

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

1. I am frustrated by my MG
2. I have trouble with my eyes because of my MG (e.g. double vision)
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. I am bothered by limitations in performing my work (include work at home) because of my MG.
9. I have difficulty speaking due to MG
10. I have lost some personal independence because of my MG (e.g. driving, shopping, running errands)
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 due to MG

Not at all 0	Somewhat 1	Very much 2

Total MGOOL-R score