

Table S1. Questionnaire used to collect demographic and clinical information from patients diagnosed with myasthenia gravis

Patient Information	
Patient identification number:	String (e.g., JHU1, JHU2)
Institution:	String (e.g., Johns Hopkins, UWO)
Date:	Date
Verified as Caucasian?	Yes/No
AChR titer - Initial or 1st known:	Numeric
Age at symptom onset (years):	Numeric
Gender:	Male/Female
Worst status	
Diplopia or ptosis only?	Yes/No
Mild limb weakness?	Yes/No
Dysphagia dyspnea?	Yes/No
Severe limb weakness?	Yes/No
Hospitalized?	Yes/No
Ventilated?	Yes/No
Feeding tube?	Yes/No
Treatment	
Mestinon?	Yes/No
Benefit: Mestinon:	Ordinal scale [0,1,2]
Prednisone?	Yes/No
Benefit: Prednisone:	Ordinal scale [0,1,2]
CellCept?	Yes/No
Benefit: CellCept?	Ordinal scale [0,1,2]
Cyclosporine?	Yes/No
Benefit: Cyclosporine:	Ordinal scale [0,1,2]
Tacrolimus?	Yes/No
Benefit: Tacrolimus:	Ordinal scale [0,1,2]
Intravenous immunoglobulin?	Yes/No
Benefit: Intravenous immunoglobulin:	Ordinal scale [0,1,2]
Plasmapheresis?	Yes/No
Benefit: Plasmapheresis:	Ordinal scale [0,1,2]
Imuran/Azathioprine?	Yes/No
Benefit: Imuran/Azathioprine:	Ordinal scale [0,1,2]
Other treatment?	Yes/No
Name of other 1:	String (e.g., Mytelase)
Benefit: other 1:	Ordinal scale [0,1,2]
Name of other 2:	String (e.g., Mytelase)
Benefit: other 2:	Ordinal scale [0,1,2]

Best Status	
Back to normal without medication?	Yes/No
Back to normal with medication?	Yes/No
Diplopia or ptosis only?	Yes/No
Mild limb weakness?	Yes/No
Dysphagia/dyspnea?	Yes/No
Severe limb weakness?	Yes/No
Hospitalized?	Yes/No
Ventilated?	Yes/No
Feeding tube:	Yes/No
Other Autoimmune Diseases	
Other autoimmune disease?	Yes/No
Thyroiditis?	Yes/No
Lupus?	Yes/No
Rheumatoid arthritis?	Yes/No
Psoriasis?	Yes/No
Blood disease?	Yes/No
Other Autoimmune Disease?	Yes/No
Other Autoimmune Disease (Name1):	String (e.g., vitiligo, celiac disease)
Other Autoimmune Disease (Name2):	String (e.g., vitiligo, celiac disease)
Other Autoimmune Disease (Name3):	String (e.g., vitiligo, celiac disease)
Family history of myasthenia gravis	
Family history of myasthenia gravis?	Yes/No
Myasthenia gravis (Relationship):	String (e.g., mother, sister)
Family history of other Autoimmune Disease	
Family history of other Autoimmune Disease?	Yes/No
Autoimmune Disease (Relationship):	String (e.g., mother, sister)
Autoimmune Disease (Disease):	String (e.g., polymyalgia, vitiligo)
Family history of other Autoimmune Disease 2nd Member?	Yes/No
Autoimmune Disease (Relationship) 2nd Member:	String (e.g., mother, sister)
Autoimmune Disease (Disease) 2nd Member:	String (e.g., polymyalgia, vitiligo)
Family history of other Autoimmune Disease 3rd Member?	Yes/No
Autoimmune Disease (Relationship) 3rd Member:	String (e.g., mother, sister)
Autoimmune Disease (Disease) 3rd Member:	String (e.g., polymyalgia, vitiligo)
Other relative in study?	Yes/No
Other relative in study id	String (e.g., JHU1, JHU2)
Thymectomy?	Yes/No
Thymoma?	Yes/No
Histology of thymus if known?	String (e.g., Follicular Hyperplasia)