ASSESSMENT OF PERSONAL MUSIC PREFERENCE (PATIENT VERSION)

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

Before illness, how important a role did music play in your life?
1. Very Important
2. Moderately Important
3. Slightly Important
4. Not Important
Do/did you play a musical instrument?
If yes, please specify (examples: piano, guitar).
Do/did you enjoy singing?
If yes, please specify (examples: around-the house, church choir).
Do/did you enjoy dancing? If yes, please specify (examples: attended dance lessons, participated in dance contests)
The following is a list of different types of music. Please indicate your three (3) most favorite types with 1 being the most favorite, 2 the next, and 3 the third favorite.
1. Country and Western
2. Classical
3. Spiritual/Religious
3. Spiritual/Religious 4. Big Band/Swing
5. Folk
6. Blues
7. Jazz
8. Rock and Roll
9. Easy Listening
10. Cultural or Ethnic Specific (examples: Czech polkas, Ravi Shankar Indian sitar)
11. Other:

Please put a check (\emph{v}) beside the most correct choice to the following questions.
What form does your favorite music take? 1. Vocal 2. Instrumental 3. Both
Please identify specific songs/selections which make you feel happy.
Please identify specific artist(s)/performers(s) that you enjoy listening to the most.
Please identify specific albums, audio-cassette tapes, or compact discs contained in your personal music library.