

Columbia University in the City of New York  
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## 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.

CHILDREN'S NAMES	AGE	Date Of Birth	SEX	Diagnosis of DMD or BMD?

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' date: \_\_\_\_\_

THANKS!

