Page 1/9

Your first and last name were requested for the consent (previous page). However, all the answers to the following questions are completely anonymous and it will not be possible to identify you.

Hello, Thank you for your participation. This research conducted by the Haute Ecole de Santé in collaboration with the Haute Ecole de Musique of Geneva - Neuchâtel aims to evaluate the health of student musicians. The questions concern various aspects of your life such as your musical practice, your general feelings, your physical activity...

There are no right or wrong answers; we simply ask you to answer each question as spontaneously as possible. It is best to complete the entire survey in one go if you have the opportunity. Otherwise, do not interrupt your participation during the survey, but only after clicking < < Submit >> at the end of a page. Submitting locks the answer to the questions on a page, so it is no longer possible to go back after changing pages. A full participation takes about 20-40 minutes. Inclusive writing has not been used to facilitate readability.

To thank you for your participation, you are entitled to a gift voucher worth CHF 30.00 to be used in a Payot bookstore. The vouchers will be distributed to all participants who completed all the questions at the end of the questionnaire data collection in late April / early May. Thank you for participating.

If the results of your answers suggest that there is a physical or psychological disorder, do you wish :

 \bigcirc not to be informed

 \bigcirc to be informed so that you can contact a health professional if you wish

What is your age? {mpiiqm_q1} years

Gender

 \bigcirc Male \bigcirc Female

What is your main musical instrument at the HEM?

(Includes singing)

With respect to your studies, are you registered:

 \bigcirc Full time \bigcirc Part time

For how many years have you played your main instrument?

{mpiiqm_q5} years

For how many years and months did you study at a (under)graduate university of music?

{mpiiqm_q6_ans} year(s) and {mpiiqm_q6_mois} month(s)

If it is an exact number of years please choose 0 months

On average, how many hours per week do you spend playing your main instrument (or singing for the singers) during HEM supervised activities (this includes lessons, rehearsals, performances) ?

{mpiiqm_q7} hours

05.07.2024 11:19



On average, how many hours per week do you spend playing your main instrument (or singing for singers) outside HEM supervised activities (this includes individual practice, chamber music, solo performances, demonstration when teaching, gigs, other)?

{mpiiqm_q8} hours

Playing-related (or singing-related for singers) musculoskeletal problems are defined as "pain, weakness, numbness, tingling, or other symptoms that interfere with your ability to play your instrument at the level to which you are accustomed". This definition does not include mild transient aches and pains.

Have you ever had pain/problems that have interfered with your ability to play your instrument at the level to which you are accustomed?

⊖ Yes ⊖ No

Have you ever had pain/problems that have interfered with your ability to play your instrument (or sing for singers) at the level to which you are accustomed during the last 12 months ?

 \bigcirc Yes \bigcirc No

Have you had pain/problems that have interfered with your ability to play your instrument (or sing for singers) at the level to which you are accustomed during the last month (4 weeks) ?

⊖ Yes ⊖ No

Currently (in the past 7 days), do you have pain/problems that interfere with your ability to play your instrument (or sing for singers) at the level to which you are accustomed?

\bigcirc Yes \bigcirc No

The lists below enumerate the different front parts of the body.

Check off each area where you are experiencing pain/problems.

{schema corps av} Head: {tete}

Trunk: {tronc}

Upper extremity: {ms} Lower extremety: {mi}

The lists below enumerate the different back parts of the body.

Check off each area where you are experiencing pain/problems.

{schema_corps_ar} Head: {tete_a}

Trunk : {tronc_a}

Upper extremity: {ms_a} Lower extremety: {mi_a}



The drop-down menu below enumerates the different front AND back parts of the body. Select the area that is the most painful.

O Mouth ○ Front of the head ○ Throat ○ Front of the left shoulder ○ Front of the right shoulder ○ Front of the left shoulder ○ Front of the right shoulder O Fold of the left arm Fold of the right arm ○ Front of the left forearm ○ Front of the right forearm ○ Front of the left wrist ○ Front of the right wrist ○ Front of the left hand palm ○ Front of the right hand palm \bigcirc Left thumb ○ Right thumb \bigcirc Front of other left fingers \bigcirc Front of other right fingers \bigcirc Chest \bigcirc Belly \bigcirc Front of the pelvis \bigcirc Front of the left thigh \bigcirc Front of the right thigh ○ Left knee ○ Right knee \bigcirc Front of the left leg \bigcirc Front of the right leg ○ Front of the left ankle \bigcirc Front of the right ankle ○ Front of the left foot \bigcirc Front of the right foot O Back of the head ○ Neck O Back of the left shoulder O Back of the right shoulder Back of the left arm \bigcirc Back of the right arm \bigcirc Left elbow ○ Right elbow ○ Back of the left forearm ○ Back of the right forearm O Back of the left wrist ○ Back of the right wrist O Back of the left hand ○ Back of the right hand ○ Upper back O Middle of the back ○ Lower back ○ Back of the pelvis ○ Back of the left thigh O Back of the right thigh O Hollow of the left knee ○ Hollow of the right knee O Back of the left leq O Back of the right leg ○ Back of the left ankle ○ Back of the right ankle ○ Back of the left foot ○ Back of the right foot



| The next four questions relate ONLY to PAIN. | Please answer with | reference to th | e ONE area |
|--|--------------------|-----------------|------------|
| that you selected in the previous question. | | | |

Please rate your pain by circling the one number that best describes your pain at its worst in the last week. (0 = No pain & 10 = Pain as bad as you can imagine)

 $\bigcirc 0 \ \bigcirc 1 \ \bigcirc 2 \ \bigcirc 3 \ \bigcirc 4 \ \bigcirc 5 \ \bigcirc 6 \ \bigcirc 7 \ \bigcirc 8 \ \bigcirc 9 \ \bigcirc 10$

Please rate your pain by circling the one number that best describes your pain at its least in the last week. (0 = No pain & 10 = Pain as bad as you can imagine)

 $\bigcirc 0 \quad \bigcirc 1 \quad \bigcirc 2 \quad \bigcirc 3 \quad \bigcirc 4 \quad \bigcirc 5 \quad \bigcirc 6 \quad \bigcirc 7 \quad \bigcirc 8 \quad \bigcirc 9 \quad \bigcirc 10$

Please rate your pain by circling the one number that best describes your pain on average in the last week. (0 = No pain & 10 = Pain as bad as you can imagine)

 $\bigcirc 0 \quad \bigcirc 1 \quad \bigcirc 2 \quad \bigcirc 3 \quad \bigcirc 4 \quad \bigcirc 5 \quad \bigcirc 6 \quad \bigcirc 7 \quad \bigcirc 8 \quad \bigcirc 9 \quad \bigcirc 10$

Please rate your pain by circling the one number that tells how much pain you have right now. (0 = No pain & 10 = Pain as bad as you can imagine)

 $\bigcirc 0 \quad \bigcirc 1 \quad \bigcirc 2 \quad \bigcirc 3 \quad \bigcirc 4 \quad \bigcirc 5 \quad \bigcirc 6 \quad \bigcirc 7 \quad \bigcirc 8 \quad \bigcirc 9 \quad \bigcirc 10$

The remainder of the survey relates to both PAIN and/or PROBLEMS. For each of the following, circle the one number that describes how, during the past week, pain/problems have interfered with your:

Mood (0 = Does not interfere & 10 = Completely interferes) 0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10 Enjoyment of life (0 = Does not interfere & 10 = Completely interferes) 0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10

For each of the following, during the past week, as a result of your pain/problems, did you have any difficulty:

Using your usual technique for playing your instrument? (0 = No difficulty & 10 = Unable)

 $\bigcirc 0 \quad \bigcirc 1 \quad \bigcirc 2 \quad \bigcirc 3 \quad \bigcirc 4 \quad \bigcirc 5 \quad \bigcirc 6 \quad \bigcirc 7 \quad \bigcirc 8 \quad \bigcirc 9 \quad \bigcirc 10$

Playing your musical instrument because of your symptoms? (0 = No difficulty & 10 = Unable)

 $\bigcirc 0 \quad \bigcirc 1 \quad \bigcirc 2 \quad \bigcirc 3 \quad \bigcirc 4 \quad \bigcirc 5 \quad \bigcirc 6 \quad \bigcirc 7 \quad \bigcirc 8 \quad \bigcirc 9 \quad \bigcirc 10$

Playing your musical instrument as well as you would like? (0 = No difficulty & 10 = Unable)

 $\bigcirc 0 \quad \bigcirc 1 \quad \bigcirc 2 \quad \bigcirc 3 \quad \bigcirc 4 \quad \bigcirc 5 \quad \bigcirc 6 \quad \bigcirc 7 \quad \bigcirc 8 \quad \bigcirc 9 \quad \bigcirc 10$



General questions

Page 2/9

| Socio-demographic informations |
|--|
| Height: {ql1} cm |
| Weight: {ql2} kg |
| Do you write with your right or left hand? |
| ○ Right ○ Left ○ Ambidextrous |
| Do you have a student job? |
| ⊖ Yes ⊖ No |
| Which one? |
| How many hours per week? |
| In the past 12 months, have you had a history of: |
| Neurological pathologies Psychological pathologies Surgery Musculoskeletal disorder (e.g.: tendinitis, back pain,) None of the above |

Do you think that your musculoskeletal disorder(s) may be due to your instrumental practice (or singing for singers)?

⊖ Yes ⊖ No

Lifestyle informations

To relax, you prefer:

Playing sports
Stretching and doing some relaxation
Reading
Doing creative activities
Taking a walk
Listening to music
Watching movies / social media
Doing activities with family / friends
Taking a nap
Cooking
Other

Do you eat your meals regularly?

 \bigcirc Yes \bigcirc No

Page 8



| Page | 9 |
|------|---|
|------|---|

Do you feel that your diet is balanced?

⊖ Yes ⊖ No

What is your average amount of sleep per night during the week (excluding weekends)?

4 hours
5 hours
6 hours
7 hours
8 hours
9 hours
10 hours
11 hours
12 hours
13 hours
14 hours
15 hours
16 hours

Do you feel that the quality of your sleep is good?

○ 1 - Yes ○ 2 ○ 3 ○ 4 ○ 5 - No

Do you have any addictive behaviors (e.g. tobacco, alcohol...)?

 \bigcirc Yes \bigcirc No \bigcirc Do not wish to answer

Habits related to musical practice

At what age did you start your main instrument (or singing for singers)?

○ 2 years
○ 3 years
○ 4 years
○ 5 years
○ 6 years
○ 7 years
○ 8 years
○ 9 years
○ 10 years
○ 11 years
○ 12 years
○ 13 years
○ 14 years
○ 15 years
○ 16 years
○ 17 years
○ 18 years

Did you take a break from music?

 \bigcirc Yes \bigcirc No

Do you practice a second instrument? (includes singing)

 \bigcirc Yes \bigcirc No

If yes, specify:

Do you practice a third instrument? (includes singing)

⊖ Yes ⊖ No

If yes, specify:



In the two years preceding your arrival at the HEM, how many hours per day on average did you spend practicing your main instrument (or singing for singers)?

{ql16} hours

What is your academic level at the HEM?

Bachelor 1
 Bachelor 2
 Bachelor 3

O Master 1

O Master 2

At present, how many hours do you practice your main instrument (or singing for singers), all activities combined, per day on average?

{ql18} hours

When you practice your main instrument (or singing for singers) how do you organize your breaks?

○ I take a break every 30 minutes

 \bigcirc I take a break every hour

○ I take a break every 2 hours

O I take a break every 3 hours or more

○ I take irregular breaks

What are your preferred working hours for your main instrumental practice (or singing for singers)?

(e.g. : 14h - 17h / 20h - 22h)

What factors prevent you from working these hours?

{ql21} {ql21_libre}

When you practice music, do you do any warm-up and/or cool-down exercises?

Yes, both
 Yes, warm-up exercises
 Yes, cool-down exercises
 No

Position used to practice your main instrument (or singing for singers), all activities combined:

{ql_assis} Sitting time {ql_debout} Standing time

Name, according to you, 3 causes of injuries or health problems related to the musician's musical practice. {ql23_1} {ql23_2} {ql23_3}

Do you see a health care professional regularly?

 \bigcirc Yes \bigcirc No



| Is this health care professional a musicians' specialist? |
|---|
|---|

⊖ Yes ⊖ No

What kind of health professional is it?

| 🗌 Physician |
|-----------------|
| Physiotherapist |
| Osteopath |
| Psychologist |
| 🗌 Other |

How many times do you see a physician on average per year? {ql26bis_m} time(s)

How many times do you see a physiotherapist on average per year? {ql26bis_phy} times

How many times do you see an osteopath on average per year? {ql26bis_o} times

How many times do you see a psychologist on average per year? {ql26bis_psy} times

Which one? {ql26bis_autre_lequel}

How many times a year on average? {ql26bis_autre_combien} times

Have you been diagnosed by a health professional with a problem related to your musical practice?

 \bigcirc Yes, one \bigcirc Yes, two \bigcirc Yes, three or more \bigcirc No

If yes:

Which one: {ql28_lesquels} When: month of {ql28_mois} year {ql28_annee}

If yes:

Which one: {ql28_lesquels_2} When: month of {ql28_mois_2} year {ql28_annee_2}

If yes:

Which one: {ql28_lesquels_3} When: month of {ql28_mois_3} year {ql28_annee_3}



How do you find out about musicians' health issues?

Health professionals
 Social Media
 Internet
 Colleagues
 Associations
 Seminars, conferences
 With the teacher of my main instrument
 Instructors in physical practice at the HEM
 Other
 I don't get informed

projectredcap.org

Self-rated health

Page 3/9

| SRH questionnaire | | | |
|---|-------------------|----------------|------------|
| | Bad | Reasonable | Good |
| How would you rate your general health status? | 0 | 0 | 0 |
| | Worse | About the same | Better |
| How would you rate your general health status compared to 5 years ago? | Ο | 0 | 0 |
| How would you rate your health status compared to others in your age group? | 0 | 0 | 0 |
| | To a great extent | Partly | Not at all |
| Do you think your health prevents you from doing things you would like to do? | 0 | 0 | 0 |



Physical activity

Page 4/9

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person.

Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport. Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

 \bigcirc No vigorous physical activities \bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc 6 \bigcirc 7

How much time did you usually spend doing vigorous physical activities on one of those days?

| {h_ai} hour(s) | per day {min | _ai} minute(s) | per day |
|----------------|--------------|----------------|---------|
| {nsp_ai} | | | |

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

 \bigcirc No moderate physical activities \bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc 6 \bigcirc 7

How much time did you usually spend doing moderate physical activities on one of those days?

{h_am} hour(s) per day {min_am} minute(s) per day
{nsp_am}

Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.



During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

 \bigcirc No walking \bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc 6 \bigcirc 7

How much time did you usually spend walking on one of those days?

{h_m} hour(s) per day {min_m} minute(s) per day {nsp_m}

The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting on a week day?

{h_as} hour(s) per day {min_as} minute(s) per day
{nsp_as}



Stress

Page 5/9

The following ten questions ask about how you have been feeling in the last four weeks. For each question, mark the circle under the option that best describes the amount of time you felt that way.

| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|--|------------------|-------------------------|------------------|------------------|-----------------|
| In the last four weeks, about how often did you feel tired out for no good reason? | 0 | 0 | 0 | 0 | 0 |
| In the last four weeks, about how often did you feel nervous? | 0 | 0 | 0 | 0 | 0 |
| In the last four weeks, about how often did you feel so nervous that nothing could calm you down? | 0 | 0 | 0 | 0 | 0 |
| In the last four weeks, about how often did you feel hopeless? | \bigcirc | 0 | 0 | 0 | 0 |
| In the last four weeks, about how often did you feel restless or fidgety? | 0 | 0 | 0 | 0 | 0 |
| In the last four weeks, about how often did you feel so restless you could not sit still? | 0 | 0 | 0 | 0 | 0 |
| In the last four weeks, about how often did you feel | 0 | 0 | 0 | \bigcirc | 0 |
| depressed? In the last four weeks, about how often did you feel that everything was an effort? | 0 | 0 | 0 | 0 | 0 |
| In the last four weeks, about how often did you feel so sad that nothing could cheer you up? | 0 | 0 | 0 | 0 | 0 |
| In the last four weeks, about how often did you feel worthless? | 0 | 0 | 0 | 0 | 0 |



The next few questions are about how these feelings may have affected you in the last four weeks.

In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?

 \bigcirc 0 day \bigcirc 1 day 🔾 2 days ○ 3 days \bigcirc 4 days ○ 5 days \bigcirc 6 days ○ 7 days ○ 8 days \bigcirc 9 days \bigcirc 10 days 🔿 11 days 12 days 13 days 0 14 days 11 days
 15 days
 16 days
 17 days
 18 days \bigcirc 19 days ◯ 20 days O 21 days 0 22 days \bigcirc 23 days \bigcirc 24 days ◯ 25 days \bigcirc 26 days O 27 days 28 days
 4



[Aside from those days], in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?

0 day
1 day
2 days
3 days
4 days
5 days
6 days
7 days
9 days
10 days
11 days
12 days
13 days
14 days
15 days
16 days
16 days
17 days
18 days
20 days
21 days
22 days
22 days
23 days
24 days
25 days
26 days
27 days
28 days
28 days



In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings? (Number of consultations)

| Õ | 0 consultation 1 consultation |
|--------------------|----------------------------------|
| X | 2 consultations |
| X | 3 consultations |
| X | 4 consultations |
| X | 5 consultations |
| Õ O | 6 consultations |
| X | 7 consultations |
| X | 8 consultations |
| X | 9 consultations |
| Õ O | 10 consultations |
| X | 11 consultations |
| X | 12 consultations |
| X | 13 consultations |
| Ŏ | 14 consultations |
| X | 15 consultations |
| ŏ | 16 consultations |
| $\widetilde{\cap}$ | 17 consultations |
| Õ O | 18 consultations |
| ŏ | 19 consultations |
| ŏ | 20 consultations |
| ŏ | 21 consultations |
| ŏ | 22 consultations |
| ŏ | 23 consultations |
| ŏ | 24 consultations |
| ŏ | 25 consultations |
| ŏ | 26 consultations |
| Õ | 27 consultations |
| Õ | 28 consultations |
| | |

In the last 4 weeks, how often have physical health problems been the main cause of these feelings?

 \bigcirc None of the time \bigcirc A little of the time \bigcirc Some of the time \bigcirc Most of the time \bigcirc All of the time



Music performance anxiety

Page 20

| I generally feel in control of my life | | | | | | | | | |
|---|---|------------|------------|--------|--------------|-----------------------|--|--|--|
| ○ 6 - Strongly Disagree | ○ 5 | ○ 4 | ○ 3 | ○ 2 | \bigcirc 1 | 🔿 0 - Strongly Agree | | | |
| I find it easy to trust othe | I find it easy to trust others | | | | | | | | |
| ○ 6 - Strongly Disagree | ○ 5 | ○ 4 | ⊖ 3 | ○ 2 | \bigcirc 1 | ○ 0 - Strongly Agree | | | |
| Sometimes I feel depressed without knowing why | | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | |
| I often find it difficult to n | l often find it difficult to muster the energy to do things | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | |
| Excessive worrying is a cl | haracte | eristic o | f my fa | mily | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | ○ 6 - Strongly Agree | | | |
| I often feel that life has n | I often feel that life has not much to offer me | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | ○ 6 - Strongly Agree | | | |
| Even if I work hard in pre | paratio | n for a | perforr | nance, | I am lil | kely to make mistakes | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | ○ 6 - Strongly Agree | | | |
| I find it difficult to depend | l on oth | ner | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | |
| My parents were mostly r | respons | ive to r | ny nee | ds | | | | | |
| ○ 6 - Strongly Disagree | ○ 5 | ○ 4 | ⊖ 3 | ○ 2 | \bigcirc 1 | ○ 0 - Strongly Agree | | | |
| Prior to, or during a performance, I get feelings akin to panic | | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | ○ 6 - Strongly Agree | | | |
| I never know before a cor | າcert w | hether | l will pe | erform | well | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | |
| Prior to, or during a performance, I experience a dry mouth | | | | | | | | | |
| ○ 0 - Strongly Disagree | $\bigcirc 1$ | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | |



| I often feel that I am not worth much as a person | | | | | | | | |
|--|--------------|------------|------------|------------|--------------|------------------------------------|--|--|
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ○ 5 | \bigcirc 6 - Strongly Agree | | |
| During a performance, I find myself wondering if I'll make it to the end | | | | | | | | |
| \bigcirc 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | \bigcirc 6 - Strongly Agree | | |
| Thinking about the evaluation I may get interferes with my performance | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | \bigcirc 6 - Strongly Agree | | |
| Prior to, or during a performance, I feel sick or faint or have a churning in my stomach | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | \bigcirc 6 - Strongly Agree | | |
| Even in the most stressful performance situations, I am confident that I will perform well | | | | | | | | |
| \bigcirc 6 - Strongly Disagree | ○ 5 | ○ 4 | ⊖ 3 | ○ 2 | \bigcirc 1 | ○ 0 - Strongly Agree | | |
| I am often concerned abc | out a ne | egative | reactio | n from | the au | dience | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ⊖ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | ○ 6 - Strongly Agree | | |
| Sometimes I feel anxious | for no | particu | lar reas | son | | | | |
| \bigcirc 0 - Strongly Disagree | \bigcirc 1 | ⊖ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | ○ 6 -Strongly Agree | | |
| From early in my music s | tudies, | l reme | mber b | eing ar | nxious a | about performing | | |
| \bigcirc 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | \bigcirc 6 - Strongly Agree | | |
| I worry that a bad perform | nance i | may rui | n my p | ersona | l devel | opment | | |
| \bigcirc 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | ○ 6 -Strongly Agree | | |
| Prior to, or during a perfo | rmance | e, I exp | erience | increa | sed he | art rate like pounding in my chest | | |
| \bigcirc 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | \bigcirc 6 - Strongly Agree | | |
| My parents almost always | s listen | ed to m | ne | | | | | |
| ○ 6 - Strongly Disagree | ⊖ 5 | ○ 4 | ⊖ 3 | ○ 2 | \bigcirc 1 | ○ 0 - Strongly Agree | | |
| I give up interesting perfo | ormanc | е орро | rtunitie | s due t | o anxie | ty | | |
| 🔿 0 - Strongly Disagree | \bigcirc 1 | <u> </u> | ○ 3 | ○ 4 | ○ 5 | \bigcirc 6 - Strongly Agree | | |



Page 21

| Page . | 22 |
|--------|----|
|--------|----|

| After the performance, I worry about whether I played well enough | | | | | | | | | | |
|--|---|------------|------------|------------|--------------|----------------------|--|--|--|--|
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | | |
| My worry and nervousness about my performance interferes with my focus and concentration | | | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | | |
| As a child, I often felt sad | | | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | | |
| I often prepare for a concert with a sense of dread and impending disaster | | | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | | |
| One or both of my parent | s were | overly | anxiou | S | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | ○ 6 - Strongly Agree | | | | |
| Prior to, or during a perfo | rmance | e, I hav | e increa | ased m | uscle t | ension | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ⊖4 | ⊖ 5 | ○ 6 - Strongly Agree | | | | |
| I often feel that I have no | I often feel that I have nothing to look forward to | | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ⊖4 | ⊖ 5 | ○ 6 - Strongly Agree | | | | |
| After the performance, I r | eplay i | t in my | mind c | over an | d over | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | | |
| My parents encouraged n | ne to tr | y new t | things | | | | | | | |
| ○ 6 - Strongly Disagree | ⊖ 5 | ○ 4 | ⊖ 3 | ○ 2 | \bigcirc 1 | ○ 0 - Strongly Agree | | | | |
| I worry so much before a | perforr | nance, | l canno | ot sleep |) | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ⊖ 3 | ○ 4 | ⊖ 5 | ○ 6 - Strongly Agree | | | | |
| When performing without music, my memory is reliable | | | | | | | | | | |
| ○ 6 - Strongly Disagree | ○ 5 | ○ 4 | ⊖ 3 | ○ 2 | \bigcirc 1 | ○ 0 - Strongly Agree | | | | |
| Prior to, or during a performance, I experience shaking or trembling or tremor | | | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | 🔿 6 - Strongly Agree | | | | |

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| I am confident playing from memory | | | | | | | | | |
|---|---|----------|------------|-----|--------------|----------------------|--|--|--|
| ○ 6 - Strongly Disagree | ○ 5 | ○ 4 | ○ 3 | ○ 2 | \bigcirc 1 | 🔘 0 - Strongly Agree | | | |
| I am concerned about bei | I am concerned about being scrutinized by other | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ○ 3 | ○ 4 | ⊖ 5 | ○ 6 - Strongly Agree | | | |
| I am concerned about my own judgement of how I will perform | | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 6 - Strongly Agree | | | |
| I remain committed to performing even though it causes me great anxiety | | | | | | | | | |
| ○ 0 - Strongly Disagree | \bigcirc 1 | <u> </u> | ○ 3 | ◯ 4 | ○ 5 | ○ 6 - Strongly Agree | | | |



Perfectionism

Page 7/9

Do you consider yourself a perfectionist?

⊖ Yes ⊖ No

People can exhibit varying degrees of perfectionism. In this questionnaire, we want to examine the reasons why people are perfectionists. To answer the questions presented below, refer to your field of study in music. For each question, begin the sentence with: "I am a perfectionist..."

| | Does not describe me at all | Describes me very little | Describes me a little | Describes me moderately | Describes me quite a bit | Describes me a lot | Exactly describes me |
|--|-----------------------------------|--------------------------------|--------------------------|-------------------------------|--------------------------------|-----------------------|----------------------------|
| because it brings me closer to the first place and the concrete privileges that come with it | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because I feel guilty when I cannot meet my success criteria | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| although I do not see what this gives me | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because getting closer to perfection gives me a pleasant energy | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because it allows me to avoid the disapproval of my relatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because it allows me to avoid dangers or accidents that could harm me or my loved ones | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because it allows me to be fully committed in what is important to me | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because it allows me to be respected by others | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because it gives me access to honors, first place, etc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because it allows me to be appreciated by some people | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| even if I have no good reason to be | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because it is a good way to realize my projects | 0 | 0 | 0 | 0 | \bigcirc | \bigcirc | 0 |



| because it reassures me not to break or damage my objects by accident | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|------------|------------|---|------------|---|---|---|
| because I am disappointed in myself when I do not act | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| perfectly to show others what I am worth because at the end of the day, there is something to gain (e.g.: medal, award of excellence, prize, money, scholarship, etc.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because it allows me to feel emotions that I like | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because I make sure I do not cause problems that could harm me or my relatives | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| to avoid disappointing some people | 0 | \bigcirc | 0 | \bigcirc | 0 | 0 | 0 |
| because I feel pleasure when I surpass myself | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because it provokes pleasant sensations in me | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| although it does not make any difference whether I engage in perfectionism or not | \bigcirc | \bigcirc | 0 | 0 | 0 | 0 | 0 |
| because it allows me to reach my goals | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because I would blame myself for not doing things perfectly | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| because if it's not perfect, l could lose my reputation | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



05.07.2024 11:19

Fatigue

Page 8/9

We would like to know more about any problems you have had with feeling tired, weak or lacking in energy in the last month. Please answer ALL the questions by ticking the answer which applies to you most closely. If you have been feeling tired for a long while, then compare yourself to how you felt when you were last well. Please tick only one box per line.

| | Less than usual | No more than usual | More than usual | Much more than usual |
|---|-------------------|---------------------|------------------|--------------------------|
| Do you have problems with tiredness? | 0 | 0 | 0 | 0 |
| Do you need to rest more? | \bigcirc | 0 | \bigcirc | 0 |
| Do you feel sleepy or drowsy? | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Do you have problems starting things? | 0 | 0 | \bigcirc | 0 |
| Do you lack energy? | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Do you have less strength in your muscles? | 0 | 0 | 0 | 0 |
| Do you feel weak? | \bigcirc | 0 | \bigcirc | 0 |
| Do you have difficulties concentrating? | 0 | 0 | 0 | 0 |
| Do you make slips of the tongue when speaking? | 0 | 0 | 0 | 0 |
| Do you find it more difficult to find the right word? | 0 | 0 | 0 | 0 |
| | | | | |
| In the last month | | | | |
| | Better than usual | No worse than usual | Worse than usual | Much worse than usual |
| How is your memory? | \bigcirc | 0 | \bigcirc | \bigcirc |



Personality traits

Page 9/9

I see myself as someone who ... strongly agree agree neither agree disagree strongly can't choose nor disagree disagree Ο Ο Ο Ο Ο is reserved Ο \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc Ο is generally trusting Ο \bigcirc \bigcirc \bigcirc Ο \bigcirc does a thorough job Ο Ο Ο Ο Ο Ο is relaxed, handles stress well \bigcirc \bigcirc Ο \bigcirc Ο Ο has an active imagination Ο \bigcirc Ο \bigcirc Ο \bigcirc is outgoing, sociable tends to find fault with others Ο \bigcirc Ο Ο Ο Ο Ο Ο \bigcirc Ο \bigcirc tends to be lazy Ο \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc Ο gets nervous easily Ο Ο Ο \bigcirc \bigcirc \bigcirc has few artistic interests (except in my music studies)



Exclusion de l'étude

Date de l'exclusion :

Raison :