**Individual with LGMD: “Spotlight Interview” 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: info@lgmd-info.org

A signed Release Form must also be completed and returned.

Thank you for helping us raise awareness of LGMD.