

MUSIC AND MEMORY

Music Assessment Questionnaire

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

Where did you grow up? _____ Native Language: _____

Do you have a favorite 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 favorite performer, group, band, orchestra? _____

Did you sing at religious services? _____

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

Favorite hymns or other religious music? _____

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)

Do you have a favorite classical music composer? _____

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

Were you in the armed services? _____ What branch, years and where did you serve? _____

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

Where can I find them? _____

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

Other Notes: _____
