



Music Assessment Questionnaire

Listener's Name: _____ Age: _____ Date: _____

Where did you grow up? _____ First Language: _____

Do you have a favourite type of music? (use music 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 favourite singer, group, band, orchestra? _____

Did you sing at church/religious services? _____

What denomination and what part of the country? (i.e., Roman Catholic, Lutheran, Methodist, Baptist, Jewish)

Favourite hymns or other religious music? _____

Did you enjoy going to Broadway shows or musicals? _____

Did you have favourite 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)

Do you have a favourite classical music composer? _____

What songs did you dance to at your wedding? Dances? _____

Were you in the armed services? _____ If so, what branch, years and where did you serve?

Do you still have any records, tapes, CDs that were favourites? _____

Where can I find them? _____

Can you hum any favourite songs? (can use Shazam to identify the song if you don't know it)

Other Notes:
