MUSIC AND MEMORY at HOME

Music Assessment Questionnaire

Listener's Name:	Age:	Date:
Where did you grow up?	Native Language:	
Do you have a favorite type of music?(Try to get as specific as possible)		
What music did you listen to when you were young?	·	
Who was your favorite performer, group, band, orche	estra?	
Did you sing at religious services?		
What denomination and what part of the country? (i.e., Roman Catholic, Lutheran, Methodist, Baptist, Jewis	h)	
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	t responses)	
Do you remember going to see live music (rock, sym		
Do you like to dance? What type of (i.e., salsa, ballroom, swing, disco, square dance, polka, l		
Do you have a favorite classical music composer?		
What songs did you dance to at your wedding? High	h school prom?	
Were you in the armed services?serve?	What branch, years	s and where did you
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:		
Caregiver Name:		
Email:		



Dementia Alliance of North Carolina

ARTIST	SONG