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:
   _______________________________________________________________________
   _______________________________________________________________________

B2. Do you believe using personalized music is substantially effective with verbal and/or physical behaviors?
   □ Yes
   □ No
   □ Not sure
   Please explain:
   _______________________________________________________________________
   _______________________________________________________________________

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:
__________________________________________________________________________
__________________________________________________________________________

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

☐ Yes
☐ No
☐ Not sure
Please explain:
__________________________________________________________________________
__________________________________________________________________________

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?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________