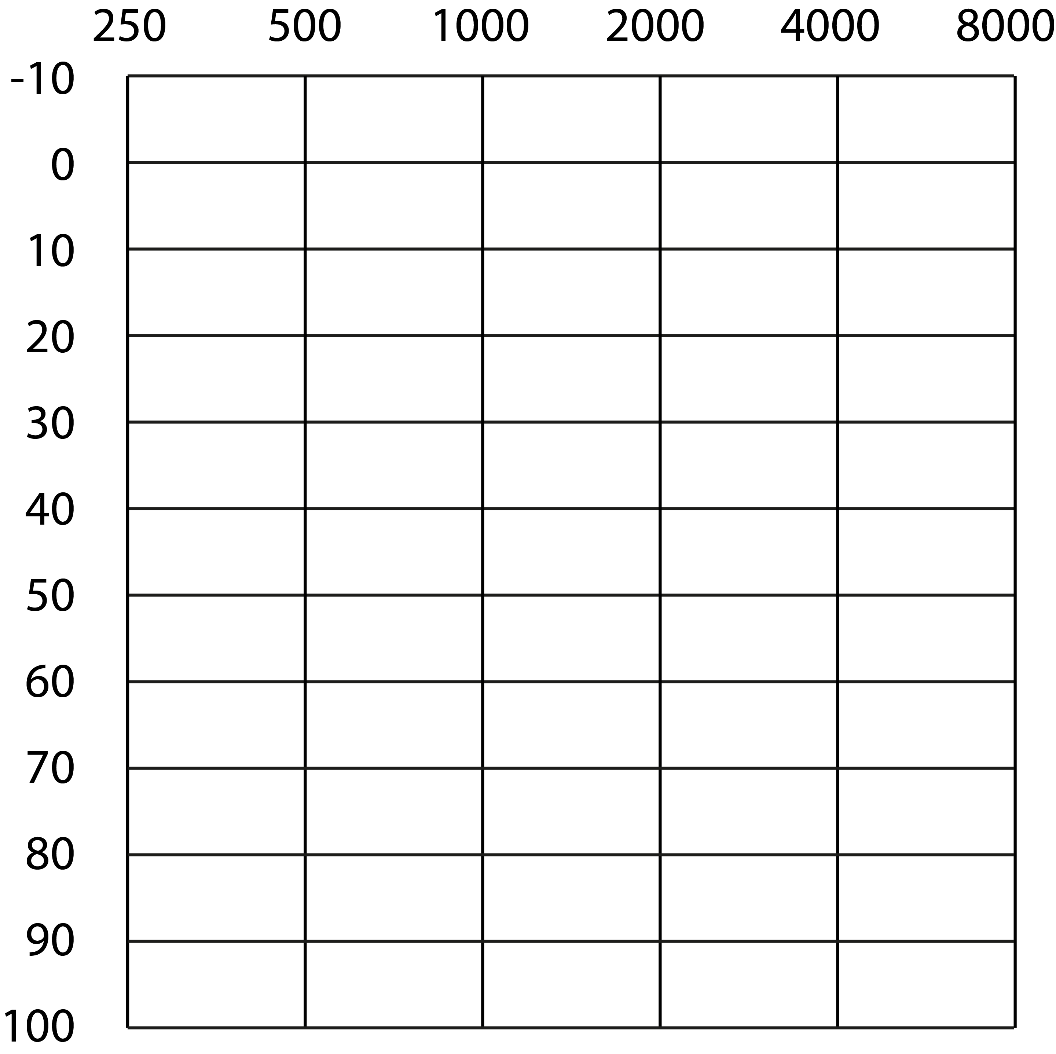
Experiment name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant ID: \_\_\_\_\_\_ Date (YYYY-MM-DD):



O – left ear X – right ear