**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.

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**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.

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| 1 | 2 | 3 | 4 | 5 |
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6) What did you like about the composition?

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7) What did you not like?

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

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**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.

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| 1 | 2 | 3 | 4 | 5 |
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**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.

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| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
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**11)** Would you like to **listen** to a sound-based composition again? ***Y/N***

If yes, why? If no, why not?

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

If yes, why? If no, why not?

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