

Please indicate how true each statement has been (over the past few weeks).

1. I am frustrated by my MG
2. I have trouble using my eyes
3. I have trouble eating because of MG
4. I have limited my social activity because of my MG
5. My MG limits my ability to enjoy hobbies and fun activities
6. I have trouble meeting the needs of my family because of my MG
7. I have to make plans around my MG
8. My occupational skills and job status have been negatively affected by MG
9. I have difficulty speaking due to MG
10. I have trouble driving due to MG
11. I am depressed about my MG
12. I have trouble walking due to MG
13. I have trouble getting around public places because of my MG
14. I feel overwhelmed by my MG
15. I have trouble performing my personal grooming needs

Not at all	A little bit	Some-what	Quite a bit	Very much
0	1	2	3	4

MG-QOL15
Muscle and Nerve 2008;38:957-963.
Muscle and Nerve;2010;41:219-226.
Muscle and Nerve;2011;43:14-18

Total MG-QOL15 score