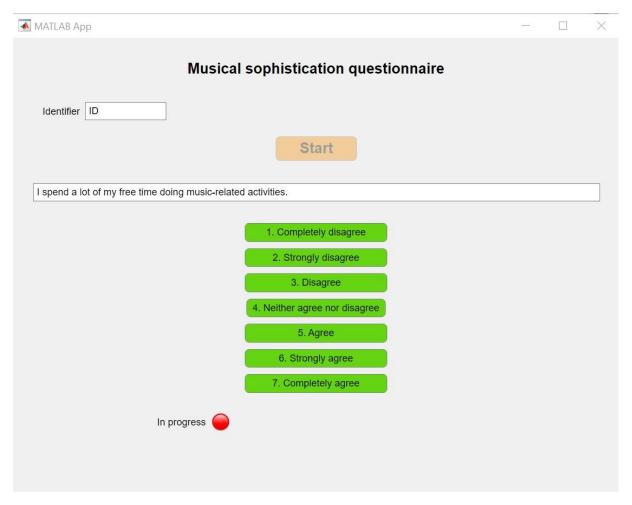


- Writing
- Throwing
- Using a comb
- Opening a box (holding the lid)
- Dealing cards (card being dealt)
- Holding a bottle
- Holding a glass
- Putting the key in the lock
- Playing ball
- Pointing precisely (to a place, for example)
- Using a remote control
- Stapling sheets of paper (hand holding the stapler)



- I spend a lot of my free time doing music-related activities.
- I enjoy writing about music, for example on blogs and forums.
- If somebody starts singing a song I don't know, I can usually join in.
- I am able to hit the right notes when I sing along with a recording.
- I can compare and discuss differences between two performances or versions of the same piece of music.
- I have never been complimented for my talents as a musical performer.
- I often read or search the internet for things related to music.
- I am not able to sing in harmony when somebody is singing a familiar tune.
- I am able to identify what is special about a given musical piece.
- When I sing, I have no idea whether I'm in tune or not.
- Music is king of an addiction for me I couldn't live without it.
- I don't like singing in public because I'm afraid that I would sing wrong notes.
- I would not consider myself a musician.
- After hearing a new song two or three times, I can usually sing it by myself.
- I engaged in regular, daily practice of a musical instrument (including voice) for 0 / 1 / 2 / 3 / 4-5 / 6-9 / 10 or more years.
- At the peak of my interest, I practiced 0 / 0.5 / 1 / 1.5 / 2 / 3-4 / 5 or more hours per day on my primary instrument.
- I can play 0/1/2/3/4/5/6 or more musical instruments.

| MATLAB App   |          |      | ×  |  |
|--|----------|------|----|--|
| Pre-test questionnaire   |          |      |    |  |
| i re-test questionnaire  |          |      |    |  |
| Identifier ID  |          |      |    |  |
| Gender    Woman ▼  |          |      |    |  |
| Age 0  |          |      |    |  |
| How would you assess your state of mind?   |          |      |    |  |
| Unpleasant feelings  | ant feel | ings |    |  |
| Sleepiness   | arousal  | l I  |    |  |
| What is your dominant state?    Neutral  ▼   | )        |      |    |  |
| Do you have tinnitus?  | Yes      | 4    | ▼  |  |
| Do you suffer from hyperacusis?  | Yes      |      | ▼  |  |
| Have you consumed caffeine/theine in the last 24 hours?  | Yes      |      | ▼) |  |
| Have you smoked in the last 24 hours?  | Yes      | ě    | •  |  |
| Have you consumed alcohol and/or narcotics in the last 24 hours?   | Yes      |      | ▼) |  |
| Have you taken any medication in the last 24 hours?  | Yes      | 1    | ▼  |  |
| Are you familiar with brain-computer interfaces technologies and controlling connected objects using your brain signals? | Yes      | *    | •  |  |
| Are you used to hearing tests?   | Yes      | )    | ▼  |  |
| Validate   |          |      |    |  |

| ■ MATLAB App   | - 🗆 ×                 |  |  |  |  |
|--|-----------------------|--|--|--|--|
| Post-test questionnaire  |                       |  |  |  |  |
| Identifier ID  |                       |  |  |  |  |
| How would you assess your state of mind?                       |                       |  |  |  |  |
| Unpleasant feelings    I   I   I   I   1   2   3   4   5       | Pleasant feelings<br> |  |  |  |  |
| Sleepiness   | High arousal          |  |  |  |  |
| What is your dominant state                                    | ? Neutral ▼           |  |  |  |  |
| Listen to the stimuli again by clicking on them!               |                       |  |  |  |  |
| Stimulus 1 Stimulus 2 Stimulus 3 Stimulus 4                    |                       |  |  |  |  |
| Sort stimuli by order of preference                            | 1. Choose ▼           |  |  |  |  |
| 1 being your favourite and 4, the one                          | 2. Choose ▼           |  |  |  |  |
| you liked least  | 3. Choose ▼           |  |  |  |  |
|  | 4. Choose ▼           |  |  |  |  |
| Are one or more of the stimuli annoying?                       | Stimulus 1 Stimulus 2 |  |  |  |  |
|  | No Yes No Yes         |  |  |  |  |
|  | Stimulus 3 Stimulus 4 |  |  |  |  |
|  | No Yes No Yes         |  |  |  |  |
| Did one or more stimuli seem louder or weaker than the others? |                       |  |  |  |  |
| Louder   | Weaker                |  |  |  |  |
| 25000  | , yound               |  |  |  |  |
|  |                       |  |  |  |  |
|  |                       |  |  |  |  |
| Did you find the whole experience pleas                        | eant? Yes ▼           |  |  |  |  |
| Why?   |                       |  |  |  |  |
| Validate   |                       |  |  |  |  |