



# MG-ADL symptom tracker

The Myasthenia Gravis Activities of Daily Living (MG-ADL) Symptom Tracker is the most commonly used tool to measure and monitor gMG symptoms over time. It measures 8 common signs and symptoms that relate to daily life. Answering the questions based on the impact gMG has had on your quality of life over time, compiling your scores and tracking your totals on the graph provided can give you a visual picture that you can share with your healthcare team.

Whilst the MG-ADL Tool is comprehensive, everyone's experience can differ, so we also encourage you to use the notes section to personalise your symptom monitoring and track what matters most to you.

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| 1. MG-ADL scores                               |                           |                                         |                                                             |                                   |
|------------------------------------------------|---------------------------|-----------------------------------------|-------------------------------------------------------------|-----------------------------------|
| Signs and symptoms                             | None<br>Have a score of 0 | Mild<br>Have a score of 1               | Moderate<br>Have a score of 2                               | Severe<br>Have a score of 3       |
| Talking / voice                                | Normal                    | Intermittent clearing of throat speech  | Constant clearing of throat speech built on the soft palate | Difficult to understand speech    |
| Chewing                                        | Normal                    | Fatigue with solid food                 | Fatigue with soft food                                      | Cannots chew                      |
| Swallowing                                     | Normal                    | Rare episode of choking                 | Frequent choking, regurgitating, choking, or gagging        | Cannots swallow                   |
| Breathing                                      | Normal                    | Shortness of breath with exertion       | Shortness of breath at rest                                 | Respirator dependence             |
| Impairment of ability to reach head or arms up | None                      | Some effort, but no rest periods needed | Rest periods needed                                         | Cannots do one of these functions |
| Impairment of ability to arise from a chair    | None                      | Mild, sometimes uses arms               | Steadily, always uses arms                                  | Severely requires assistance      |
| Double vision                                  | None                      | Occurs, but not daily                   | Daily, but not constant                                     | Constant                          |
| Eyelid droop                                   | None                      | Occurs, but not daily                   | Daily, but not constant                                     | Constant                          |

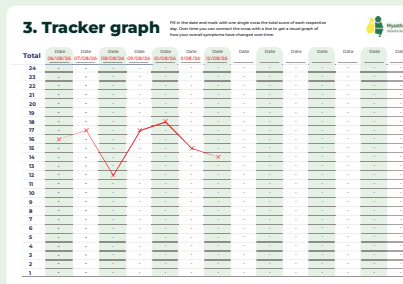
**MG-ADL symptoms** is your reference for scoring

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| 2. Score sheet                                 |          |       |          |       |          |       |          |       |          |       |          |       |
|------------------------------------------------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|
| Signs and symptoms                             | Date     | Score | Date     | Score | Date     | Score | Date     | Score | Date     | Score | Date     | Score |
| Talking / voice                                | 06/08/26 | 2     | 07/08/26 | 1     | 08/08/26 | 2     | 09/08/26 | 1     | 10/08/26 | 2     | 11/08/26 | 0     |
| Chewing                                        | 2        | 2     | 1        | 2     | 2        | 2     | 2        | 2     | 2        | 2     | 2        | 2     |
| Swallowing                                     | 2        | 2     | 1        | 2     | 2        | 2     | 2        | 2     | 2        | 2     | 2        | 2     |
| Breathing                                      | 1        | 2     | 0        | 2     | 2        | 2     | 1        | 1     | 2        | 2     | 2        | 2     |
| Impairment of ability to reach head or arms up | 2        | 2     | 2        | 2     | 2        | 2     | 2        | 2     | 2        | 2     | 2        | 2     |
| Impairment of ability to arise from a chair    | 2        | 2     | 2        | 2     | 2        | 2     | 3        | 2     | 2        | 2     | 2        | 2     |
| Double vision                                  | 3        | 3     | 3        | 3     | 3        | 3     | 3        | 3     | 3        | 3     | 3        | 3     |
| Eyelid droop                                   | 3        | 3     | 3        | 3     | 3        | 3     | 3        | 3     | 3        | 3     | 3        | 3     |
| Total                                          | 16       | 17    | 12       | 17    | 18       | 15    | 14       |       |          |       |          |       |

**Score sheet** is where you add up your scores

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**Tracker graph** is where you mark your total scores over time

## HOW TO USE

Answer the questions based on the impact gMG has had on your quality of life over the past 7 days.

- Use the reference guide to score your symptoms,
- Mark up your daily score sheet
- Add your total
- Transfer to the Tracker Graph with a cross

**Note:** you may want to record other symptoms not on the MG-ADL on your sheet. They cannot be added to your MG-ADL score sheet but if they are important to share with your healthcare team, we encourage you to note them here and bring to your appointments.

# 1. MG-ADL scores

For each of the signs and symptoms  
mark the correct score on your Score Sheet.



| Signs and symptoms                                       | <b>None</b><br>Mark a score of<br><b>0</b> | <b>Mild</b><br>Mark a score of<br><b>1</b> | <b>Moderate</b><br>Mark a score of<br><b>2</b>           | <b>Severe</b><br>Mark a score of<br><b>3</b> |
|----------------------------------------------------------|--------------------------------------------|--------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>Talking / Voice</b>                                   | Normal                                     | Intermittent slurring or nasal speech      | Constant slurring or nasal speech, but can be understood | Difficult-to-understand speech               |
| <b>Chewing</b>                                           | Normal                                     | Fatigue with solid food                    | Fatigue with soft food                                   | Gastric tube                                 |
| <b>Swallowing</b>                                        | Normal                                     | Rare episode of choking                    | Frequent choking necessitating changes in diet           | Gastric tube                                 |
| <b>Breathing</b>                                         | Normal                                     | Shortness of breath with exertion          | Shortness of breath at rest                              | Ventilator dependence                        |
| <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             |
| <b>Impairment of ability to arise from a chair</b>       | None                                       | Mild, sometimes uses arms                  | Moderate, always uses arms                               | Severe, requires assistance                  |
| <b>Double vision</b>                                     | None                                       | Occurs, but not daily                      | Daily, but not constant                                  | Constant                                     |
| <b>Eyelid droop</b>                                      | None                                       | Occurs, but not daily                      | Daily, but not constant                                  | Constant                                     |

## 2. Score sheet

Fill in the date and mark the correct score based on the impact gMG has had on your quality of life over the past 7 days.  
Add scores to calculate total for each day.



| Signs and symptoms                                                                                                                                             | Date | Date | Date | Date | Date | Date | Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|------|------|------|
| Talking / Voice                                                                                                                                                |      |      |      |      |      |      |      |
| Chewing                                                                                                                                                        |      |      |      |      |      |      |      |
| Swallowing                                                                                                                                                     |      |      |      |      |      |      |      |
| Breathing                                                                                                                                                      |      |      |      |      |      |      |      |
| Impairment of ability to brush teeth or comb hair                                                                                                              |      |      |      |      |      |      |      |
| Impairment of ability to arise from a chair                                                                                                                    |      |      |      |      |      |      |      |
| Double vision                                                                                                                                                  |      |      |      |      |      |      |      |
| Eyelid droop                                                                                                                                                   |      |      |      |      |      |      |      |
| Total                                                                                                                                                          |      |      |      |      |      |      |      |
| Record a note of your other symptoms in the blank boxes here. They cannot be included in your MG-ADL score but should still be shared to your healthcare team. |      |      |      |      |      |      |      |
|                                                                                                                                                                |      |      |      |      |      |      |      |
|                                                                                                                                                                |      |      |      |      |      |      |      |
|                                                                                                                                                                |      |      |      |      |      |      |      |
|                                                                                                                                                                |      |      |      |      |      |      |      |

## NOTES

[illegible]

### 3. Tracker graph

Fill in the date and mark with one single cross the total score of each respective day. Over time you can connect the cross with a line to get a visual graph of how your overall symptoms have changed over time.

[illegible]