

# MG Quality of Life (QOL) Measure

Please indicate how true each statement has been (over the past few weeks).

	Not at all 0	Somewhat 1	Very Much 2
1 I am frustrated by my MG			
2 I have trouble with my eyes because of my MG (e.g. double vision)			
3 I have trouble eating because of MG			
4 I have limited my social activity because of my MG			
5 My MG limits my ability to enjoy hobbies and fun activities			
6 I have trouble meeting the needs of my family because of my MG			
7 I have to make plans around my MG			
8 I am bothered by limitations in performing my work (include work at home) because of my MG			
9 I have difficulty speaking due to MG			
10 I have lost some personal independence because of my MG (e.g. driving, shopping, running errands)			
11 I am depressed about my MG			
12 I have trouble walking due to MG			
13 I have trouble getting around public places because of my MG			
14 I feel overwhelmed by my MG			
15 I have trouble performing my personal grooming needs due to MG			
<b>Total MGQOL-R Score</b>			