Music Assessment Questionnaire

Listener’s Name: ___________________________ Age: _______ Date: _______

Where did you grow up? _________________ Native Language: _______________

Do you have a favorite type of music? _________________
(Use MM Artist Matrix for examples of genres. Try to get as specific as possible)

What music did you listen to when you were young? _________________

Who was your favorite performer, group, band, orchestra? _________________

Did you sing at religious services, if so, what were your favorite hymns? _________________

Did you enjoy going to Broadway shows or musicals? _________________

Did you have favorite TV shows or movies? _________________
(theme songs from shows or movie soundtracks can elicit responses)

Do you remember going to see live music (rock, symphony, ballet, jazz, polka, clubs?)

_____________________________________________________________________

Do you like to dance? _________________ What type of dance? _________________
(i.e., salsa, ballroom, swing, disco, square dance, polka, line)

What songs did you dance to at your wedding? High school prom? _________________

_____________________________________________________________________

Do you still have any records, tapes, CDs that were favorites? _________________

Where can I find them? _________________

Can you hum any favorite songs? _________________
(Use Shazam to identify the song if you don’t know it)

Other Notes: ____________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________