

**Appendix 2: The Impact Areas Questionnaire
(easy-read version)**

Article: Tsiris, G., Spiro, N., Coggins, O.,
& Zubala, A. (2020). The Impact Areas
Questionnaire (IAQ): A music therapy
service evaluation tool. *Voices: A
World Forum for Music Therapy*, 20(2).

(Editorial note: Reference included after publishing, July 2, 2020).

Music therapy with [Music Therapist's name]

at [Partner Organisation Name]

Thank you for reading this form!

Your answers will help us learn more about
music therapy.



Sometimes we use people's answers on our
website or in the newspapers. If we use your
answers, we won't tell anyone your name.



You can find out more about this from [MT
name] or at the end of page 4.

1. Do you want to do this form or stop? (Please circle one)

Do the form

Stop

If you said '**Stop**', you can stop here.

2. Choose the face that suits you best for each question.

If the question does not apply for you, choose N/A (not applicable).

For my speaking and listening, music therapy is...



For having friends and not feeling lonely, music therapy is...



For helping with my feelings, music therapy is...



For helping me feel calm, music therapy is...



For helping me move and do things with my body, music therapy is...



For making life feel good, music therapy is...



For feeling good about myself and doing new things, music therapy is...



For making bad feelings better, music therapy is...



For being a **good activity** to do, music therapy is...



(N/A)

For making me **want to join in**, music therapy is...



(N/A)

For helping me **focus and learn**, music therapy is...



(N/A)

For making me **happy**, music therapy is...



(N/A)

For letting me **play and listen to music**, music therapy is...



(N/A)

3. Write in the box if you want to say anything else about music therapy

4. Would you like music therapy with YYY to...

Carry on

Stop

Don't know

5. What ideas do you have to make music therapy better?

6. Did anyone help you with this form? *(Please circle one)*

No one helped me

[Music Therapist's Name]

Someone else *(Please say how they know you)*

.....

Thank you!

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Extra information about this form

What is this form about?

This form will help Nordoff Robbins evaluate music therapy services provided.

What is Nordoff Robbins?

Nordoff Robbins is a national music therapy charity (Registered Charity no. 280960) dedicated to transforming the lives of vulnerable children and adults across the UK. The music therapist working at this organisation is from Nordoff Robbins. To find out more about Nordoff Robbins, visit our website: www.nordoff-robbins.org.uk

Why does your opinion matter?

Your feedback is valuable for ensuring best practice and for the development of the Nordoff Robbins music therapy service. Your opinion matters, whether you are accessing music therapy, you are family/carer/friend of a person who access music therapy (service-user), or if you are a staff member.

What will happen to your answers?

Your answers, together with the responses of all other participants, will inform this evaluation and service development, and may also be used by Nordoff Robbins for fundraising and publicity purposes as well as for publications such as articles, internal and public reports. In all circumstances your name will not be revealed.