



SingWell Baseline and Completion Questionnaire

Your ID: AC _____

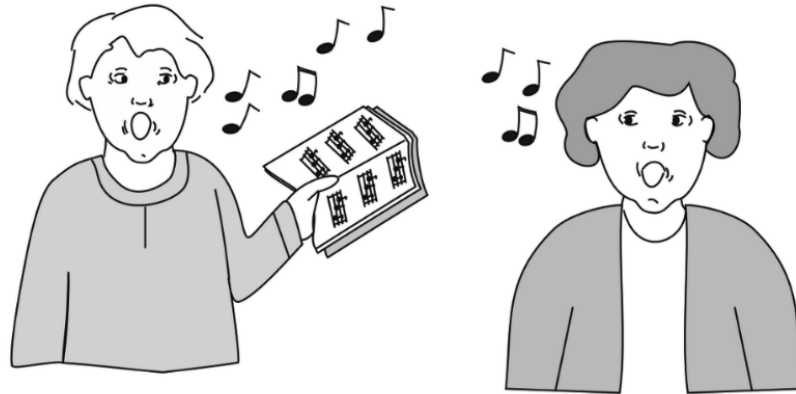
Are you filling out this questionnaire
before or **after** the choir program?

Before

After

Please be **honest**. Your answers are kept **confidential**.

Singing Abilities



How **well** do you feel you can **sing**?

1 2 3 4 5 6 7

Bad



Great



Musical Abilities

How many **years** of musical **training** have you had?

0 0.5 1 2 3-5 6-9 10 +

Self-Image

Is being a **member** of this choir is an **important** part of how you see yourself?

1

2

3

4

5

6

7

**Not
Important**

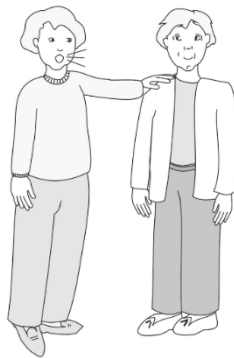
Neutral

**Very
Important**



Social Connectedness and Friendship

Do you have people in your life who you can **talk** to?



Yes

No



Social Connectedness and Friendship Continued

Who do you **see** or **talk** to **regularly** (at least once every 2 weeks)?

Spouse

Family

Friends

How **easy** is it to **get in touch** with others when you need to?

1

2

3

4

5

**Never
Easy**

**Always
Easy**



How often do you feel **friendless** or **alone**?

1

2

3

4

5

Never

Always



Social Connectedness and Friendship Continued

Do you belong to any other **social groups** (outside of the Aphasia and Communication Disabilities Program)?

Yes



No



Beliefs About Having a Disorder

How long have you been living with a **communication disorder**?

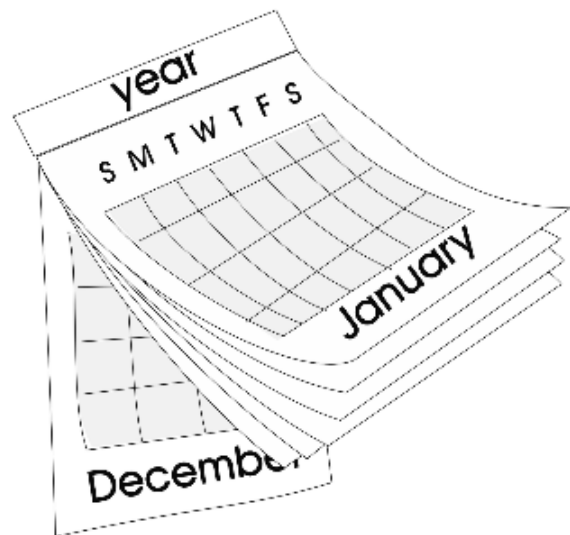
0-3 months

3-6 months

6 months-1 year

1-2 years

2+ years



Beliefs About Having A Disorder Continued

How much do you **agree** or **disagree** with the following statements?

Your disorder does not **define** you

1 2 3 4 5 6 7

**Strongly
Disagree**

Neutral

**Strongly
Agree**



You can **influence** the **symptoms** of your disorder

1 2 3 4 5 6 7

**Strongly
Disagree**


Neutral

**Strongly
Agree**



Life Satisfaction

How **satisfied** are you with your life?

	10	Best Life	
	9		
	8		
	7		
	6		
	5		
	4		
	3		
	2		
	1		
	0	Worst Life	