

Questions included in the default questionnaire

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Question (question ID)	Type	Options
Age: (age)	Participant entry (number only)	-
Gender identity: (gender)	Multiple choice	<ul style="list-style-type: none"> • Man • Woman • Other • Prefer not to say
Highest completed level of school/education: (education)	Multiple choice	<ul style="list-style-type: none"> • Prefer not to say • Elementary (Kindergarten through primary school) • Some High School (No Diploma) • High School Graduate • Some College, but No Degree • Bachelor's Degree • Master's Degree • Doctorate
Current employment status: (employment)	Multiple choice	<ul style="list-style-type: none"> • Prefer not to say • Employed for wages • Self-employed • Homemaker • Student • Retired • Out of work • Unable to work
How did you find out about this experiment? (how_found)	Multiple choice	<ul style="list-style-type: none"> • Posters • Information screens • Social media • TU Delft website • Brightspace • Email • Other
What is your current, most direct affiliation with TU Delft? (affiliation)	Multiple choice	<ul style="list-style-type: none"> • Prefer not to say • None • Student / employee at TU Delft • Student / employee at a partner university • Employee at a partner company

Question (question ID)	Type	Options
How good do you think your hearing is? (hearing_rating)	Multiple choice	<ul style="list-style-type: none"> • Excellent • Very good • Good • Fair • Poor
Have you had an accident involving your head that affected your hearing? (accident)	Yes / No	-
Do you normally use a hearing aid? (hearing_aid)	Yes / No	-
Are you currently wearing a hearing aid? (wearing_aid)	Yes / No	-
Have you suffered a shooting or explosion injury (blast trauma)? (blast_trauma)	Yes / No	-
Do you have to wear hearing protection at work, or did you have to in the past? (work_protection)	Yes / No	-
What noise do/did have to protect yourself from? (Only if the previous answer was yes) (which_protection)	Participant entry	Note: will be 'n/a' if the work_protection is answered with 'No'

Question (question ID)	Type	Options
Have you suffered, or are you currently suffering from any ear disease? (ear_disease)	Yes / No	-
If yes, what kind of ear disease? (which_disease)	Participant entry	Note: will be 'n/a' if the ear_disease is answered with 'No'
Do you suffer from ringing in the ears (tinnitus)? (tinnitus)	Yes / No	-
Do you currently have a cold? (cold)	Yes / No	-
How bad is your cold? From 1 (very weak) to 5 (very strong) (cold_magnitude)	Scale 1 - 5	-
Are you currently feeling well? (feeling)	Yes / No	-
Are you currently feeling very tired? (tired)	Yes / No	-