MYASTHENIA GRAVIS ACTIVITIES OF DAILY LIVING (MG-ADL)

Your generalized Myasthenia Gravis symptoms can vary from day to day. Painting a clear picture of how they affect you over time is the best way that you and your doctor can ensure that you receive the care you need.

This assessment tool allows you to measure the symptoms that most affect your activities of daily living. Fill out this form with your doctor.

- Form should take just a few minutes to complete
- Simply give yourself a score (from 0-3) for each activity listed and add the results
- Complete form regularly (for example, every 3 months) or as instructed by your doctor

Estimated time to complete: a few minutes

	0=Normal	1	2	3=Most severe	
Talking	Normal	Intermittent slurring or nasal speech	Constant slurring or nasal speech, but can be understood	Difficult-to-understand speech	[2]
Chewing	Normal	Fatigue with solid food	Fatigue with soft food	Gastric tube	[1]
Swallowing	Normal	Rare episode of choking	Frequent choking necessitating changes in diet	Gastric tube	[1]
Breathing	Normal	Shortness of breath with exertion	Shortness of breath at rest	Ventilator dependence	[0]
Impairment of ability to brush teeth or comb hair	None	Extra effort, but no rest periods needed	Rest periods needed	Cannot do one of these functions	[1]
Impairment of ability to arise from a chair	None	Mild, sometimes uses arms	Moderate, always uses arms	Severe, requires assistance	[2]
Double vision	None	Occurs, but not daily	Daily, but not constant	Constant	[1]
Eyelid droop	None	Occurs, but not daily	Daily, but not constant	Constant	[2]

Total Score: [10]

(out of 24)

Patient name: _____ **Date:** ____ / ____ / ____

Date of birth: ____ / ____ / ____ **Time of day completed:** _____

MG-ADL assessment adapted from www.myasthenia.org/Portals/0/ADL.pdf. The information on this page is intended as educational information for patients and their healthcare providers. It does not replace a healthcare provider's independent medical judgment or clinical diagnosis.