

Participant Background Questionnaire

Participant Number: _____

Date: _____

Thank you for your interest in our research. Before we continue, we would like to ask you some questions about you and your musical background. Please fill out the following questions to the best of your ability. It is important that this questionnaire is completed as accurately as possible, so do not hesitate to ask the researcher if you have any questions or require clarification.

We would like to assure you that anything written here is kept subject to strict standards of professional confidentiality. Access to this information is granted to qualified research staff associated with the lab only if it is required as part of their duties.

Demographic Information

1. Gender: ☐M ☐F

2. Date of Birth (DD/MM/YYYY): _____

3. Are you right handed, left handed or ambidextrous? ☐Right ☐Left ☐Ambidextrous

4. a) Have you ever participated in any other music experiments **in this lab**? ☐Y ☐N
b) If so, which ones and when? (Please list them below)

5. Please list the language(s) that you currently speak fluently, beginning with your primary language:

Exclusion Criteria

6. Do you have perfect pitch? ☐Y ☐N
(If you are unsure what perfect pitch is, please ask the researcher)

7. Have you ever worn hearing aids, been implanted with a cochlear implant, or diagnosed with any other hearing impairments? ☐Y ☐N

NOTE: If you answered "YES" to either Question 6 or 7, please inform the researcher immediately.

Listening Habits

8. Do you enjoy listening to music? ☐Y ☐N

9. Approximately how many hours per week do you **actively** listen to music? Active listening is when you focus solely on the music, without diverting your attention to any other activity. For example, watching music videos on YouTube, or attending a live musical performance. _____ hours/week

10. Approximately how many hours per week do you **passively** listen to music? Passive listening is when music is secondary to another activity. For example, when playing music in the background while doing something else, like studying. _____ hours/week

General Musical Background

11. Have you ever sang (not incidentally) or played a musical instrument? ☐Y ☐N

12. Do you read music notation? ☐Y ☐N

a) If yes, how well?

☐Poor

☐Fair

☐Average

☐Good

☐Excellent

13. Do you understand music theory? ☐Y ☐N

a) If yes, how did you learn theory? Please check all that apply and indicate which years you took these lessons.

☐Self taught

☐University courses

☐College courses

☐Private teacher

☐Elementary or high school music curriculum

☐Other: _____

b) Did any of your training include atonal theory? ☐Y ☐N

c) If yes, in which years? _____

14. Do you compose music? ☐Y ☐N

a) If yes, how long have you been composing, and what types of music do you compose? Please explain:

15. Have you ever taught music? ☐Y ☐N

a) If yes, in what capacity and for how many years? Please explain:

16. Please fill out the table below by listing **all** the instruments that you have **ever** played in your lifetime. Please note that:

- **Formal** training refers only to regular, private, one-on-one music lessons. You should include college or university lessons here.
- **Informal** training refers only to in-school music classes (**excluding** college and/or university courses), or group lessons outside of school.

Instrument	Is this your main instrument?	In which years did you play this instrument? (e.g., 1999 – Current)	In which years have you taken informal lessons on this instrument?	In which years have you taken formal lessons on this instrument?	If applicable, what genre did your lessons primarily focus on? (e.g., jazz, classical, etc.)
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Y <input type="checkbox"/> N				

Note. If you haven't taken any lessons for a particular instrument, please write "N/A". If you are unsure about how to fill out this table, please let the researcher know.

17. Please list any awards, certificates or achievements that you have received in music (e.g., music festival or competition titles, any Royal Conservatory of Music certificates, performance scholarships, etc.).

Music Activity Participation

18. Please fill out the form below with your **participation** experience in the following musically-based activities:

Type of musical activity	Have you participated in this activity before?	On which instrument?	In which years have you participated in this activity?	Was participation in this activity ever professional? (Were you ever paid to play?)	If applicable, what years was participation in this activity a school or course requirement?
Solo Performance	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
Choir (singing)	<input type="checkbox"/> Y <input type="checkbox"/> N	Voice		<input type="checkbox"/> Y <input type="checkbox"/> N	
Concert Band	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
Musical Theatre	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
Jazz Band	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
Orchestra	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
Marching Band	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
Chamber Ensemble	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
Rock/Pop Band	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
Accompanying*	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
Other: _____	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	

**Accompanying musicians during a performance/rehearsal (e.g., as a pianist in a choir, etc.).*

19. In the **past month**, approximately how many hours **per week** did you play music in total (e.g., individual practice, rehearsals, performances, etc.)? _____ hours/week

20. Do you play atonal music? ☐Y ☐N

21. Would you consider yourself to be a musician? ☐Y ☐N

Post-Secondary Musical Education

22. Have you taken **any** music courses at a college or university level? ☐Y ☐N

(NOTE: If you answered "no", please skip to Question 28.)

23. Which levels of study have you completed? Check all that apply.

- ☐ College Diploma
- ☐ Bachelor
- ☐ Master's
- ☐ Doctorate
- ☐ Other (specify): _____

24. For each level of study that you checked off, please indicate the degree and its training focus (Examples: B.Mus. in Classical Piano Performance, B.Sc. in Music Psychology, M.Mus. in Atonal Theory, Ph.D. in Education, etc.). Please be as specific as possible:

25. Are you currently completing a university degree or college diploma in music? ☐Y ☐N

a) If yes, which level of study are you currently completing, and what is the focus of your training? (e.g., Master's in Jazz Clarinet Performance)

b) How many years have you completed? _____ years

26. Please indicate the number of courses that you have taken at the college or university level for each content focus:

a) Performance: _____ course(s)

b) Theory or Analysis: _____ course(s)

c) Ear Training: _____ course(s)

27. Did any of these courses included atonal content? ☐Y ☐N

a) If yes, what courses were they?

28. Is there anything else that you would like us to know about your musical background, education or experiences?