

Myasthenia Gravis Activities of Daily Living (MG-ADL)

It's important to measure your generalized myasthenia gravis symptoms over time. Fill out this form and share the results with your doctor so they can better understand how your symptoms are impacting you.

- Score each activity from 0-3 and add the results to see your total score
- Complete form regularly (for example, every 3 months) or as instructed by your doctor

Reflecting with a caregiver or friend can help you with these answers

	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	<input type="text"/>
Chewing	Normal	Fatigue with solid food	Fatigue with soft food	Gastric tube	<input type="text"/>
Swallowing	Normal	Rare episode of choking	Frequent choking necessitating changes in diet	Gastric tube	<input type="text"/>
Breathing	Normal	Shortness of breath with exertion	Shortness of breath at rest	Ventilator dependence	<input type="text"/>
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	<input type="text"/>
Impairment of ability to arise from a chair	None	Mild, sometimes uses arms	Moderate, always uses arms	Severe, requires assistance	<input type="text"/>
Double vision	None	Occurs, but not daily	Daily, but not constant	Constant	<input type="text"/>
Eyelid droop	None	Occurs, but not daily	Daily, but not constant	Constant	<input type="text"/>

Total score
(out of 24)

Patient name _____

Date ____ / ____ / ____

Date to re-evaluate

____ / ____ / ____

MG-ADL assessment adapted from <https://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.

