

Anything else important (other likes/dislikes, etc.),
or any other specific music requests:



Playlist Questionnaire

*Please return to an Adult Services librarian
when finished.*



Comsewogue Public Library

170 Terryville Road
Port Jefferson Station, NY 11776
Tel.631.928.1212 • Fax.631.928.6307
www.cplib.org

Listener information

Name: _____ Age: _____

High school graduation year: _____

Telephone number: _____

Comsewogue Library barcode (if not using caregiver's card): _____

Caregiver information

Name: _____

Telephone number: _____

Comsewogue Library barcode (if not using listener's card): _____

Listener's music preferences

___ Blues

___ Big Bands

___ Classical

___ Country/Western*

___ Jazz

___ Latino

___ Oldies

___ Opera

___40s ___50s ___60s ___70s

___ R&B

___ Rock & Roll*

___ Religious

___ Show Tunes*

Other:

*Please be specific _____

What songs did you dance to at your wedding or prom? _____

When you were young, who/what were your favorite singers/performers (list 5—10)

Hymns or other religious music _____

