



71 monell avenue, islip, new york 11751-3999  
t. 631.581.5933 f. 631.277.8429



## Playlist Questionnaire:

iPod USER'S NAME: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Daytime Phone: \_\_\_\_\_

Your Library Card #: \_\_\_\_\_

Your Relationship to iPod User: \_\_\_\_\_

### iPOD USER'S FAVORITE MUSIC – CIRCLE ALL THAT APPLY:

- |                           |                                |
|---------------------------|--------------------------------|
| Blues                     | Jazz                           |
| Big Bands/Swing           | Latino/Spanish                 |
| Classical                 | Musicals/Showtunes             |
| Country/Western           | Opera                          |
| Easy Listening            | Pop                            |
| Folk                      | R&B/Soul                       |
| Holiday                   | Rock & Roll                    |
| Inspirational (Religious) | Other (please indicate): _____ |

### FAVORITE ERA(S) – CIRCLE ALL THAT APPLY:

- |      |      |
|------|------|
| 30's | 70's |
| 40's | 80's |
| 50's | 90's |
| 60's | 00's |

Please return this questionnaire along with a doctor's note indicating that you qualify for this program.  
Any questions, please contact Laurie Aitken, Mark Irish or Adriana LoDolce at 631.581.5933