DMD/BMD PROJECT

To learn more about, and possibly participate in, research about cognitive skills in Duchenne and Becker’s muscular dystrophy, please fill out the following:

PARENTS’ NAMES: _______________________________________________

ADDRESS: _______________________________________________

_________________________________________________________________

PHONE: _______________________________________________

Best time/way to contact you:____________________________

Please enter information for all your children. If your child does not have a brother or sister but has a first cousin who would be willing to participate, please enter that child’s name, age and address.

<table>
<thead>
<tr>
<th>CHILDREN’S NAMES</th>
<th>AGE</th>
<th>Date Of Birth</th>
<th>SEX</th>
<th>Diagnosis of DMD or BMD?</th>
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Please answer the following questions:

I/we would be willing to come to CPMC to participate: ______________________
I/we would be willing for you to come to us to participate: ______________________
   I/we know of ___________ families in the area who might be willing to participate too.
I/we would be willing to have a phone interview: ______________________
I/we would be willing to fill out questionnaires: ______________________

Today’s date:____________________

THANKS!