Music and Memory Quarterly Survey

***'s indicate required fields**

1. Nursing Facility:*
2. Respondent's Name and Title:*
3. Email address: *
4. Name and email address of Project Coordinator:*
5. Name and email address of Alternate Project Coordinator:*
6. In the last three months, how many residents who participate in the Music & Memory program have shown less depression? *
   --Please Select--
   None
   A few
   Many
   All residents living with depression who participate
   Not applicable: No residents living with depression participate
7. Comments or anecdotes about residents living with depression who participate:
8. In the last three months, how many residents who participate in the Music & Memory program have shown less resistance to care? *
   --Please Select--
   None
   A few
   Many
   All residents who are resistant to care who participate
   Not applicable: No residents who are resistant to care participate
9. Comments or anecdotes about resistance to care:
10. In the last three months, how many residents who participate in the Music & Memory program have shown less anxiety? *
    --Please Select--
    None
    A few
    Many
    All residents living with anxiety who participate
    Not applicable: No residents living wth anxiety participate
11. Comments or anecdotes about residents living with anxiety who participate:
12. About how many residents living with dementia participate in the program? *

SAMPLE

13. In the last three months, what changes have you noticed for residents living with dementia who participate in the Music & Memory program? *
Select at least 1.

- ☐ No changes
- ☐ Residents show less agitation
- ☐ Residents show less sundowning
- ☐ Residents show greater social engagement
- ☐ Residents show pleasure when participating
- ☐ Not applicable: No residents living with dementia participate in the program
- ☐ Other, please specify

14. In the last three months, for how many residents living with dementia who participate in the Music and Memory program have you noticed improvement? *

--Please Select--
None
A few
Many
All who participate
Not applicable: No residents living with dementia participate

15. Comments or anecdotes about impact on residents living with dementia who participate:

16. In the last three months, how many residents who participate in the Music & Memory program have shown enjoyment/engagement? *

--Please Select--
None
A few
Many
All residents who particpate

17. Comments or anecdotes about residents' enjoyment or engagement:

18. In the last three months, for how many residents who participate in the Music & Memory program have you reduced antipsychotic medication? *

--Please Select--
None
A few
Many
All who participate in the Music and Memory Program
Not applicable: already at 0%

19. Comments or anecdotes re the reduction of antipsychotic medications:

SAMPLE

20. In the last three months, have you held community awareness events about the Music & Memory program?*

    Yes
    No

21. Comments or anecdotes about community awareness:
22. In the last three months, have you acquired iPods beyond the 15 provided for you by the Music & Memory program? *

    - ☐ No
    - ☐ Yes, by purchasing them
    - ☐ Yes, through donations
    - ☐ Other, please specify

23. Comments or anecdotes about expansion:
24. In the last three months, have you enlisted volunteers in the Music & Memory program?*

    Yes
    No
    Haven't tried

25. Comments or anecdotes about enlisting volunteers:
26. In the last three months, have staff reported increased job satisfaction that they attribute to the Music & Memory program?*
27. Comments or anecdotes about staff satisfaction:
28. For about how many residents are you currently using personalized music lists and iPods? *
29. Comments or anecdotes re number of participating residents:
30. Would you recommend the Music & Memory program to other nursing facilities? *

    Yes
    No

31. Comments or anecdotes re recommendations for Music & Memory program:

SAMPLE

32. Who actually puts the headphones and/or the player on/near the resident? *
    Select at least 1.
    - ☐ Nursing staff
    - ☐ Activities staff
    - ☐ PT/ OT staff
    - ☐ Social Service staff
    - ☐ Volunteers
    - ☐ Family members/ friends
    - ☐ Other resident(s)
    - ☐ Other, please specify
33. Comments or anecdotes about who assists residents:

34. Please provide any additional comments or anecdotes regarding the Music & Memory program. If you are sending a quote, please identify the source by role (e.g.; resident, staff, family/ friend, volunteer or visitor).

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