



## Music and Memory Baseline Survey - STAFF

Name: \_\_\_\_\_

Community: \_\_\_\_\_

Date: \_\_\_\_\_

Work title: \_\_\_\_\_

### Resident Observations

**A1. How would you rate the level of contentment among the residents?**

- Very poor
- Poor
- Neither good nor poor
- Good
- Very good

**A2. How would you rate the level of social activity among residents?**

- Very Poor
- Poor
- Neither good nor poor
- Good
- Very good

**A3. How would you rate the level of social interaction among the residents?**

- Very poor
- Poor
- Neither good nor poor
- Good
- Very Good

**A4. Do you feel that you have the support and resources you need to spend quality time with the residents?**

- Never
- Seldom
- Sometimes
- Often
- Very Often

**Expectations**

**B1. Do you believe using personalized music is substantially effective with depression?**

- Yes
- No
- Not sure

Please explain:

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**B2. Do you believe using personalized music is substantially effective with verbal and/or physical behaviors?**

- Yes
- No
- Not sure

Please explain:

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**B3. Do you believe using personalized music is substantially effective with anxiety?**

- Yes
- No
- Not sure

Please explain:

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**B4. Do you believe using personalized music is substantially effective reducing pain?**

- Yes
- No
- Not sure

Please explain:

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**B5. Do you believe using personalized music increases the quality of life for memory care residents?**

- Yes
- No
- Not sure

Please explain:

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**B6. How many hours of the Music and Memory project do you anticipate dedicating per week (includes staff training, outreach, sessions)?**

- 0-3 hours
- 3-6 hours
- 6-9 hours
- 9+ hours

**B7. What are your expectations for the Music and Memory project?**

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