Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_ (dd/mm/yyyy)

Demographic information   
***Important: You are free to leave any question blank***

**Are you (circle one):** Male Female

**Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which hand do you write with (circle one):**  Right Left

**What level did you attain in school (please check one):**

□ Elementary School. □ College Degree (2 years)

□ Less than Grade 12. □ Bachelor’s degree.

□ High school diploma. □ Postgraduate degree.

□ Some university undergraduate schooling

□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your first language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What other languages do you know?  
Please also rank the degree of fluency** (1 – very fluent, 6 – Slightly)**.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How would you describe your musical skills/experiences (please cycle one number)?**

(not skilled/experienced) 1 2 3 4 5 6 (very skilled/experienced)

**Have you ever played a musical instrument?** Yes No **If yes, which instrument(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For how many years did/have you played? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What type of training did you receive? (ex. conservatory, private lessons, self-taught)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently practicing music?** Yes No

**If yes, how many hours per week do you practice?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How important is music to your identity?**

(not important) 1 2 3 4 5 6 (very important)

**Do you wear a hearing aid?** No Right Left Both

**Do you have ringing in your ears?** Sometimes Always Never  
**If YES, which ear(s)?** Both Left Right

**How would you describe your general hearing abilities (please cycle one number)?**

(bad) 1 2 3 4 5 6 (good)

**When you talk with someone at a place that strongly reverberates/echoes (e.g., in a church or train station), can you understand what the person says?**

(not at all) 0 … 1 … 2 … 3 … 4 … 5 … 6 … 7 … 8 … 9 … 10 (perfectly)

**When you are with a group (~5 people) in a lively restaurant, can you follow the group’s conversation?**

(not at all) 0 … 1 … 2 … 3 … 4 … 5 … 6 … 7 … 8 … 9 … 10 (perfectly)

**Based on the sound of a bus or truck, can you tell whether it is moving towards or away from you?**

(not at all) 0 … 1 … 2 … 3 … 4 … 5 … 6 … 7 … 8 … 9 … 10 (perfectly)

**When you are in an unknown environment, can you tell from which direction a brief sound originates?**

(not at all) 0 … 1 … 2 … 3 … 4 … 5 … 6 … 7 … 8 … 9 … 10 (perfectly)

**Are you able to ignore distracting sound when you concentrate on a specific aspect of your acoustic surrounding?**

(not at all) 0 … 1 … 2 … 3 … 4 … 5 … 6 … 7 … 8 … 9 … 10 (perfectly)

**Thank you for your participation.**