BIG BAND MUSICAL INTERVENTION

Blank Sample Form

Questionnaire for Big Band Inservice

Name:_____ Date:_____

1. Did you enjoy the program?

Yes No

Why or Why Not?

_____

_____

_____

2. Is your mood better now than when you came in?

_____

_____

_____

3. What did the music remind you of?

_____

_____

_____

4. What is the music, from your youth that would trigger memories of that time for you?

Music:_____

Music from your parent's youth? Their memories:

_____

_____

_____

5. Did you have a sense of sharing with the group?

Yes No

Why or Why Not?

_____

_____

_____

6. Which resident do you think would enjoy this activity?

_____

_____

_____

_____

_____

7. How do you think the above resident would be able to participate:

_____

Play an instrument such as: _____

Sing: _____

Clap hands: _____

Other:

_____

_____

_____

8. What can you do to encourage resident participation in the group?

_____

_____

_____

9. Suggestions for making the activity successful: _____

Time: _____

Place: _____

Music: _____

10. Other Ideas

_____

_____

_____

_____

_____

_____

_____

_____

_____