaker

◯ Yes ◯ No

Implantation Date (Year)

_____

Pacemaker Indication

◯ Primary Prevention ◯ Secondary Prevention ◯ AVB ◯ SSS
◯ Heart Failure - CRT ◯ Other

Please specify the indication:

_____

Pacemaker	◯ CRTP ◯ CRTD ◯ ICD ◯ DDD ◯ VVI ◯ AAI ◯ Other
please specify the pacemaker:	_____

Genetic Testing

Genetic Testing Performed	◯ No ◯ Yes ◯ Partial
Mutations Found	◯ no ◯ Yes ◯ Unknown
Beta Myosin	☐
MYBPC	☐
Troponin T	☐
Troponin I	☐
Tropomyosin	☐
actin	☐
MYL2	☐
MYL3	☐
Fabry	☐
PRKAG2	☐
LAMP2	☐
Unknown	☐
Other	☐
Diseased Gene	
please specify the diseased gene:	_____
Mutation	_____

ECHO Data	
ECHO Date (Year)	_____
LVEF% (15-100)	_____
LVDd (mm)	_____
LVSd (mm)	_____
PWd (mm)	_____
IVSd (mm)	_____
Max LV Wall Thickness (mm)	_____
Hypertrophy Distribution	◯ A - Massive Septal ◯ B - Distal > Proxima Septum ◯ C - Basal Septum ◯ D- apical ◯ E - Concentric ◯ F - Reverse (PW > Septum) ◯ Other
please specify the Hypertrophy Distribution:	_____
SAM	◯ Yes ◯ No
WMA	◯ No ◯ Yes ◯ CAD ◯ Non- CAD
LV Gradient	◯ Yes ◯ No
Rest Gradient (mmHg)	_____
Valsalva Gradient (mmHg)	_____
MAX Effort Gradient (mmHg)	_____
Mid Ventricular grad	◯ Yes ◯ No

Valves

	0	+1	+1 - + 2	+2	+2- +3	+3	+3 - +4	+4
MR	◯	◯	◯	◯	◯	◯	◯	◯
AR	◯	◯	◯	◯	◯	◯	◯	◯
TR	◯	◯	◯	◯	◯	◯	◯	◯

Valves II

	No	Mild	Mod	Severe
AS	◯	◯	◯	◯
MS	◯	◯	◯	◯

LA Diam (mm)

_____

LA Area (cm2)

_____

Right atrial enlargement

◯ Yes ◯ No

SPAP (mmHg)

_____

Right Ventricular Hypertrophy

◯ Yes ◯ No

Right ventricular enlargement

◯ Yes ◯ No

Right ventricular dysfunctiont

◯ No ◯ Mild ◯ Moderate
◯ Severe

Estimated right atrial pressure

_____

Diastolic Dysf grade

◯ 0 ◯ 1 ◯ 2 ◯ 3

Average strain GLS (absolute)

_____

Strain pattern

◯ Normal
◯ Apical sparing
◯ Inverse
◯ Non-specific

Echo Stress Test

◯ Yes ◯ No

Cardiopulmonary Exercise Test

◯ Yes ◯ No

Comments:

_____

ECG Availability and data

ECG	◯ Yes ◯ No
ECG Date (Year)	_____
LVH	◯ Yes ◯ No
Pmitrale	◯ No ◯ Yes ◯ NA
Rhythm	◯ NSR ◯ AF ◯ Paced ◯ Other
Please specify the rhythm:	_____
PR (ms)	_____
Axis (Deg)	_____
QRS width (ms)	_____
ECG Pattern	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
ST AVR	◯ Elevation ◯ Depression ◯ Iso - electric
Poor R-Wave progression in precordial leads	◯ Yes ◯ No

Low ECG Voltage

	Yes	No
limb leads	◯	◯
precordial leads	◯	◯

Conduction Abnormality

	No	Yes
RBBB	◯	◯
LBBB	◯	◯
LAHB	◯	◯
IVCD	◯	◯
AVB>I	◯	◯

I L Q any lead	☐
I L ST elev	☐
I L ST depress any	☐

I L T waves peaked	☐
I L T waves neg	☐
I L T neg deep	☐
II III F Q any lead	☐
II III F ST elev	☐
II III F ST depress any	☐
II III F T waves peaked	☐
II III F T waves neg	☐
II III F T neg deep	☐
V1-3 Q any lead	☐
V1-3 ST elev	☐
V1-3 ST depress any	☐
V1-3 T waves peaked	☐
V1-3 T waves neg	☐
V1-3 T neg deep	☐
V4-6 Q any lead	☐
V4-6 ST elev	☐
V4-6 ST depress any	☐
V4-6 T waves peakrd	☐
V4-6 T waves neg	☐
V4-6 T neg deep	☐
Any Lead Q any lead	☐
Any Lead ST elev	☐
Any Lead ST depress any	☐
Any Lead T waves peaked	☐
Any Lead T waves neg	☐

Any Lead T neg deep	☐
ECG pattern	
Comments:	_____

MRI Availability and data

MRI	◯ Yes ◯ No
IVSd (mm)	_____
PWd (mm)	_____
LA Area (cm2)	_____
LVDd (mm)	_____
LVD vol (ml)	_____
LVSd (mm)	_____
LVS vol (ml)	_____
LV Mass (g)	_____
LVEF (%)	_____
RVEF (%)	_____
Delayed Enhancement	◯ No ◯ Mild ◯ Mod ◯ Extensive ◯ NA
Delayed enhancement (%)	_____
DE Pattern	◯ HCM ◯ Non HCM ◯ Other ◯ Unknown
comments:	_____

Lab Test Availability && data

Lab Tests	◯ Yes ◯ No
Hemoglobin (g/dL)	_____
Creatinine (g/dL)	_____
Sodium (mEq/L)	_____
Potassium (mEq/L)	_____
BNP (pg/ml)	_____
TC	_____
LDL	_____
HDL	_____
TG	_____
Glucose	_____
HbA1C	_____

	Yes	No
CK elevated	◯	◯
Troponin elevation	◯	◯
Proteinuria	◯	◯
LFT Elevation	◯	◯

Medications

	No	Yes
Antiplatelet	◯	◯
Aldosterone Antagonists	◯	◯
Amiodarone	◯	◯
ACE-I	◯	◯

ARB	◯	◯
Beta Blockers	◯	◯
Anticoagulant	◯	◯
CCB	◯	◯
Disopyramide	◯	◯
Fusid	◯	◯
Statin	◯	◯
Sotalol	◯	◯
Vasodilator	◯	◯

Stress Test Availability && data	
Stress Test	◯ Yes ◯ No
Date (Year)	_____
Protocol	◯ Bruce ◯ Mod Bruce ◯ Bicycle ◯ Other
Please specify the protocol:	_____
EST Duration mm	_____
EST Duration ss	_____
Dyspnea	☐
Angina	☐
Hypertenisive	☐
BP drop	☐
Atrial Arrhythmia	☐
Ventricular Arrythmia	☐
Leg Pain	☐
Max HR Attained	☐
Other	☐
Reason for Termination	

Please specify the reason:	_____
METS	_____
Rest Heart Rate	_____
Max Heart Rate	_____
VO2 MAX ml/Kg/min	_____
BP Response	◯ Normal ◯ Flat ◯ BP Decline ◯ Other
Please specify the BP response	_____
Anaerobic Threshold MAX VO2 (%)	_____
Physical Activity Questionnaire1	_____
Six Minutes Walk Test Results (meters)	_____
Comment	_____

Holter ECG Availability

Holter ECG	◯ Yes ◯ No
Holter ECG Date (Year)	_____
Rhythm	◯ Sinus ◯ AFib ◯ Paced ◯ Other
Please specify the rhythem	_____
Rate min	_____
Rate max	_____
Rate mean	_____

Atrial Arrhythmia

	No	Yes
APCS	◯	◯
PAT	◯	◯
PAF	◯	◯

VPCS > 2000 ◯ Yes ◯ No

Comments:

_____

NSVT ◯ Yes ◯ No

Max Length (beats)

_____

Max Rate

_____

Reveal Implant

Reveal implant ◯ Yes ◯ No

Reveal implant year

_____

Unique reveal finding

	Yes	No
Atrial fibrilation	◯	◯
NSVT	◯	◯
Sinus arrest	◯	◯
Advanced AV block	◯	◯
Other	◯	◯

Errors of missing required fields

_____

Baseline validation field