



(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	

- 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
- 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)
- 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
- At what volume level do you listen to music? VERY LOW LOW MEDIUM HIGH VERY HIGH
- How would you rate your current hearing? VERY GOOD GOOD AVERAGE POOR VERY POOR
- 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 _____
- 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 _____
- 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 _____
- 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) _____
- 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™ Counselor _____ 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.