



Dear Prospective Participant,

Our research team at the Center of Performing Arts Medicine at Houston Methodist Hospital is investigating the unique and universal anxiolytic properties of music, which we have identified as *compositional elements of relaxation*. We would like to invite you to participate in a music-listening survey, which consists of 16 questions. Each of these 16 questions contain 2 to 3 approximately 30-second excerpts prepared and recorded by Dr. Mei Rui and other professional musicians from the Shepherd School of Music at Duncan Recital Hall, Rice University in October-December 2019. For each question, you will be asked to choose your preferred excerpt based on your self-reported preference for relaxation.

*The survey is voluntary. To participate, you must be 18 years or older, have basic computer literacy, and have not been diagnosed with severe cognitive impairment or amusia.*

Since your answers are to remain anonymous, you will not be asked to register your name, your email addresses or other contact information in the survey. You will be asked a few basic demographic questions pertaining to age, gender, and level of education.

The survey will take approximately 20 minutes. Due to the subtle differences in the music excerpts, we encourage you to use earphones or headphones to optimize your listening experience. Please find a quiet space and try to minimize distractions or interruptions during the listening segments. It is okay for you to take the pause the survey and return at a later time to complete it.

We are profoundly grateful for your dedicating your time and effort to assist us in this exciting research project. At the completion of the study, we will email you the results of the survey highlighting the validated compositional elements of relaxation which contribute to relaxation. Please feel free to reach out to me with any questions or concerns that you may have regarding participating in this music listening survey.

Sincerely,

*Dr. Mei Rui and J. Todd Frazier  
Center for Performing Arts Medicine  
Houston Methodist Hospital*

[PI Last Name] [Protocol #, e.g., 12182010.043] [title, e.g., Participant Consent Group 1] [Version date]



[mrui@houstonmethodist.org](mailto:mrui@houstonmethodist.org)  
(917)330-8518