



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)?

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|----------------------------|----|--------------------------|-----|--------------------------|----------------------|
| 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: _____ |