STUDENT MUSICIAN INTAKE FORM

1. What is your principle instrument (incl. voice)? ______________________________
2. For how many years 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. For post-secondary students:
   Please list the department in which you study: ________________________________
   Is music your
   □ Major
   □ Minor
   □ Extracurricular activity
   □ Other: ______________________________
7. On average, How many hours per week do you practice? (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 rehearse? (not personal practice)
   First instrument: ______________ hours per week
   Second instrument: _____________ hours per week
   Third instrument: ________________ hours per week
9. On average, how many hours per week do you perform?
   First instrument: ______________ hours per week
   Second instrument: _____________ hours per week
   Third instrument: ________________ hours per week
10. Do you teach music? □ Yes □ No
    If yes, how many hours per week do you teach? _________________
    How many hours of playing do you do while teaching? _________________
11. Please circle which hand you use for:
    Writing: right hand left hand
    Throwing a ball: right hand left hand
12. Nightly sleep: Average of ______ hours of sleep per night

13. Please rate your nutrition by circling a number.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very unhealthy</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

14. Do you smoke?

□ Never

□ In the past:______ cigarettes per day/ ______ years of smoking

□ Yes, ______ cigarettes per day, for _______ years

15. Do you drink alcohol?

□ Never

□ Yes, an average of _____ glasses per week

16. Do you engage in physical activity?

□ Never

□ Yes, an average of _____ hours per week

Which activity/ies?

________________________________________________________

________________________________________________________

17. Which other hobbies do you engage in regularly?

________________________________________________________

________________________________________________________
Playing-related musculoskeletal problems are defined as "pain, weakness, numbness, tingling, or other symptoms that interfere with your ability to play your instrument at the level to which you are accustomed". This definition does not include mild transient aches and pains.

19. 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: ____________________________________________
How much have you recovered? _______________
Other comments: ________________________________________________

_______________________________________________________________

PAST INJURIES

20. 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

21. 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

22. 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
23. 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.
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 28.

24. 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

25. 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

26. 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

27. 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
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:

28. Mood

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not interfere</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completely interferes</td>
</tr>
</tbody>
</table>

29. Enjoyment of life

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not interfere</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completely interferes</td>
</tr>
</tbody>
</table>

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):

30. Using your usual technique for playing your instrument?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unable</td>
</tr>
</tbody>
</table>

31. Playing your musical instrument because of your symptoms?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unable</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unable</td>
</tr>
</tbody>
</table>

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

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I found it hard to wind down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>I was aware of dryness of my mouth</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>I couldn't seem to experience any positive feeling at all</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>I found it difficult to work up the initiative to do things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>I tended to over-react to situations</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>I experienced trembling (eg, in the hands)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>I felt that I was using a lot of nervous energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>I was worried about situations in which I might panic and make a fool of myself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>I felt that I had nothing to look forward to</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>I found myself getting agitated</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>I found it difficult to relax</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>I felt down-hearted and blue</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>I was intolerant of anything that kept me from getting on with what I was doing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>I felt I was close to panic</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>I was unable to become enthusiastic about anything</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>I felt I wasn't worth much as a person</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>I felt that I was rather touchy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>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)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20</td>
<td>I felt scared without any good reason</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21</td>
<td>I felt that life was meaningless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>K_1</td>
<td>I generally feel in control of my life</td>
<td>6 5 4 3 2 1 0</td>
<td></td>
</tr>
<tr>
<td>K_2</td>
<td>I find it easy to trust others</td>
<td>6 5 4 3 2 1 0</td>
<td></td>
</tr>
<tr>
<td>K_3</td>
<td>Sometimes I feel depressed without knowing why</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_4</td>
<td>I often find it difficult to work up the energy to do things</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_5</td>
<td>Excessive worrying is a characteristic of my family</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_6</td>
<td>I often feel that life has not much to offer me</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_7</td>
<td>Even if I work hard in preparation for a performance, I am likely to make mistakes</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_8</td>
<td>I find it difficult to depend on others</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_9</td>
<td>My parents were mostly responsive to my needs</td>
<td>6 5 4 3 2 1 0</td>
<td></td>
</tr>
<tr>
<td>K_10</td>
<td>Prior to, or during a performance, I get feelings akin to panic</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_11</td>
<td>I never know before a concert whether I will perform well</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_12</td>
<td>Prior to, or during a performance, I experience dry mouth</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_13</td>
<td>I often feel that I am not worth much as a person</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_14</td>
<td>During a performance I find myself thinking about whether I'll even get through it</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_15</td>
<td>Thinking about the evaluation I may get interferes with my performance</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_16</td>
<td>Prior to, or during a performance, I feel sick or faint or have a churning in my stomach</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_17</td>
<td>Even in the most stressful performance situations, I am confident that I will perform well</td>
<td>6 5 4 3 2 1 0</td>
<td></td>
</tr>
<tr>
<td>K_18</td>
<td>I am often concerned about a negative reaction from the audience</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_19</td>
<td>Sometimes I feel anxious for no particular reason</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_20</td>
<td>From early in my music studies, I remember being anxious about performing</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>K_21</td>
<td>I worry that one bad performance may ruin my career</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>K_22</td>
<td>Prior to, or during a performance, I experience increased heart rate like pounding in my chest</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_23</td>
<td>My parents almost always listened to me</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>K_24</td>
<td>I give up worthwhile performance opportunities</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_25</td>
<td>After the performance, I worry about whether I played well enough</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_26</td>
<td>My worry and nervousness about my performance interferes with my focus and concentration</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_27</td>
<td>As a child, I often felt sad</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_28</td>
<td>I often prepare for a concert with a sense of dread and impending disaster</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_29</td>
<td>One or both of my parents were overly anxious</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_30</td>
<td>Prior to, or during a performance, I have increased muscle tension</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_31</td>
<td>I often feel that I have nothing to look forward to</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_32</td>
<td>After the performance, I replay it in my mind over and over...</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_33</td>
<td>My parents encouraged me to try new things</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>K_34</td>
<td>I worry so much before a performance, I cannot sleep</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_35</td>
<td>When performing without music, my memory is reliable</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>K_36</td>
<td>Prior to, or during a performance, I experience shaking or trembling or tremor</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_37</td>
<td>I am confident playing from memory</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>K_38</td>
<td>I am concerned about being scrutinized by others</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_39</td>
<td>I am concerned about my own judgement of how I will perform</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>K_40</td>
<td>I remain committed to performing even though it causes me great anxiety</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

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 ☐ in the one box that best describes your answer.

1. In general, would you say your health is:

   - Excellent ☐  
   - Very good ☐  
   - Good ☐  
   - Fair ☐  
   - Poor ☐

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?

   - Yes, limited a lot ☐  
   - Yes, limited a little ☐  
   - No, not 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 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 your physical health?

   - 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

   b. Were limited in the kind of work or other activities. ☐  
     1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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)?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td>▼</td>
</tr>
</tbody>
</table>

a. Accomplished less than you would like .................................. □ 1 ........ □ 2 ........ □ 3 ........ □ 4 ........ □ 5

b. Did work or other activities less carefully than usual ............ □ 1 ........ □ 2 ........ □ 3 ........ □ 4 ........ □ 5

5. During the past 4 weeks, how much did the pain interfere with your work (including both work outside the home and housework)?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td>▼</td>
</tr>
</tbody>
</table>

□ 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...

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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

c. 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.)?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

□ 1 □ 2 □ 3 □ 4 □ 5

Thank you for completing these questions!