

Playlist Impact Evaluation Form

Recommended for non-verbal participants

Date _____

Participant Name _____

Staff Name _____

Facial Responses

Eye contact – participant initiates eye contact due to implementation of music:

Low response

1 2 3 4 5 6 7 8

High response

9 10

Smile – participant responds with a smile due to implementation of music:

Low response

1 2 3 4 5 6 7 8

High response

9 10

Face relaxation – participant's face relaxes due to implementation of music:

Low response

1 2 3 4 5 6 7 8

High response

9 10

Vocal Responses

Participant sings along with music:

Low response

1 2 3 4 5 6 7 8

High response

9 10

Body Movement

Participant follows rhythm of music through **hand tapping, foot tapping or clapping** (circle response):

Low response

1 2 3 4 5 6 7 8

High response

9 10

Participant rocks back and forth to rhythm of the music:

Low response

1 2 3 4 5 6 7 8

High response

9 10

Participant dances to music:

Low response

1 2 3 4 5 6 7 8

High response

9 10

Behavioral Responses

Agitation/distressed behavior:

Low response

1 2 3 4 5 6 7 8 9 10 High Response

Joy/happiness:

Low response

1 2 3 4 5 6 7 8 9 10 High Response

Resistance to care:

Low response

1 2 3 4 5 6 7 8 9 10 High Response

Sundowning (_____ N/A)

Low response

1 2 3 4 5 6 7 8 9 10 High Response

Participant is more engaged and responsive:

Low response

1 2 3 4 5 6 7 8 9 10 High Response

Pain expression while listening:

Low pain level

1 2 3 4 5 6 7 8 9 10 High pain level

Recognition of music being played:

No recognition

1 2 3 4 5 6 7 8 9 10 High Recognition

Additional Notes:
