

QUESTIONNAIRE B
Personal Information

Name: _____

Date of Birth: _____(DD/MM/YY) **Gender:** M / F

How old were you when you began your musical training? _____

Principal Instrument: _____

Other Instrument(s): _____

Programme: _____ **Year in Programme:** _____

To what extent do you enjoy listening to the following types of music (please circle):

	Not at All						Very Much
Baroque	1	2	3	4	5	6	7
Classical	1	2	3	4	5	6	7
Romantic	1	2	3	4	5	6	7
20 th Century	1	2	3	4	5	6	7

Any comments about the study?:
