**Pre-test Questionnaire**

*Please check only one response per question unless instructed otherwise.*

1. Do you warm-up *ON YOUR INSTRUMENT* :
   1. Before **PERFORMING** or **REHEARSING**?

* Yes
* No
* Occasionally
  1. Before **PRACTISING**?
* Yes
* No
* Occasionally

1. Do you warm up *AWAY FROM YOUR INSTRUMENT* :
   1. Before **PERFORMING** or **REHEARSING**?

* Yes
* No
* Occasionally
  1. Before **PRACTISING**?
* Yes
* No
* Occasionally
  1. What does this warm-up involve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you warm-up, what factors influence your decision to do this? (*check all that apply*)

* Advice from teacher
* Advice from health professional
* Advice from friends
* Positive personal experiences with warm-up
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you think warm-up will affect your sound quality?

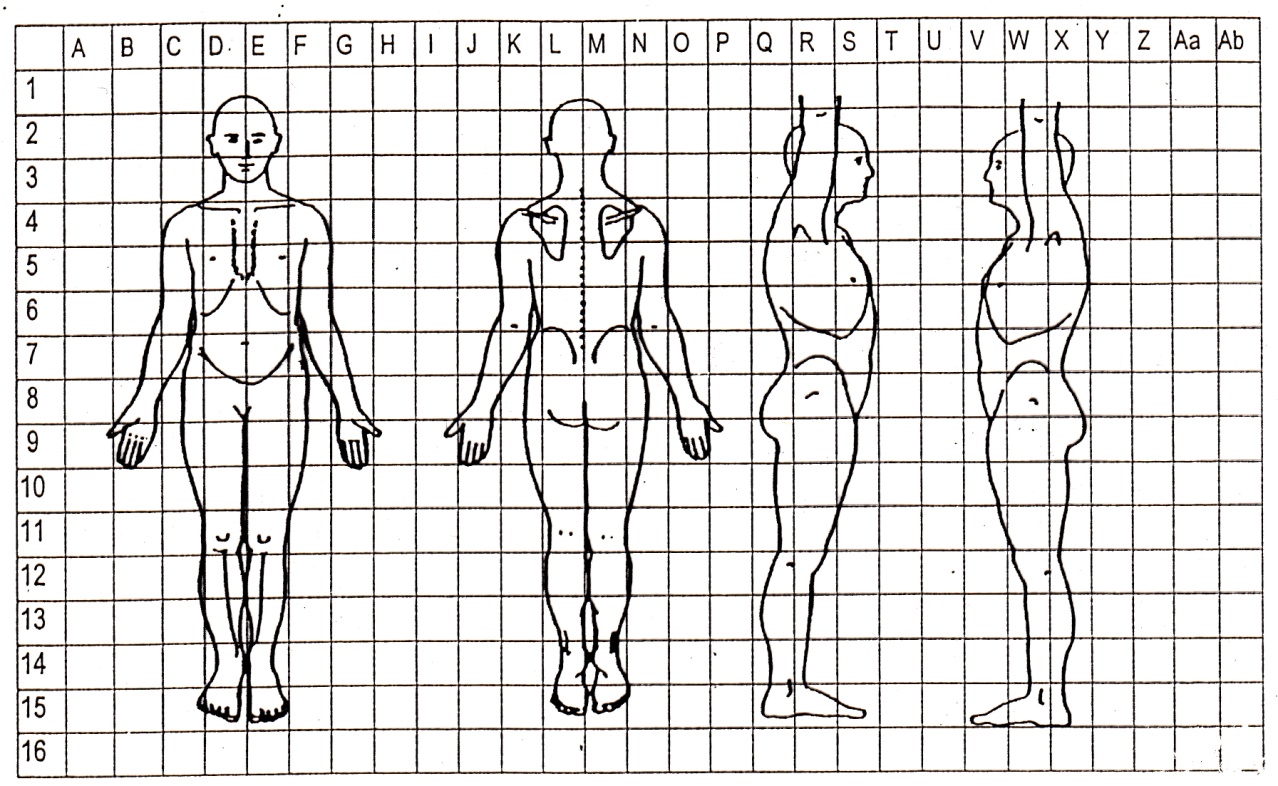
* Improve sound quality
* No effect
* Degrade sound quality

1. Are you currently experiencing any physical symptoms, such as aches, pain, weakness, lack of control, numbness or tingling?

* Yes
* No

*Note: if you answered “no” to question 5, your questionnaire ends here! If you answered “yes” to question 5, continue to the 2nd page.*

1. Please indicate the location(s) of your current physical symptoms (PS) on the body chart below. Shade an area and label the first PS as A, the second as B, etc. (*see provided example*)

 *Ackermann, 2012*

For each shaded area above, please complete details below on the PS. Please also rate the severity of the PS out of 10, where **0 is no pain** and **10 is the worst pain you can imagine**. If the PS varies, please indicate the lowest to highest pain ratings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PS (letter)** | **Duration (weeks)** | **Affecting playing? (Y/N)** | **Type of PS (from list below)** | **Intermittent or constant?** | **Severity (/10)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Type of PS*: *Aching, sharp, burning, throbbing, cramping, pulling, tingling, hot, numb, cold, shooting, heavy, tender, weak, loss of control, tiring, other (specify)*