Playlist Impact Evaluation Form

Recommended for non-verbal participants

Date											
Participant Na	ime					_					
Staff Name											
Facial Respon	<u>ses</u>										
Eye contact –	participar	nt initiate	s eye co	ntact du	ue to im	plement	ation of	music:			
Low response									High response		
	1	2	3	4	5	6	7	8	9	10	
Smile – partic	ipant resp	onds wit	:h a smil	e due to	implen	nentatio	n of mus	sic:			
	Low response									High response	
	1	2	3	4	5	6	7	8	9	10	
Face relaxatio	n – partic	ipant's fa	ice relaxi	es due t	o imple	mentatio	on of mu	ısic:			
	Low response								High	High response	
	1	2	3	4	5	6	7	8	9	10	
Vocal Respon	<u>ses</u>										
Participant sir	ngs along	with mus	sic:								
	Low response									High response	
	1	2	3	4	5	6	7	8	9	10	
Body Movem	<u>ent</u>										
Participant fo	llows rhyt Low re:		usic thro	ugh <mark>ha</mark> r	nd tappi	ng, foot	tapping	or clapp		e response): response	
	1	2	3	4	5	6	7	8	9	10	
Participant ro	ocks back	and forth	to rhyth	nm of th	ie music	: <u>:</u>					
· a. c.o.pa	Low re:								High	response	
	1	2	3	4	5	6	7	8	9	10	
Participant da	ances to n	nusic:									
. artioparit di	Low re:								High	response	
	1	2	3	4	5	6	7	8	9	10	

Behavioral Re	<u>sponses</u>										
Agitation/dist	ressed bel	havior:									
	Low response								High	Response	
	1	2	3	4	5	6	7	8	9	10	
Joy/happiness											
	Low response							_	High		
	1	2	3	4	5	6	7	8	9	10	
Resistance to	care:										
	Low res	ponse							High	Response	
	1	2	3	4	5	6	7	8	9	10	
Sundowning (N,	/A)									
0	Low response							High	Response		
	1	2	3	4	5	6	7	8	9	10	
Participant is r			respons	sive:							
	Low response									Response	
	1	2	3	4	5	6	7	8	9	10	
Pain expressio	n while lis	stening:									
•						High pain level					
	1	2	3	4	5	6	7	8	9	10	
Recognition of			d:								
No recognition									High Recognition		
	1	2	3	4	5	6	7	8	9	10	
Additional Not	tes:										