



Global LGMD Awareness Day “Spotlight” Questionnaire

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.