

**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