

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

MUSICIAN INTAKE FORM

1.	What is your principle instrument (incl. voice)?									
	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 <i>practice</i> ? (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 <i>rehearse</i> ? (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 <i>perform</i> ?									
	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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11.	11. Nightly sleep: Average ofhours of sleep per night											
12.	12. Please rate your nutrition by circling a number.											
		1 nhealthy	2	3	4	5	6	7	8	9	10 Very healthy	
13.	13.Do you smoke?											
	□ Never											
	☐ In the past: cigarettes per day/years of smoking											
	□ Yes	5,	_ cigar	ettes pe	er day, f	or	year	'S				
1	 14. Do you drink alcohol? □ Never □ Yes, an average ofglasses per week 15. Do you engage in physical activity? 											
ļ	□ Nev	er										
	☐ Yes, an average ofhours per week Which activity/ies?											
16.	6. Which other hobbies do you engage in regularly?											



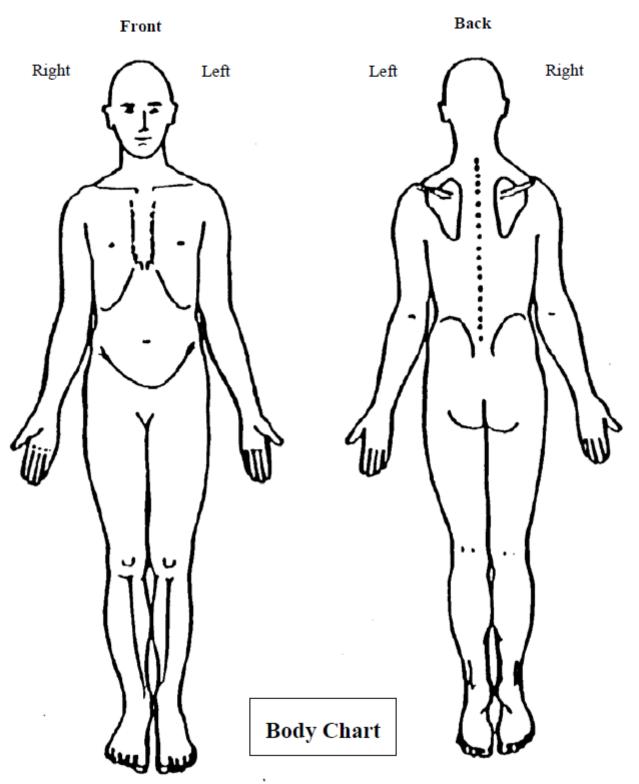
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Playing-related musculoskeletal problems are defined as "patingling, or other symptoms that interfere with your ability to level to which you are accustomed". This definition does not aches and pains.	play your i	nstrument at the	•
17. Have you ever 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:			
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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21. On the body chart, SHADE IN each of the areas where you experience **pain/problems**. **Put an X** on the **ONE area** that HURTS the most.





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The next four questions relate ONLY to PAIN. Please answer with reference to the ONE area that you **marked with an X** on the body chart. Otherwise go to Question 26.

22. Please rate your pain by circling the one number that best describes your pain at its **worst** in the last week.

0 1 2 3 4 5 6 7 8 9 10
No pain
Pain as bad as you can imagine

23. Please rate your pain by circling the one number that best describes your pain at its least in the last week.

0 1 2 3 4 5 6 7 8 9 10
No pain
Pain as bad as you can imagine

24. Please rate your pain by circling the one number that best describes your pain on **average** in the last week.

0 1 2 3 4 5 6 7 8 9 10
No pain
Pain as bad as you can imagine

25. Please rate your pain by circling the one number that tells how much pain you have **right now**.

0 1 2 3 4 5 6 7 8 9 10
No pain
Pain as bad as you can imagine



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The next part of the survey relates to both PAIN and/or PROBLEMS.

For each of the following, circle the one number that describes how, during the past week, **pain/problems have interfered** with your:

26. Mood

For each of the following, during the past week, as a result of your **pain/problems**, did you have any **difficulty** (please circle ONE number):

28. Using your usual technique for playing your instrument?

0	1	2	3	4	5	6	7	8	9	10
No dif	ficulty									Unable

29. Playing your musical instrument because of your symptoms?

0	1	2	3	4	5	6	7	8	9	10
No di	fficulty									Unable

30. Playing your musical instrument as well as you would like?

0	1	2	3	4	5	6	7	8	9	10
No di	fficulty									Unable

Modified from Ackermann, B. & Driscoll, T. (2010). Development of a new instrument for measuring the musculoskeletal load and physical health of professional orchestral musicians. *Medical Problems of Performing Artists*, 25(3), 95-101; and Berque, P. (2014). The Musculoskeletal Pain Intensity and Interference Questionnaire for Musicians (MPIIQM). Retrieved March 10, 2017 from http://www.musicianshealth.co.uk/MPIIQMuserguide.pdf.



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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

3 Applie	ed to file very fluch, or fluction 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.

		Stron Disag						ongly agree
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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		Strong Disagr						ngly gree
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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Yes,

No, not

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 \boxtimes in the one box that best describes your answer.

1.	In	general,	would	vou sav	vour	health	is:
••		Scrienary	" Oulu	y ou suy	Jour	iicuitii	100

Excellent	Very good	Good	Fair	Poor
1	2	з	4	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?

		limited a lot	limited a little	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 <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health?</u>

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
ı	Accomplished less than you would like	•	•	T	•	5
,	Were limited in the <u>kind</u> 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
ò	Did work or other activities less carefully than usual	1	2	3	4	5
D	uring the past 4 weeks, ho	w much did	the pain in	terfere with	your work	(including

5. work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
1	2	3	4	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
с	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
			lacksquare	lacksquare
1	2	3	4	5