



My gMG Journal

Taking on my
generalized
myasthenia gravis
(gMG) one day at
a time



Patient Portrayal



Tracking your life with gMG

Tracking your gMG symptoms can help you and your doctor better manage your gMG.

You can use the following pages to record how you're feeling from day to day and any modifications you've made to cope with your symptoms. You can even answer a questionnaire to see just how much gMG symptoms are impacting you.

Track. **Share.** **Repeat.**

Healthcare Team Contact Information

Neurologist

Name _____

Address _____

Phone _____

Hours _____

PCP

Name _____

Address _____

Phone _____

Hours _____

Appointments

Date _____

Time _____

Date _____

Time _____

Date _____

Time _____

Date _____

Time _____



Notes

Please use the space below to note any questions you have for your doctor, so you'll have them ready for your next appointment.

Current treatments

Add notes about your treatment, including any side effects you may be experiencing between doctor visits.

Record any changes you may be experiencing

(eg, physical or emotional):

What is your daily living score?

You may already know what an MG-ADL or myasthenia gravis activities of daily living questionnaire is. It's a tool your doctor may use to see how your gMG symptoms are impacting your life. If you're experiencing these symptoms, try filling out the questionnaire and share your weekly scores with your doctor during your next visit.

	0 = Normal	1	2	3 = Most Severe
Talking	Normal	Intermittent slurring or nasal speech	Constant slurring or nasal speech, but can be understood	Difficult-to-understand speech
Chewing	Normal	Fatigue with solid food	Fatigue with soft food	Gastric tube
Swallowing	Normal	Rare episode of choking	Frequent choking necessitating changes in diet	Gastric tube
Breathing	Normal	Shortness of breath with exertion	Shortness of breath at rest	Ventilator dependence
Impairment of ability to brush teeth or comb hair	None	Extra effort, but no rest periods needed	Rest periods needed	Cannot do one of these functions
Impairment of ability to arise from a chair	None	Mild, sometimes uses arms	Moderate, always uses arms	Severe, 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

Total Score _____

Take the 12-week ADL challenge

Track your ADL score each week then share your scores with your doctor at your next appointment.

Week	1	2	3	4	5	6	7	8	9	10	11	12
ADL Score												

Week	1	2	3	4	5	6	7	8	9	10	11	12
ADL Score												

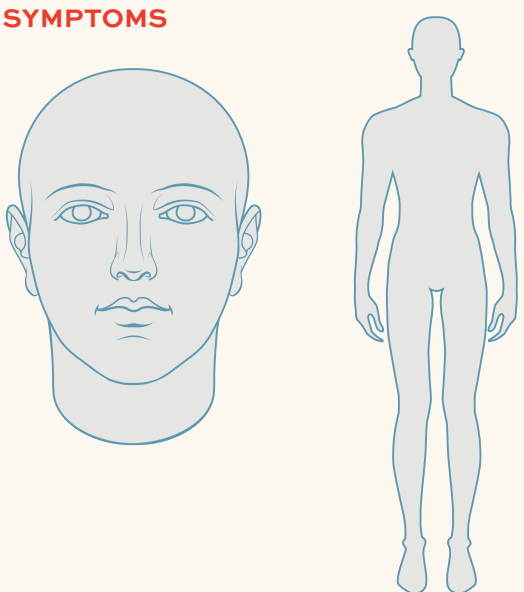
Week	1	2	3	4	5	6	7	8	9	10	11	12
ADL Score												

“ Everything I can do to manage my gMG better is my priority.

Greg, living with gMG for 18 years

Track your experiences by circling where you had a symptom, then jot down any notes you'd like to share with your doctor. Don't forget to add the date of the symptom.

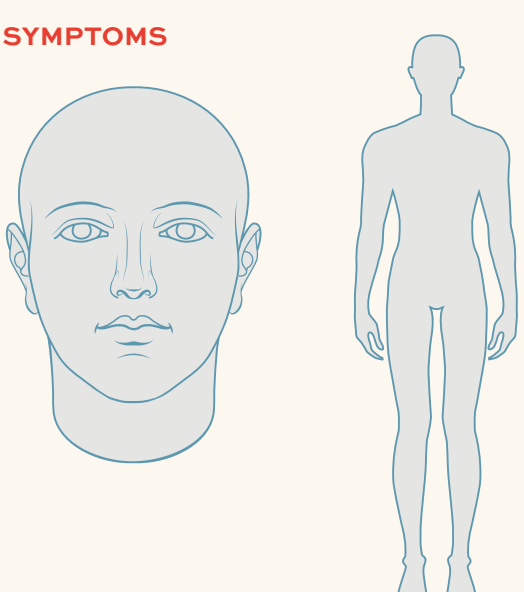
SYMPTOMS



Date / /

Notes

SYMPTOMS



Date / /

Notes

