



# Music Playlist Impact Evaluation Form

**\*\*In subsequent observations, please note any changes in all areas of this study\*\***

Name \_\_\_\_\_ Admission Date: \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meds/Dosage (**recent increase/decrease or change in psychotropic or pain meds?**)

| Medication | Dosage | Frequency | Recent changes | Other Notes |
|------------|--------|-----------|----------------|-------------|
|            |        |           |                |             |
|            |        |           |                |             |
|            |        |           |                |             |
|            |        |           |                |             |
|            |        |           |                |             |
|            |        |           |                |             |
|            |        |           |                |             |

Pain \_\_\_\_\_ Yes \_\_\_\_\_ No Pain Scale \_\_\_\_\_ Frequency \_\_\_\_\_

Palliative \_\_\_\_\_ Yes \_\_\_\_\_ No Hospice \_\_\_\_\_ Yes \_\_\_\_\_ No

Weigh \_\_\_\_\_ Weight Loss Risk \_\_\_\_\_ Yes \_\_\_\_\_ No

Supplements \_\_\_\_\_

Dining Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mood/Depression/Anxiety \_\_\_\_\_

Behaviors (recent discharges to Geri-Psych or hospital?)

Cognition/Alert/Oriented

Social Services Notes

Nurses Notes

HCA Notes/ADLs/Resistance to Care

QOL Notes

Therapy/Restorative Notes

Describe use of music with this individual: When? Purpose? Frequency? Response?