**Registration and Screening Questionnaire**

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Name

First:

Last:

Email:

Phone:

Are you 18 years of age or older? Yes/no

This course is offered in person at [enter location]. Are you able to attend the entire course in person? If not, please put an x next to the class(es) will you miss. Class 1 (Saturday) \_\_ 2 (Sunday) \_\_\_

Do you consent to participate in an interview?

Yes\_\_\_ No\_\_\_\_

Do you require any accessibility accommodations? If yes, please explain.

Please see attached consent form for participation in this course / research study.

Please identify yourself as (a) professional musician; (b) amateur musician; (c) student; or (d) none of the above.

What is your primary instrument?

Have you had performance anxiety when performing as a musician? (yes/no)

If yes, how often have you experienced performance anxiety (number of occurrences, over approximately how many years)?

Voluntary Questions (for purposes of equity, diversity, and inclusion).

1. What is your gender?
2. What is your race?
3. Do you have a physical disability?
4. Do you have a mental health disability?

Any questions?

We do not offer refunds, partial refunds, or make-up classes.

Participants must adhere to all host venue (University of Victoria) health and safety policies.