

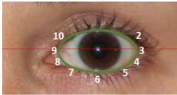
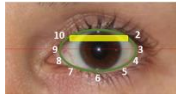
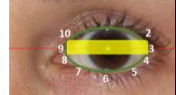
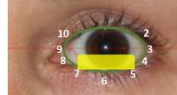
Participant ID: _____

Dominant Hand: Right Left

Visit ID: _____

Date of Evaluation: _____

QMG Revised Case Report FormLast cholinesterase inhibitor use Date: _____ Time: _____ Not applicable

Test Item	Raw Value		None	Mild	Moderate	Severe	SCORE
	R	L	0	1	2	3	
Double vision Document time in sec for both sides. Score based on the worst side			61 Check box if obvious ocular misalignment but no diplopia <input type="checkbox"/>	11-60	1-10	Spontaneous Check box if diplopia in primary gaze <input type="checkbox"/>	
Ptosis Document severity for both sides according to scoring in pictures							
Eyelid Closure			Normal	Complete, weak, some resistance	Complete, without resistance	Incomplete	
Swallowing			Normal	Minimal coughing or throat clearing	Severe Coughing/ choking or nasal regurgitation	Cannot swallow 120ml (test not completed)	
Speech Record the number at onset of dysarthria:			None at 50	Dysarthria/ nasal speech at 30-49	Dysarthria/ nasal speech at 10-29	Dysarthria/ nasal speech at 0-9	
Right arm outstretched Check if not testable due to non-MG cause* <input type="checkbox"/>	Time (s):		240	90-239	10-89	0-9	
Left arm outstretched Check if not testable due to non-MG cause* <input type="checkbox"/>	Time (s):		240	90-239	10-89	0-9	
Vital Capacity <input type="checkbox"/> Forced <input type="checkbox"/> Slow	Trial #	Volume (L):	% Predicted:	≥80%	65-79%	50-64%	<50%
	1						
	2						
	3						
	4						
5							

Evaluator Signature: _____ Date: _____

Participant ID:

Dominant Hand: Right Left

Visit ID:

Date of Evaluation:

Test Item	Raw Value	None	Mild	Moderate	Severe	SCORE	
		0	1	2	3		
Dominant hand grip: Check if not testable due to non-MG cause* <input type="checkbox"/>	Trial:						
	1	2	3	>45 (M)	15-44 (M)	5-14 (M)	0-4 (M)
				>30 (F)	10-29 (F)	5-9 (F)	0-4 (F)
	Best Value (kg):						
Non-Dominant hand grip: Check if not testable due to non-MG cause* <input type="checkbox"/>	Trial:						
	1	2	3	>35 (M)	15-34 (M)	5-14 (M)	0-4 (M)
				>25 (F)	10-24 (F)	5-9 (F)	0-4 (F)
	Best Value (kg):						
Head Lift	Time (s):	120	30-119	1-29	0		
Right hip flexion	Time (s):	100	31-99	1-30	0		
Check if not testable due to non-MG cause* <input type="checkbox"/>							
Left hip flexion	Time (s):	100	31-99	1-30	0		
Check if not testable due to non-MG cause* <input type="checkbox"/>							
TOTAL SCORE							
<i>* Please describe the specific cause if an arm or a leg were not tested due to a non-MG-related cause:</i>							

Evaluator Signature: _____ Date: _____