



Assessment of Personal Music Preference Questionnaire (Family Version)

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Music is often a very important part of people's lives. Please complete the questionnaire based on your knowledge of the patient's personal music preference.

Before illness, how important a role did music play in the patient's life?

- _____ Very important
- _____ Moderately important
- _____ Slightly important
- _____ Not important

Does/did the patient play a musical instrument? If yes, please specify (e.g, piano, guitar).

Does/did the patient enjoy singing? If yes, please specify (e.g., attended dance lessons, participated in dance contests).

The following is a list of different types of music. Please indicate the patient's three (3) most favorite types with 1 being the most favorite, 2 the next, and 3 the third favorite.

- _____ Country and Western
- _____ Classical
- _____ Spiritual/Religious
- _____ Big Band/Swing
- _____ Folk
- _____ Blues
- _____ Jazz
- _____ Rock and Roll
- _____ Easy Listening
- _____ Cultural or Ethnic Specific (examples: Czech polkas, Ravi Shankar Indian sitar)
- _____ Other: _____

Please put a check beside the most correct choice to the following questions.

What form does the patient's favorite music take?

- Vocal
 Instrumental
 Both

Please identify specific songs/selections that make the patient feel happy.

Please identify specific artist(s)/performer(s) that the patient enjoyed listening to the most.

Please identify specific albums, audio cassette tapes, or compact discs contained in the patient's personal music library.