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## 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