

MG Impairment Index (MGII)TM - Patient Questionnaire

ID: _____

Date: _____

INSTRUCTIONS:

Please answer the following questions regarding your symptoms. Only consider those that you think are related to myasthenia. Check the answer that best describes your symptoms over the past 2 weeks.

PROBLEMS WITH YOUR EYES: Please answer regarding the past 2 weeks.

1. Double vision throughout the day

Have you experienced episodes of double vision? If yes, at what time do they occur (on average)?	No Double Vision	Episodes only in the evenings	Episodes starting in the afternoons	Constant or present most of the day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3

2. Double vision with activities

Have you experienced double vision with activities such as reading, driving, watching TV or using a computer? If yes, how long does it take (on average) before the double vision occurs?	No Double Vision	After more than 1 hour	After less than 1 hour, but not immediately	Constant double vision or it starts immediately
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3

3. Severity of double vision

Have you experienced double vision? If yes, how severe has it been (at your worst)?	No Double Vision	Mild: it doesn't affect my daily activities	It affects my activities but no need to cover one eye	I need to cover one eye to be able to function
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3

4. Eyelid drooping throughout the day

Have you experienced drooping of your eyelid(s)? If yes, when does it occur (on average)?	No eyelid drooping	Only in the evenings	Drooping starts in the afternoons	Constant drooping or present most of the day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3

5. Eyelid drooping with activities

Have you experienced drooping of your eyelid(s) with activities such as reading, driving, watching TV or using a computer? If yes, how long does it take (on average) before the drooping occurs?	No eyelid drooping	After more than 1 hour	After less than 1 hour, but not immediately	Constant drooping or it starts immediately
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3

6. Severity of eyelid drooping

Have you experienced drooping of your eyelids? If yes, how severe has it been (at your worst)?	No eyelid drooping	Mild: it doesn't affect my vision	It affects my vision but no need to lift my eyelid	I need to lift my eyelid or tilt my head to be able to see
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3

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PROBLEMS EATING: Please answer regarding the past 2 weeks.

7. Difficulty swallowing

Have you experienced difficulty swallowing? How severe has it been (at your worst)?	No swallowing problems	Occasional episodes of choking/coughing with food or liquids	Liquids return through my nose, but no problems with solid food	Difficulty swallowing hard food, requiring a change in diet	Unable to swallow or using a feeding tube
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

8. Chewing different types of food

Have you experienced difficulty chewing? How severe has it been (at your worst)?	No difficulty chewing	Difficulty chewing hard foods (e.g. steak, raw carrots)	Difficulty chewing soft foods (e.g. hard boiled egg)	Unable to chew (eating only liquids or feeding tube)
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

9. Chewing tiredness/fatigue

At your worst, how long does it take to develop fatigue or tiredness in your jaw?	No difficulty chewing	Difficulty chewing at the end of the meal	Difficulty chewing from the beginning of the meal	Unable to chew (eating only liquids or feeding tube)
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

PROBLEMS SPEAKING AND BREATHING: Please answer regarding the past 2 weeks.

10. Voice changes through the day

Have you experienced episodes of nasal, hoarse or weak voice? When do they occur on average?	No voice changes	Voice changes only in the evenings	Voice changes starting in the afternoons	Constant voice changes or present most of the day
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

11. Voice changes with prolonged conversation

How long can you talk (on average), before developing voice changes, such as nasal, hoarse or weak voice? (Normal conversation, with pauses for other speakers)	No voice changes	Voice changes after more than 30 minutes	Voice changes after less than 30 minutes, but not immediately	Constant voice changes or they start immediately (less than 1 minute)
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

12. Severity of voice changes

At your worst, how severe have your voice changes been? (Nasal, hoarse, weak voice)	No voice changes	Mild changes: my voice is mostly clear	Moderate changes: it can be hard to understand me	Severe changes: it is impossible to understand me
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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PROBLEMS SPEAKING AND BREATHING (Cont.): Please answer regarding the past 2 weeks.

13. Speech clarity through the day

Have you experienced difficulty pronouncing words or slurred speech? When does it occur on average ?	No episodes of slurred speech <input type="checkbox"/> 0	Slurred speech only in the evenings <input type="checkbox"/> 1	Slurred speech starting in the afternoons <input type="checkbox"/> 2	Constant slurring, or present most of the day <input type="checkbox"/> 3
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14. Speech clarity with prolonged conversation

How long can you talk (on average), before developing slurred speech? (Normal conversation, with pauses for other speakers)	No episodes of slurred speech <input type="checkbox"/> 0	Slurred speech after 30 minutes <input type="checkbox"/> 1	Slurred speech after less than 30 minutes, but not immediately <input type="checkbox"/> 2	Constant slurring, or it starts immediately (less than 1 minute) <input type="checkbox"/> 3
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15. Severity of speech changes

At your worst , how severe have your speech changes been? (Slurring, difficulty pronouncing words)	No episodes of slurred speech <input type="checkbox"/> 0	Mild slurring: It is easy to understand me <input type="checkbox"/> 1	Moderate slurring: There are some difficulties understanding me <input type="checkbox"/> 2	Severe slurring: it is impossible to understand me <input type="checkbox"/> 3
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16. Difficulty breathing

Have you experienced shortness of breath that is caused by myasthenia? (i.e. not caused by asthma, or other lung/heart disease) If yes, when has it occurred (at your worst)?	No shortness of breath (except for strenuous exercise) <input type="checkbox"/> 0	With moderate effort (e.g. walking several blocks at my own pace) <input type="checkbox"/> 1	With minimal effort (e.g. getting dressed, walking inside the house) <input type="checkbox"/> 2	At rest or when lying on my back <input type="checkbox"/> 3	Requiring assisted ventilation <input type="checkbox"/> 4
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GENERALIZED SYMPTOMS: Please answer regarding the past 2 weeks.

17. Overall physical tiredness

Have you experienced overall physical tiredness caused by myasthenia gravis? (i.e. not by sleeplessness, depression or other medical conditions)	No physical tiredness <input type="checkbox"/> 0	Overall physical tiredness in the evenings <input type="checkbox"/> 1	Overall physical tiredness starting in the afternoons <input type="checkbox"/> 2	Constant physical tiredness, or present most of the day <input type="checkbox"/> 3
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GENERALIZED SYMPTOMS: Please answer regarding the past 2 weeks.

18. Arm weakness severity

Have you experienced weakness in your arms? If yes, how severe has it been (at your worst) ?	No arm weakness	Mild weakness (e.g. difficulty lifting heavy objects)	Moderate weakness (e.g. difficulty lifting arms above the shoulders, but I can do it)	Severe weakness (unable to lift arms above the shoulders)
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

19. Arm weakness with prolonged use

Have you experienced weakness in your arms after prolonged use? When does it happen (on average) ?	No arm weakness	Weakness when keeping arms up for long (e.g. washing or drying my hair)	Weakness with prolonged activities at shoulder level (organizing objects on a shelf, holding a phone to the ear)	Weakness with minimal effort (e.g. desk work, chopping vegetables)
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

20. Leg weakness severity

Have you experienced weakness in your legs? If yes, how severe has it been (at your worst) ?	No leg weakness	Mild weakness (e.g. difficulty standing from a squat or from tying my shoes)	Moderate weakness (e.g. difficulty standing from a chair, I need to push up with my arms)	Severe weakness (e.g. unable to stand from a chair without assistance)
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

21. Leg weakness with prolonged use

Have you experienced weakness in your legs after prolonged use? When does it happen (on average) ?	No leg weakness	Weakness when walking more than 10 blocks at my own pace	Weakness when walking less than 10 blocks at my own pace	Constant weakness or with minimal effort (standing, walking inside the house)
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

22. Neck weakness

Have you experienced weakness in your neck? When does it happen (on average) ?	No neck weakness	Weakness only in the evenings	Weakness starting in the afternoons	Constant weakness or present most of the day
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

MG Impairment Index (MGII) - Examination

ID: _____

Date: _____

This sheet refers to the physical examination. Detailed instructions are found in the instruction manual. You will need a stopwatch.

	0	1	2	3	Score
E1. Diplopia	No Diplopia	Diplopia in only 1 direction.	Diplopia in 2 directions.	Diplopia in ≥ 3 directions OR in primary gaze.	
E2. Ptosis	No ptosis	Ptosis between 10-60 seconds.	Spontaneous ptosis or in less than 10 seconds.	/	
E3. Lower Facial Strength	Normal strength	Can resist with cheeks, but air escapes through lips.	Unable to seal lips or provide resistance with cheeks.	/	
E4. Arm Endurance	Holds arms for 180 seconds.	Holds arms for 91-179 seconds.	Holds arms for 30-90 seconds.	Holds arms for < 30 seconds.	
E5. Leg Endurance	Holds leg for 90 seconds.	Holds leg for 40-89 seconds.	Holds leg for 16-39 seconds.	Holds leg for ≤ 15 seconds.	
E6. Neck Endurance	Holds head for 60 seconds.	Holds head for 35-59 seconds.	Holds head for 11-34 seconds.	Holds head for ≤ 10 seconds.	