

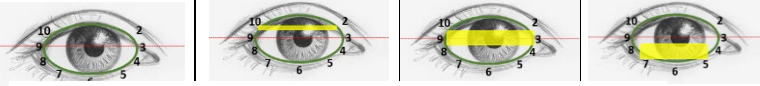
Participant ID: _____

Dominant Hand: Right Left

Visit ID: _____

Date of Evaluation: _____

QMG Revised FormDate/Time of last cholinesterase inhibitor: _____ Last dose was an extended release formulation

Test Item	Raw Value		None	Mild	Moderate	Severe	SCORE
	R	L	0	1	2	3	
Double vision <i>Document time in sec. for both sides. Score worst side.</i>			≥61 <i>Check box if obvious ocular misalignment but no diplopia</i> <input type="checkbox"/>	11-60	1-10	Spontaneous <i>Check box if diplopia in primary gaze</i> <input type="checkbox"/>	
Ptosis <i>Document severity for both sides according to scoring in pictures. Score worst side.</i>			 ***Refer to manual for details of grading mild ptosis***				
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 <i>Check if not testable due to non-MG cause*</i> <input type="checkbox"/>	Time (s):		240	90-239	10-89	0-9	
Left arm outstretched <i>Check if not testable due to non-MG cause*</i> <input type="checkbox"/>	Time (s):		240	90-239	10-89	0-9	
Vital Capacity <input type="radio"/> Forced <input type="radio"/> Slow	Trial #	Volume (L):	≥80%	65-79%	50-64%	<50%	
	1						
	2						
	3						
	4						
	5						

Evaluator Signature: _____ Date: _____ (CRF V1.0 07Sep2022)

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: _____ (CRF V1.0 07Sep2022)