

CIGARETTE SMOKING QUESTIONS

1. Have you smoked at least 100 cigarettes in your ENTIRE LIFE? (IF "NO" SKIP TO #7)
A. Yes B. No C. Refused D. Don't know
2. How old were you when you FIRST started to smoke fairly regularly?
A. ___ years of age B. Never smoked regularly
C. Refused D. Don't know
3. Do you NOW smoke cigarettes every day, some days or not at all? (IF A OR B PROCEED TO #4, IF C, D, OR E SKIP TO #6)
A. Every day B. Some days C. Not at all D. Refused E. Don't know
4. On the average, how many cigarettes do you NOW smoke a day?
_____ * cigarettes per day
5. How long has it been since you quit smoking cigarettes?
_____ * years
5. On the average, how many cigarettes DID YOU FORMERLY smoke a day?
_____ * cigarettes per day
6. Do your smoking habits differ now compared to your first diagnosis?
A. Unchanged B. Reduced smoking C. Quit smoking D. Increased smoking

PIPE SMOKING QUESTIONS

7. Have you smoked a pipe at least 50 times in your entire life? (IF "NO" SKIP TO #9)
A. Yes B. No C. Refused D. Don't know
8. Do you now smoke a pipe every day, some days, or not at all?
A. Every day B. Some days C. Not at all D. Refused E. Don't know

SMOKELESS TOBACCO QUESTIONS

11. Have you ever used snuff such as Skoal, Skoal Bandits, or Copenhagen, or chewing tobacco, such as Redman, Levi Garrett, or Bechout, at least 20 times in your entire life? (IF "NO" SKIP TO NEXT SECTION)
A. Yes B. No C. Refused D. Don't know
12. Do you now use snuff every day, some days, or not at all?
A. Every day B. Some days C. Not at all D. Refused E. Don't know

CIGAR SMOKING QUESTIONS

9. Have you smoked at least 50 cigars in your entire life? (IF "NO" SKIP TO #11)
A. Yes B. No C. Refused D. Don't know
10. Do you now smoke cigars every day, some days, or not at all?
A. Every day B. Some days C. Not at all D. Refused E. Don't know

ETHNICITY AND RACE QUESTIONS

13. Do you consider yourself to be Hispanic or Latino? Read if necessary: Puerto Rican, Cuban/Cuban American, Dominican, Mexican, Mexican American, Central or South American, Other Latin American, Other Hispanic/Latino
A. Yes B. No C. Refused D. Don't know
14. What race or races do you consider yourself to be? Please select 1 or more of these categories
White Black/African American Indian (American) Alaska Native Native Hawaiian Guamanian or Chamorro
Samoan Other Pacific Islander Asian Indian Chinese Filipino Japanese Korean
Vietnamese Other Asian Some other race Refused Don't know

MYASTHENIA GRAVIS QUESTIONS (MG-ADL SCORE)

15. Does your myasthenia gravis cause you to have difficulty TALKING?
0- No 1- Intermittent slurring or nasal speech 2- Constant slurring or nasal, but can be understood
3- Difficult to understand speech
16. Does your myasthenia gravis cause you to have difficulty CHEWING?
0- No 1- Fatigue with solid food 2- Fatigue with soft food
3- Gastric tube
17. Does your myasthenia gravis cause you to have difficulty SWALLOWING?
0- No 1- Rare episodes of choking 2- Frequent choking necessitating changes in diet
3- Gastric tube
18. Does your myasthenia gravis cause you to have difficulty BREATHING?
0- No 1- Shortness of breath with exertion 2- Shortness of breath at rest
3- Ventilator dependent
19. Does your myasthenia gravis impair your ABILITY TO BRUSH YOUR TEETH OR COMB YOUR HAIR?
0- No 1- Extra effort, but no rest periods needed 2- Rest periods needed
3- Cannot do one of these functions
20. Does your myasthenia gravis impair your ABILITY TO ARISE FROM A CHAIR?
0- No 1- Mild, sometimes uses arms 2- Moderate, always uses arms
3- Severe, requires assistance
21. Does your myasthenia gravis cause you to have DOUBLE VISION?
0- No 1- Occurs, but not daily 2- Daily, but not constant
3- Constant
22. Does your myasthenia gravis cause you to have EYELID DROOPING?
0- No 1- Occurs, but not daily 2- Daily, but not constant
3- Constant

SUMMARY

NEVER-TOBACCO USER [] TOBACCO USER []

CIGARETTES: CURRENT [] FORMER [] PACK-YEARS []

PIPES: CURRENT [] ? DAILY [] FORMER []

CIGARS: CURRENT [] ? DAILY [] FORMER []

SMOKELESS: CURRENT [] ? DAILY [] FORMER []

HISPANIC OR LATINO (Y/N) []

RACE []

MG-ADL TOTAL SCORE []

Figure E1: Telephone survey for patients with ocular Myasthenia Gravis. Adapted from the National Health Interview Survey and the Myasthenia Gravis-specific Activities of Daily Living score.