



Knoxville Music Therapy

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Phone: 865-951-6477

Name, DOB _____
Acct. No. _____

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Music, Activity, and Interest Inventory

The questions listed below are designed to establish your or your child's relationship to music, interests or hobbies, and general lifestyle. The information you provide will enable your therapist to design a treatment plan more specifically tailored to your needs and background. Please note that this questionnaire is not intended to be comprehensive, nor will the information you provide be guaranteed a role in music therapy sessions. Its purpose is to give a brief overview of your background, personality, and tastes. If you are filling this form out for your child, please answer those questions that apply to your child, and leave blank the ones that do not.

- Please list your favorite types of music, and any specific songs or song types.
- Do you play any musical instruments? If so, which ones, and for how long?
- Are you interested in playing any specific types of musical instruments?
Which ones?
- What are your favorite kinds of physical activities and/or games? (i.e. sports, cards, video games, walking, exercise, etc.)
- Please list any other hobbies or interests that you spend a significant amount of time doing and enjoying.