



## Productive conversations with your doctor about your generalized myasthenia gravis (gMG) begin with you advocating for yourself

Use this resource as a guide for your conversations with your doctor.

When speaking about your symptoms, ask yourself:

**WHAT:** What symptoms have been bothering you the most and why?

**HOW:** How have these symptoms affected you physically and emotionally? Have you seen any changes in your symptoms since your last visit?

**WHEN:** When do these symptoms normally occur? Do they occur at a certain time of day? Are they after repetitive motion?

Use this template when discussing your symptoms with your doctor.

I've been struggling to do \_\_\_\_\_  
because of \_\_\_\_\_. It normally happens around \_\_\_\_\_  
and occurs \_\_\_\_\_ times a day/week/month. Because of this, it has also  
affected \_\_\_\_\_  
because \_\_\_\_\_  
\_\_\_\_\_. What management options  
are available to help me?

If your current gMG management isn't providing the symptom improvement you were hoping for, talk to your doctor today to learn about an option that may be available for you.

# Myasthenia Gravis Activities of Daily Living (MG-ADL) assessment

## How to use the MG-ADL

Your MG-ADL score is a simple way for your doctor to understand the severity of your gMG symptoms. The MG-ADL can help provide a more complete picture of how your symptoms are impacting daily life, give more information to your doctor that they might not get from a physical checkup, and even help determine whether an adjustment to your management plan is needed.

Estimated time to complete: ~10 minutes. Simply give yourself a score (from 0-3) for each activity listed and add the results.

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

MG-ADL assessment adapted from [www.myasthenia.org/Portals/0/ADL.pdf](http://www.myasthenia.org/Portals/0/ADL.pdf).  
Interactive tool is for educational purposes only and is not intended to provide medical or treatment advice, nor is it intended to assist in the diagnosis, treatment, or management of any patient.

**Total score**   
(out of 24)

Fill out an MG-ADL before every visit. For more forms, please visit

[KnowYourMGScore.com](http://KnowYourMGScore.com)



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