



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: _____