



# LifeMusicCare

## QUESTIONNAIRE

(MUSIC LISTENER) FIRST NAME		MI	(MUSIC LISTENER) LAST NAME		
STREET ADDRESS		CITY		STATE	ZIP
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	( )		
DATE OF BIRTH	AGE	GENDER	PHONE	EMAIL ADDRESS	

1. Do you play a musical instrument?  YES  NO If yes, what musical instrument(s) do you play, and how often do you play? INSTRUMENT(S) \_\_\_\_\_  DAILY  WEEKLY  MONTHLY  YEARLY
2. Do you intentionally listen to music every day?  YES  NO If yes, how much time do you spend intentionally listening to music every day?  30 MINUTES OR LESS  30-60 MINUTES  60 MINUTES OR MORE  
(IF YOU DO NOT INTENTIONALLY LISTEN TO MUSIC EVERY DAY, STOP HERE)
3. What type of sound device do you use to listen to music most often?  STEREO HEADPHONES  EARBUDS  
 HOME STEREO SPEAKERS  BOOMBOX SPEAKERS  COMPUTER SPEAKERS  ALARM CLOCK SPEAKERS  
 CELL PHONE SPEAKERS  TV SPEAKERS  CAR RADIO SPEAKERS  LOUD SPEAKERS
4. At what volume level do you listen to music?  VERY LOW  LOW  MEDIUM  HIGH  VERY HIGH
5. How would you rate your current hearing?  VERY GOOD  GOOD  AVERAGE  POOR  VERY POOR
6. When do you listen to music most often? (Check all that apply)  BEFORE WORK/SCHOOL  BEFORE BED  
 AFTER WORK/SCHOOL  DURING EXERCISE  WHILE READING  WHILE CONDUCTING A HOBBIE  
 WHILE CONDUCTING ACTIVITIES OF DAILY LIVING  OTHER \_\_\_\_\_
7. What type of music do you listen to most often? (Check all that apply)  ROCK  JAZZ  COUNTRY  POP  
 R&B  HIP HOP  RAP  BLUES  CHRISTIAN/GOSPEL  CLASSICAL  OTHER \_\_\_\_\_
8. What is your primary objective(s) for listening to music on a daily basis? (Check all that apply)  
 ENTERTAINMENT  MOOD IMPROVEMENT  STRESS REDUCTION  SLEEP SUPPORT  
 MEMORY SUPPORT  MINDFULNESS  MEDITATION  CHRONIC PAIN REDUCTION SUPPORT  
 EXERCISE SUPPORT  READING/FOCUS/CREATIVITY SUPPORT  OTHER \_\_\_\_\_
9. Who are two recording artists or bands you know of that can benefit your music listening objective(s) defined in question 8? ARTIST/BAND NAME (i) \_\_\_\_\_ (ii) \_\_\_\_\_
10. Have you ever talked to your doctor about adding wishes or preferences for personal music listening support to your advance directive?  YES  NO If yes, have your wishes or preferences changed?  YES  NO

Life Music Care™ Provider \_\_\_\_\_ Date \_\_\_\_\_

Life Music Care™ (LMC) is the process of integrating a person's individual music listening preferences with a custom wellness plan and is not the practice of music therapy. This form does not provide medical advice, diagnosis or treatment of any kind. Users of this form should talk to their doctor before engaging in any musical activity intended to supplement an individual's personal health or wellness treatment.