

Subject Information:

Name:			
Gender:			
Age:			
Nationality:			
Musically Trained? (Yes or No):			
If “Yes”, please describe briefly:			
Please rate the melodies with respect to your familiarity (1-5)			
(1)	(6)	(11)	(16)
(2)	(7)	(12)	(17)
(3)	(8)	(13)	(18)
(4)	(9)	(14)	(19)
(5)	(10)	(15)	(20)
(21)	(22)		
Titles of Free Choice:			
(1)			
(2)			
(3)			
Note			

Office Use

Recording Date and Time: _____

Recording Room: _____

Duration: _____

Recording section performed by: _____