MG Holistic Society Activity of Holistic Living Form

Name: _____ Date of Birth _____
Email: _____

Complete this survey to gage how your life is affected by Myasthenia Gravis. Assess yourself every other month to gage how your symptoms or life may have improved or changed. Take this form with you to your physician/ wellness appointment.
Assign one point for each area impacted by myasthenia gravis:

- ☐ Ability to work
- ☐ Sex life
- ☐ Ability to shop
- ☐ Driving
- ☐ Enjoyment of life
- ☐ Sports
- ☐ Dress yourself
- ☐ Do house work
- ☐ Run/Jog
- ☐ Driving
- ☐ Hobbies
- ☐ Comb hair
- ☐ Exercise
- ☐ Breathing
- ☐ Speaking
- ☐ Teeth brushing
- ☐ Dancing
- ☐ Reading
- ☐ Mobility
- ☐ Biking
- ☐ Cooking
- ☐ Energy Level
- ☐ Travel
- ☐ Wash hair
- ☐ Social / Dating life
- ☐ Stress level
- ☐ Walking
- ☐ Swallowing
- ☐ Singing
- ☐ Bathing
- ☐ Transferring
- ☐ Parenting
- ☐ Chewing
- ☐ Gardening
- ☐ Vision
- ☐ Style hair

Current Score: _____Previous Score: _____
Goal: _____