

MEL: Music in Everyday Life Assessment
Gottfried & Thompson, 2012

Your name: _____ Date: _____

Child's name: _____ Your relationship to the child: _____

The MEL is designed to assess the use of music in the everyday life of the families who have a child on the autism spectrum. It may be of use to other families as well. This assessment should take between 5-10 minutes to complete. The information you provide will help describe the way you are using music in everyday life; how much your child participates in shared music activities; and how you perceive his/her responses to different musical activities.

In each question, please mark the option that best describes your child's behavior **over the past week**. You are also welcome to make additional comments in each section

Domain 1: singing together

Item 1a

In the past week, how often did you sing with your child?

- Every day of the week I sang with my child
- Almost every day of the week I sang with my child
- A couple of the days of the week I sang with my child
- One day of the week I sang with my child
- Not at all

Item 1b

How do you think your child overall responded to your singing: (Please tick only one)

- It was a very positive experience for my child
- It was a somewhat positive experience for my child
- It was neither a positive nor a negative experience for my child (e.g. my child continued with his/her activities; his/her response was difficult to understand.)
- It was a negative experience for my child. Please describe:

– Was it a positive or a negative experience for you? Please describe:

Domain 2: playing musical instruments together

Item 2a

In the past week, how often did you play musical instruments with your child?
(Please don't include toys that play recorded musical tunes.)

- Everyday of the week I played musical instruments with my child
- Almost every day of the week I played musical instruments with my child
- A couple of the days of the week I played musical instruments with my child
- One day of the week I played musical instruments with my child
- Not at all

Item 2b

How do you think your child overall responded to playing with instruments with you: (Please tick only one)

- It was a very positive experience for my child
- It was somewhat a positive experience for my child
- It was neither a positive nor a negative experience for my child (e.g. my child continued with his/her activities; his/her response was difficult to understand.)
- It was a negative experience for my child. Please describe:

– Was it a positive or a negative experience for you? Please describe:

Domain 3: listening to music together

Item 3a

In the past week, how often did you listen to music with your child?

- Everyday of the week I listened to music with my child
- Almost every day of the week I listened to music with my child
- A couple of the days of the week I listened to music with my child
- One day of the week I listened to music with my child
- Not at all

Item 3b

How do you think your child overall responded to listening to music with you: (Please tick only one)

- It was a very positive experience for my child
- It was somewhat a positive experience for my child
- It was neither a positive nor a negative experience for my child (e.g. my child continued with his/her activities; his/her response was difficult to understand.)
- It was a negative experience for my child. Please describe:

– Was it a positive or a negative experience for you? Please describe:

Domain 4: playing musical apps together

Item 4a

In the past week, how often did you play with music apps on a smart phone or tablet with your child? (Please consider apps for playing and composing original music)

- Everyday of the week I played music apps with my child
- Almost every day of the week I played music apps with my child
- A couple of the days of the week I played music apps with my child
- One day of the week I played music apps with my child
- Not at all

Item 4b

How do you think your child overall responded to playing a music apps with you: (Please tick only one)

- It was a very positive experience for my child
- It was somewhat a positive experience for my child
- It was neither a positive nor a negative experience for my child (e.g. my child continued with his/her activities; his/her response was difficult to understand.)
- It was a negative experience for my child. Please describe:

– Was it a positive or a negative experience for you? Please describe :

Domain 5: family members playing musical instruments

Item 5a

Do you or any family members currently play a musical instrument as a hobby or a profession?
(Please include all instruments apart from children's percussion instruments)

- Yes
- No – please proceed to question 6

If yes, what musical instruments do they play?

Person 1: _____

Person 2: _____

Person 3: _____

Person 4: _____

Person 5: _____

Item 5b

In the past week, how often did you and/or other family members play their instrument in front of, or with, your child?

- Everyday of the week musical instruments were played in front of or with my child
- Almost every day of the week musical instruments were played in front of or with my child
- A couple of the days of the week musical instruments were played in front of or with my child
- One day of the week musical instruments were played in front of or with my child
- Not at all

Item 5c

How do you think your child overall responded to your/their playing: (Please tick only one)

- It was a very positive experience for my child
- It was somewhat a positive experience for my child
- It was neither a positive nor a negative experience for my child (e.g. my child continued with his/her activities; his/her response was difficult to understand.)
- It was a negative experience for my child. Please describe:

Further comments (optional):

Domain 6: preferred genres for music listening

In the past week, what style or genre of music did your family listen to?

(Please tick all that apply)

Item	Not at all	One day of the week	A couple of days of the week	Almost every day of the week	Every day of the week
6a Music from your cultural heritage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b Classical music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c Jazz music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d Children's songs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e Pop music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f Relaxation music (e.g. New-age, nature sounds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g Dance music (e.g. Electronic music, highly rhythmical music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6h Other music (please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (optional):

Domain 7: frequency of music use to support activities in daily life

We use music (singing, listening, playing) in different ways, in order to help my child:

Item	Not at all	One day of the week	A couple of days per week	Almost every day	Every day of the week
7a Calm down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b At meal time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c At bed time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d Understand daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e Have fun and experience enjoyment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f Transition smoothly between activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7g Learn new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (optional):

Domain 8

If you have any other comments regarding your child's response to music, please add them here:

Thank you for your responses!