

The EU Interfaces Project – Intention/Reception Questionnaire: Sound-based music in schools

Date:

Name:

Please complete the following questionnaire (in BLOCK CAPITALS).

1) What is your age?

2) Sex (m/f):

3) What type of music do you listen to often? (*For example, Pop, Dance, R&B, Metal, Indie, Classical, Folk, Electronica, Jazz or something else?*)

4) Do you play a musical instrument? *Y/N*

If yes, please state which instrument below.

Listening to the sound-based composition

5) How much did you like the composition? Please mark a box under one of the numbers below, where 5 means liked very much and 1 means did not like at all.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6) What did you like about the composition?

7) What did you not like?

8) Which sounds did you recognise in the composition if any?

9) Did the information about the composition help you to enjoy it better? Please mark a box under one of the numbers below, where 5 means helped very much and 1 means did not help at all.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10) Do you think taking part in these workshops helped you to enjoy the composition better? Please mark a box under one of the numbers below, where 5 means helped very much and 1 means did not help at all.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11) Would you like to **listen** to a sound-based composition again? *Y/N*

If yes, why? If no, why not?

12) Would you like to **make** your own sound-based composition again? *Y/N*

If yes, why? If no, why not?