Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LGMD Sub-Type (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**At what age were you diagnosed**:

**What were your first symptoms**:

**Do you have other family members who have LGMD:**

**What do you find to be the greatest challenges in living with LGMD**:

**What is your greatest accomplishment**:

**How has LGMD influenced you into becoming the person you are today:**

**What do you want the world to know about LGMD**:

**If your LGMD could be “cured” tomorrow, what would be the first thing that you would want to do**:

Please send your completed questionnaire, signed release form and a .jpeg photo of yourself

 via e-mail to: LGMD.Day@gmail.com

A signed Release Form must also be completed and returned.