



2 Complete the questionnaire and then discuss your answers with your partner.

Do you like hearing music when you're doing these activities? If yes, what kind of music (e.g. *heavy metal, rock, rap, pop, electronic, jazz, classical*)?

1	Shopping for clothes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Kind of music: _____
2	Shopping for food	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Kind of music: _____
3	Eating in a restaurant	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Kind of music: _____
4	Eating at home	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Kind of music: _____
5	Travelling by train	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Kind of music: _____
6	Travelling by bike	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Kind of music: _____
7	Waiting at the dentist's	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Kind of music: _____
8	Doing exercise	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Kind of music: _____
9	Doing homework	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Kind of music: _____
10	Going to sleep	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Kind of music: _____