First and Last Name:
Sex:
Age:
Marital Status:
Race:
Address:
Phone:
Email:

The first part of this questionnaire is designed to determine whether you have absolute pitch and exactly what this ability means.

1. Do you have absolute pitch?

2. How would you define the ability of absolute pitch?

3. Age at which you started to play your first instrument?
   What was that instrument?

4. Age at which you knew you had absolute pitch?

5. How many notes can you hear simultaneously and still name individually?

6. Is there any restriction to naming notes on instruments other than your primary instrument? Please explain.

7. Can you sing notes corresponding to musical tones if you are given the letter name?
8. Do you have any exceptional abilities in the following areas? Please explain.
   1) Math -
   2) Learning Languages -
   3) Spatial Perception -
   4) Sensory Perception (Taste, Smell, Sight…) -

9. Do you have any specific sensory associations with particular pitches (i.e. color, smell) Please explain.

Have you noticed any changes in your ability with age?

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The second part of this questionnaire is geared towards understanding the family history of absolute pitch, if it exists.

I. Please list the names of all immediate family (Parents, Siblings, Children and/or Spouse).

II. Indicate whether they possess Absolute Pitch, Good Relative Pitch, No Pitch Sense or ? if you don’t know.

III. Also, please list the names of any members of your extended family who possess absolute pitch or good relative pitch.

10. Do you know anyone with absolute pitch who would be willing to participate in this study?

If yes, please ask them to call our toll free number: 1-888-897-3098 (USA) or 516-562-1174 if they are interested in participating. Thank you for your time!