

Musician's Questionnaire



Albrecht
Audiology

Date

Contact Information

Patient Name

Birth-date

What instrument(s) do you play?(and number of years playing each)

Which ear is closer to the instrument?

What kind of music do you play? (e.g. classical, rock, etc.)

Right

Left

No Difference

On average, how many hours per week do you practice?

On average, how many hours per week do you perform?

During practice/performance, what other instruments are directly in front, behind, right and left of you?

Front?

Behind?

Right?

Left?

Do you use
hearing
protection when
you practice?

Yes
No

Do you use
hearing
protection when
you perform?

Yes
No