

### First questionnaire

Facility number:

Does your facility currently have patients with spinal muscular atrophy who were born during 2016–2020?

(Please check one)

Yes

No

Unknown

In the case that the present study is published, do you agree to add your facility and the doctor's name as contributors?

☐ Yes, I agree to add the information as a contributor.

☐ No, I disagree.

☐ Other ( ).

We thank you in advance for your response.

We appreciate your continuous support.