

Questionnaire for **Test 1**

N°:

Date:

- **Personal information**

Age:

Sex: F / M

Number of years of education:

Have you auditory problems? yes - no

If yes, which kind of problems:

Do you play a music instrument? No - Beginner - Amateur - Professional

If yes, which one(s):

Do you work within acoustic or sound synthesis domain? yes - no

Was it the first time your participated in such an experiment? yes - no

- **About the test**

1) Do you think the way you answer the question was modified during the test? yes - no

2) Do you think you heard several times the same sound? yes - no

3) Was the test too long? yes - no

4) Was the test difficult? yes - no

If yes, why?

5) Were there some particularly difficult questions ? yes - no

If yes, which ones?

6) Was there a question that was not asked, that you would have answered? yes - no

If yes, give some details:

If you want to know results of this study write an email address:

.....@.....

Comments: