

Questionnaire

VP Code: _____ (filled in by the Experimenter)

Date: _____

This questionnaire collects anonymous personal data to support the interpretation of the test results. The survey is anonymous. The form is provided with a test person code that cannot be linked to the person completing it..

Thank you for completing!

1. Age: _____ years old.
2. Sex: ☐ male ☐ female ☐ other
3. Handedness: ☐ right-handed ☐ left-handed ☐ ambidextrous
4. Do you suffer from hearing impairment? ☐ yes ☐ no
5. Were you ever diagnosed with ADHD? ☐ yes ☐ no
 - (a) If yes, do you take medicine to regulate any symptoms (i.e. Ritalin)? ☐ yes ☐ no
6. Do you take any other medication that could affect your memory/attention/awareness (i.e. antidepressants, anxiolytics)? ☐ yes ☐ no
7. For this study it's important that you arrive sober. Did you consume any alcohol or drugs within the last 24 hours? ☐ yes ☐ no

For someone that is claustrophobic, it could get uncomfortable being in a soundproof room. It is important to us, that you feel well. If, at any moment during the experiment, you need a break or to stop completely, just let us know.