



Music &  
Memory  
*at home*



**DEMENTIA  
ALLIANCE**

of North Carolina

A STATE OF CARING



Dementia Alliance of North Carolina

# Music and Memory Pre-Evaluation

Please complete the following information to the best of your ability, as the caregiver. This evaluation for the caregiver is required in full to complete Dementia Alliance of NC's Music and Memory Program.

Full Name (Caregiver)

Email

Phone (including area code)



## CAREGIVER QUALITY OF LIFE:

Specific aspects of family life are affected by the demands of caregiving. With respect to your current situation as a family caregiver, please indicate whether YOU personally agree or disagree with the following statements, using the 1-5 point scale below:

1. I am confident in providing care at this time.

- Strongly Disagree    Disagree    I'm Unsure    Agree    Strongly Agree

2. I take part in organized activities.

- Strongly Disagree    Disagree    I'm Unsure    Agree    Strongly Agree

3. I have time to visit my family and friends.

- Strongly Disagree    Disagree    I'm Unsure    Agree    Strongly Agree

4. I often feel frustrated caring for my loved one living with dementia.

- Strongly Disagree    Disagree    I'm Unsure    Agree    Strongly Agree

5. My relationship with my loved one living with dementia is strained.

- Strongly Disagree    Disagree    I'm Unsure    Agree    Strongly Agree

6. Because of my caregiver duties, I feel like my personal health is suffering.

- Strongly Disagree    Disagree    I'm Unsure    Agree    Strongly Agree

7. Caring for my loved one living with dementia makes me anxious.

- Strongly Disagree    Disagree    I'm Unsure    Agree    Strongly Agree

8. I often feel resentful.

- Strongly Disagree    Disagree    I'm Unsure    Agree    Strongly Agree

(continued)

9. I often feel helpless in caring for my loved one living with dementia.

- Strongly Disagree     Disagree     I'm Unsure     Agree     Strongly Agree

10. I often feel overwhelmed by caring for my loved one living with dementia.

- Strongly Disagree     Disagree     I'm Unsure     Agree     Strongly Agree

### CAREGIVER TASK PRE-EVALUATION:

With respect to your current situation as a family caregiver, how difficult do YOU personally find each caregiver task listed in the following questions. Answer to the best of your ability using the 1-5 point scale below:

1. Showers/Baths.

- Very Difficult     Difficult     I'm Unsure     Easy     Very Easy

2. Feeding/Meals.

- Very Difficult     Difficult     I'm Unsure     Easy     Very Easy

3. Dressing.

- Very Difficult     Difficult     I'm Unsure     Easy     Very Easy

4. Transporting my loved one living with dementia to medical appointments or family visits.

- Very Difficult     Difficult     I'm Unsure     Easy     Very Easy

6. Managing Medications.

- Very Difficult     Difficult     I'm Unsure     Easy     Very Easy

# Music and Memory Intake Form

Thank you for your interest in our Music and Memory at Home Program. To get started, complete this intake form, listener questionnaire and evaluation as completely as possible. Once finished, return the form to Dementia Alliance of North Carolina.



## CAREGIVER INFORMATION:

Full Name *(First, Last, MI, Suffix)* \_\_\_\_\_

Gender *(Check box)*

Male  Female  Prefer not to Disclose

Are you the Primary Caregiver? *(Check box)*

Yes  No

Date of Birth *(Month, Day, Year)* \_\_\_\_\_

## Contact Information

Primary Email \_\_\_\_\_

Primary Phone \_\_\_\_\_

## Full Mailing Address

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Caregiver's Relationship to Listener \_\_\_\_\_

Do Caregiver and Listener live in the same household? *(Check box)*

Yes  No

Household Size *(Check box)*

1-2  2-4  4+

Preferred Spoken Language \_\_\_\_\_

Native Language \_\_\_\_\_

Marital Status *(Check box)*

Single  Married  
 Divorced  Widowed

Estimated Household Annual Income *(Check box)*

20-45k  45-140k  140k+

Race *(Check all that apply)*

American Indian or Alaska Native  
 Asian  
 Pacific Islander  
 Black or African American  
 White  Other \_\_\_\_\_

Ethnicity *(Check which category applies to you)*

Hispanic or Latino  
 Not Hispanic or Latino  
 Other \_\_\_\_\_

If applicable, which one or more categories applies to you? *(Check all the boxes that apply.)*

Mexican  Mexican American  Chicano/a  Puerto Rican  Cuban  Unknown  
 Other Specification \_\_\_\_\_

**PROGRAM LISTENER INFORMATION:**

Full Name *(First, Last, MI, Suffix)* \_\_\_\_\_

Gender *(Check box)*

- Male  Female  Prefer not to Disclose

**Contact Information**

Primary Email \_\_\_\_\_

Primary Phone \_\_\_\_\_

**Full Mailing Address**

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Household Size *(Check box)*

- 1-2  2-4  4+

Marital Status *(Check box)*

- Single  Married  
 Divorced  Widowed

Preferred Spoken Language \_\_\_\_\_

Native Language \_\_\_\_\_

Primary Language Spoken in Native Country *(list)* \_\_\_\_\_

Date of Birth *(Month, Day, Year)* \_\_\_\_\_

Race *(Check all that apply)*

- American Indian or Alaska Native  
 Asian  
 Pacific Islander  
 Black or African American  
 White  Other \_\_\_\_\_

Ethnicity *(Check which category applies to you)*

- Hispanic or Latino  
 Not Hispanic or Latino  
 Other \_\_\_\_\_

If applicable, which one or more categories applies to you? *(Check all the boxes that apply.)*

- Mexican  Mexican American  Chicano/a  Puerto Rican  Cuban  Unknown  
 Other Specification \_\_\_\_\_

Dementia Diagnosis *(Check all that apply)*

- Alzheimer's  Lewy Body Dementia  Vascular Dementia  
 Frontotemporal Dementia  None of the Above  I'm unsure  
 Other \_\_\_\_\_

Estimated Year of Diagnosis *(Month, Year)* \_\_\_\_\_

Other Medical Conditions *(list)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROGRAM LISTENER ASSESSMENT QUESTIONNAIRE

Active engagement with music has been associated with cognitive, emotional, and social benefits. Complete this form and be as descriptive as possible. To ensure your kit provides the greatest impact for your program listener, include songs from when they were 15-25 years old.

Military History (Branch, Dates of Service and Location(s)):

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Describe the Listener's History with Post Traumatic Stress (PTSD). List only if applicable:

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Native City/Native State (*Where did the listener grow up?*):

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Native Country (if outside the USA):

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Favorite Music Genre(s):

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Favorite Music Artist/Performer/Band (*in young adulthood, 15-25 years old*):

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What type of music did the listener experience growing up at home, or out with friends?

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Describe the listener's experience with singing and performing. Did the listener sing at religious services, with a choir, or in other singing groups? (Be as descriptive as possible.):

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If the listener sang at/in religious services, which denomination(s) did the listener frequent?:

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Favorite Broadway Show(s) or Musicals:

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Favorite Screen Production (Television Show(s) and Movie(s)):

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*Continued*

Favorite Classical Music Score(s) and/or Composer(s):

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Which tune(s) does the listener still hum or sing aloud? Which band(s)/music group(s)?:

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What types of instrument(s) does/did the listener play/practice growing up?:

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What type of musical groups does/did listener perform with growing up? (*Band, String Orchestra, etc.*):

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What musical performances does the listener remember seeing live? What types? (rock, symphony, jazz, polka, clubs, disco, etc.):

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What is the listener's experience with the art of Dance? Which type(s) were experienced growing up, if applicable? (ballet, jazz, hip hop, tap, contemporary, lyrical, etc.):

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What songs did the listener dance to at their wedding? At Prom?:

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Which childhood records, tapes, or CDs does the listener still have and/or listen to? How often?:

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### CAREGIVER CONSENT:

I, as the caregiver, grant permission to Dementia Alliance of NC the use of photographs and assessments for presentation under any legal condition, including but not limited to: publicity, copyright, illustration, advertising, web content and research.

\_\_\_\_\_  
Printed Name (*First and Last*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NEXT STEPS:** Return your completed intake package (intake questionnaire and evaluation) to Dementia Alliance of North Carolina. **All forms must be completed in full to move forward in the Music and Memory program.**

**Return by Email:**

Info@DementiaNC.org

(List Music and Memory Intake in the Subject Line)

**Return by Mail:**

Dementia Alliance of North Carolina

9131 Anson Way, Suite 206, Raleigh, NC 27615

