

QUESTIONNAIRE

ERASMUS+ Using ICT In Music Education 2016-1- TR01-KA204-034579

Through the basic ICT literacy courses, adults including people with disadvantaged backgrounds (migrants, minorities, etc.) will be able to use technology to understand different cultures, music and have the self confidence to make their own music.

Name and surname _____

1	Do you have a computer at home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	For what purpose do you use the computer?	<input type="checkbox"/> Game <input type="checkbox"/> Social media <input type="checkbox"/> Internet banking <input type="checkbox"/> Watching movies, series..	<input type="checkbox"/> Shopping <input type="checkbox"/> Invoice transactions <input type="checkbox"/> Spending time <input type="checkbox"/> Others
3	Do you use the Internet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	If you use Internet, for what purpose do you use it?	<input type="checkbox"/> YES <input type="checkbox"/> Game <input type="checkbox"/> Social media <input type="checkbox"/> Internet banking	<input type="checkbox"/> NO <input type="checkbox"/> Shopping <input type="checkbox"/> Invoice transactions <input type="checkbox"/> Spending time
5	Do you know how to use the Control Panel on your computer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> PARTLY
6	Do you know file and directory (folder) editing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> PARTLY
7	Could you send a file by e-mail?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8	Do you know the concept of cloud storage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9	Have you used cloud storage before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10	Can you share the information you store with others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11	Are you able to shrink and send large files that do not fit in e-mail?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> PARTLY
12	Are you interested in music?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> PARTLY
13	At what level are you interested in music? Please specify. (Give answer if you answered the previous question positively)		
14	Do you know how to read music notes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> PARTLY
15	Can you do solfege?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16	How do you work a musical piece you do not know? (Please specify)		
17	Do you know a notation program? If yes please specify.	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO
18	Did you do a composition trial?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19	Would you like to make a composition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20	Would you like to listen to your notes, your compositions, with different instruments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21	Would you like to share your composition trials with others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO