

Daily Routines Survey

Name:

Section 1: Personal Information

Instructions: Check the response that best fits you.

1. Which of the following best describes you?

- | | |
|-----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> High School Student | <input type="checkbox"/> College Undergraduate Student |
| <input type="checkbox"/> College Graduate/Doctoral Student | <input type="checkbox"/> Amateur Musician |
| <input type="checkbox"/> Grade School/High School Music Teacher | <input type="checkbox"/> College Tuba/Euphonium Professor |
| <input type="checkbox"/> Professional Musician (Describe) _____ | |
| <input type="checkbox"/> Other (Describe) _____ | |

2. What is your main instrument?

- | | |
|-------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Tuba | <input type="checkbox"/> Euphonium |
| <input type="checkbox"/> Other (Describe) _____ | |

3. What type of instrument do you regularly practice? (Tuba Players Only)

- | | |
|----------------------------------|-----------------------------|
| <input type="checkbox"/> BB Flat | <input type="checkbox"/> CC |
| <input type="checkbox"/> E Flat | <input type="checkbox"/> F |

4. Euphonium Players: Do you regularly practice the baritone?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5. In an average week, how many days do you practice?

- | | |
|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> 7 Days/Week | <input type="checkbox"/> 4-6 Days/Week |
| <input type="checkbox"/> 1-3 Days/Week | <input type="checkbox"/> Never/Rarely |

6. How many hours do you average in a day?

- | | |
|------------------------------------|----------------------------------------|
| <input type="checkbox"/> 5 or more | <input type="checkbox"/> 4-5 hours |
| <input type="checkbox"/> 3-4 hours | <input type="checkbox"/> 2-3 hours |
| <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 30-60 minutes |

7. Do you regularly practice your secondary instrument?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If so, what is it, and how often (days a week/hours a day) do you practice it?

8. How many days a week do you do a daily routine?

- | | |
|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> 7 Days/Week | <input type="checkbox"/> 4-6 Days/Week |
| <input type="checkbox"/> 1-3 Days/Week | <input type="checkbox"/> Never/Rarely |

9. On average, how long do you spend on your daily routine?

- | | |
|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Less than 15 minutes | <input type="checkbox"/> 15-30 minutes |
| <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 60-90 minutes |
| <input type="checkbox"/> Over 90 minutes | |

Section 2: Daily Routine Habits

Instructions: Please circle the appropriate response.

5= Every Day

4= Almost Every Day

3= About Every Other Day

2= Rarely

1= Never

How often do you do each of the following?

1. Breathing Exercises	5	4	3	2	1
2. Mouthpiece Buzzing	5	4	3	2	1
3. Long Tones	5	4	3	2	1
4. Three or Five Note Lip Slurs (Example: B Flat, F, B Flat, and back down)	5	4	3	2	1
5. Flexibility Lip Slurs	5	4	3	2	1
6. Low Register Exercises	5	4	3	2	1
7. High Register Exercises	5	4	3	2	1
8. Single Tonguing Exercises	5	4	3	2	1
9. Multiple Tonguing Exercises	5	4	3	2	1
10. Other Technique Exercises	5	4	3	2	1
11. Lip Trill Exercises	5	4	3	2	1
12. Scales	5	4	3	2	1
13. Phrasing/Melody Exercises	5	4	3	2	1
14. A secondary daily routine (For tuba players who play on multiple tubas in different keys, or euphonium players who practice baritone)	5	4	3	2	1

Section 3: Specific Information

Instructions: For each area provide as much detailed information as possible. Feel free to attach additional information if necessary.

1. If you have a secondary daily routine (EX: F or E Flat tuba) please describe it in detail.

2. For each of the following components, list the order within your routine that you do them. Also, estimate the amount of time you spend on each.

	ORDER	TIME
Breathing Exercises	_____	_____
Mouthpiece Buzzing	_____	_____
Long Tones	_____	_____
Three Note Lip Slurs	_____	_____
Flexibility Lip Slurs	_____	_____
Other Flexibility Exercises	_____	_____
Low Register Exercises	_____	_____
High Register Exercises	_____	_____
Single Tonguing Exercises	_____	_____
Multiple Tonguing Exercises	_____	_____
Other Technical Exercises	_____	_____
Lip Trill Exercises	_____	_____
Scales	_____	_____
Phrasing/ Melody Exercises	_____	_____

3. For each of the following components, describe what you do to work on them in your routine. If necessary, attach exercises.

Breathing Exercises

Mouthpiece Buzzing

Long Tones

Three Note Lip Slurs

Section 3 Continued

Flexibility Lip Slurs

Other Flexibility Exercises

Low Register Exercises

High Register Exercises

Single Tonguing Exercises

Multiple Tonguing Exercises

Other Technical Exercises

Lip Trill Exercises

Scales

Phrasing/ Melody Exercises

Section 4: Other Information

Were there any areas of your routine left out by this survey? If so, please describe in detail. Please attach any information if necessary.