



Well-Tuned: Music Players for Health Program

ASSESSMENT OF PERSONAL MUSIC PREFERENCE

Please complete the following form and fax to 718-519-4240. This will help us determine a more accurate play list for you/the iPod recipient. If you have any questions, please call 718-519-5840 and we will be happy to assist you.

Name: _____ Date: _____
Name of recipient (if different): _____ Age of recipient: _____
Phone number: _____ E-mail: _____

1. Has music played an important role in your/the recipient's life?

- Yes No

2. What time of day do you/does the recipient listen to music?

- Morning Afternoon
 Evening Night

3. Do you/does your loved one prefer listening to music/songs reflective of your/their culture?

- Yes No

If yes, please indicate nationality, country of origin or preferred language:

4. Please indicate your/the recipient's top three types of music from the list below, with 1 being your/their favorite, 2 the next and 3 your/their 3rd favorite.

- Big Band/Swing
- Blues
- Classical
- Country & Western
- Cultural or Ethnic Specific
- Easy Listening
- Folk
- Jazz
- Rock and Roll
- Spiritual/Religious
- Other _____