



Name: _____
Date of birth (Y/M/D): _____
Today's date: _____

**MUSICIAN INTAKE FORM**

1. What is your principle instrument (incl. voice)? \_\_\_\_\_
2. How long have you played the instrument or been singing? \_\_\_\_\_
3. What other instruments do you play (incl. voice)?
  1. \_\_\_\_\_ for \_\_\_\_\_ years
  2. \_\_\_\_\_ for \_\_\_\_\_ years
4. What is your grade or conservatory level in your instrument/voice (please specify)?  
 \_\_\_\_\_
5. What style(s)/genre(s) of music do you play principally?  
 \_\_\_\_\_
6. On average, how many hours per week do you **practice**? (personal practice)
 

First instrument: \_\_\_\_\_ hours per week  
 Second instrument: \_\_\_\_\_ hours per week  
 Third instrument: \_\_\_\_\_ hours per week
7. On average, how many hours per week do you **rehearse**? (not personal practice)
 

First instrument: \_\_\_\_\_ hours per week  
 Second instrument: \_\_\_\_\_ hours per week  
 Third instrument: \_\_\_\_\_ hours per week
8. On average, how many hours per week do you **perform**?
 

First instrument: \_\_\_\_\_ hours per week  
 Second instrument: \_\_\_\_\_ hours per week  
 Third instrument: \_\_\_\_\_ hours per week
9. Do you teach music?  Yes       No
 

If yes, how many hours a week do you teach? \_\_\_\_\_  
 How many hours of playing do you do while teaching? \_\_\_\_\_
10. Please circle which hand you use for:
 

Writing:	right hand	left hand
Throwing a ball:	right hand	left hand





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**Playing-related musculoskeletal problems are defined as "pain, weakness, numbness, tingling, or other symptoms that interfere with your ability to play your instrument at the level to which you are accustomed". This definition does not include mild transient aches and pains.**

17. Have you **ever** had pain/problems that have interfered with your ability to play your instrument at the level to which you are accustomed?  Yes  No

If yes, please give details below.

Previous diagnosis/es: \_\_\_\_\_

How much have you recovered? \_\_\_\_\_%

Other comments: \_\_\_\_\_

**PAST INJURIES**

18. Have you had pain/problems that have interfered with your ability to play your instrument at the level to which you are accustomed **during the last 12 months**?  Yes  No

19. Have you had pain/problems that have interfered with your ability to play your instrument at the level to which you are accustomed **during the last month (4 weeks)**?  Yes  No

20. **Currently (in the past 7 days)**, do you have pain/problems that have interfered with your ability to play your instrument at the level to which you are accustomed?  Yes  No









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# DASS21

Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

*The rating scale is as follows:*

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3



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Below are some statements about how you feel generally and how you feel **before or during a performance**. Please circle one number to indicate how much you agree or disagree with each statement.

		<b>Strongly Disagree</b>						<b>Strongly Agree</b>	
K_1	I generally feel in control of my life .....	6	5	4	3	2	1	0	
K_2	I find it easy to trust others .....	6	5	4	3	2	1	0	
K_3	Sometimes I feel depressed without knowing why .....	0	1	2	3	4	5	6	
K_4	I often find it difficult to work up the energy to do things .....	0	1	2	3	4	5	6	
K_5	Excessive worrying is a characteristic of my family .....	0	1	2	3	4	5	6	
K_6	I often feel that life has not much to offer me .....	0	1	2	3	4	5	6	
K_7	Even if I work hard in preparation for a performance, I am likely to make mistakes .....	0	1	2	3	4	5	6	
K_8	I find it difficult to depend on others .....	0	1	2	3	4	5	6	
K_9	My parents were mostly responsive to my needs .....	6	5	4	3	2	1	0	
K_10	Prior to, or during a performance, I get feelings akin to panic.....	0	1	2	3	4	5	6	
K_11	I never know before a concert whether I will perform well .....	0	1	2	3	4	5	6	
K_12	Prior to, or during a performance, I experience dry mouth.....	0	1	2	3	4	5	6	
K_13	I often feel that I am not worth much as a person .....	0	1	2	3	4	5	6	
K_14	During a performance I find myself thinking about whether I'll even get through it .....	0	1	2	3	4	5	6	
K_15	Thinking about the evaluation I may get interferes with my performance .....	0	1	2	3	4	5	6	
K_16	Prior to, or during a performance, I feel sick or faint or have a churning in my stomach.....	0	1	2	3	4	5	6	
K_17	Even in the most stressful performance situations, I am confident that I will perform well .....	6	5	4	3	2	1	0	
K_18	I am often concerned about a negative reaction from the audience .....	0	1	2	3	4	5	6	
K_19	Sometimes I feel anxious for no particular reason .....	0	1	2	3	4	5	6	
K_20	From early in my music studies, I remember being anxious about performing .....	0	1	2	3	4	5	6	





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		<b>Strongly Disagree</b>						<b>Strongly Agree</b>
K_21	I worry that one bad performance may ruin my career .....	0	1	2	3	4	5	6
K_22	Prior to, or during a performance, I experience increased heart rate like pounding in my chest.....	0	1	2	3	4	5	6
K_23	My parents almost always listened to me .....	6	5	4	3	2	1	0
K_24	I give up worthwhile performance opportunities .....	0	1	2	3	4	5	6
K_25	After the performance, I worry about whether I played well enough.....	0	1	2	3	4	5	6
K_26	My worry and nervousness about my performance interferes with my focus and concentration.....	0	1	2	3	4	5	6
K_27	As a child, I often felt sad .....	0	1	2	3	4	5	6
K_28	I often prepare for a concert with a sense of dread and impending disaster.....	0	1	2	3	4	5	6
K_29	One or both of my parents were overly anxious.....	0	1	2	3	4	5	6
K_30	Prior to, or during a performance, I have increased muscle tension.....	0	1	2	3	4	5	6
K_31	I often feel that I have nothing to look forward to .....	0	1	2	3	4	5	6
K_32	After the performance, I replay it in my mind over and over...	0	1	2	3	4	5	6
K_33	My parents encouraged me to try new things .....	6	5	4	3	2	1	0
K_34	I worry so much before a performance, I cannot sleep.....	0	1	2	3	4	5	6
K_35	When performing without music, my memory is reliable.....	6	5	4	3	2	1	0
K_36	Prior to, or during a performance, I experience shaking or trembling or tremor.....	0	1	2	3	4	5	6
K_37	I am confident playing from memory .....	6	5	4	3	2	1	0
K_38	I am concerned about being scrutinized by others .....	0	1	2	3	4	5	6
K_39	I am concerned about my own judgement of how I will perform.....	0	1	2	3	4	5	6
K_40	I remain committed to performing even though it causes me great anxiety.....	0	1	2	3	4	5	6

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# Your Health and Well-Being

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Thank you for completing this survey!

For each of the following questions, please mark an  in the one box that best describes your answer.

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Yes, limited a lot	Yes, limited a little	No, not limited at all
▼	▼	▼

- a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf .....  1 .....  2 .....  3
- b. Climbing several flights of stairs .....  1 .....  2 .....  3

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼

- a. Accomplished less than you would like .....  1 .....  2 .....  3 .....  4 .....  5
- b. Were limited in the kind of work or other activities .....  1 .....  2 .....  3 .....  4 .....  5

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**4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼

- a Accomplished less than you would like .....  1 .....  2 .....  3 .....  4 .....  5
- b Did work or other activities less carefully than usual.....  1 .....  2 .....  3 .....  4 .....  5

**5. During the past 4 weeks, how much did the pain interfere with your work (including both work outside the home and housework)?**

Not at all	A little bit	Moderately	Quite a bit	Extremely
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼

- a Have you felt calm and peaceful?.....  1 .....  2 .....  3 .....  4 .....  5
- b Did you have a lot of energy?.....  1 .....  2 .....  3 .....  4 .....  5
- c Have you felt downhearted and depressed?.....  1 .....  2 .....  3 .....  4 .....  5

**7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with your friends, relatives, etc.)?**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

***Thank you for completing these questions!***