

Initial Survey

press Enter ←

1→ Please enter your **user ID**. *

This number will be provided by the researcher.

Type your answer here...

2→ Please enter your **age**. *

Your age will not be shared with third parties nor will be used to identify your answers.

Type your answer here...

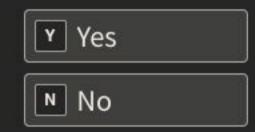
3→ What's your occupation? *

Your occupation will not be shared with third parties nor will be used to identify your answers.

Type or select an option

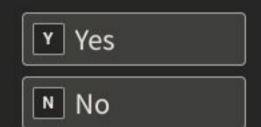
4→ Do you suffer from any kind of hearing conditions? *

Your response will not be shared with third parties nor will be used to identify your answers.



5→ Do you suffer from any kind of eye sight conditions? *

Your response will not be shared with third parties nor will be used to identify your answers.

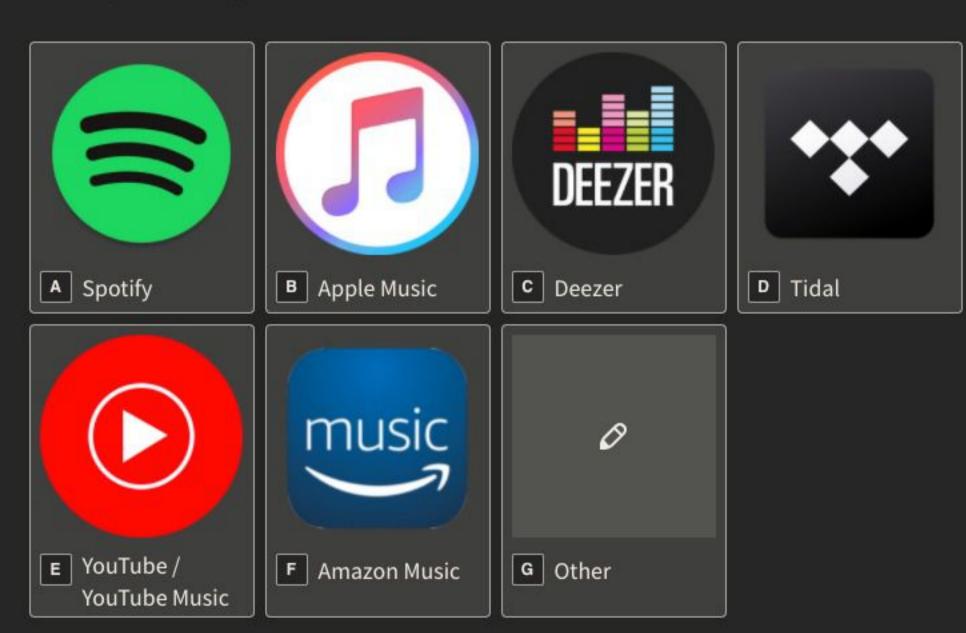


6→ How often do you use streaming services? *

Select just one option.

Type or select an option

7→ Which music streaming service is your most used one? Select just one option.



8→ How often do you listen to traditional radio stations? * Select just one option.