

Participant

**SESSION 1**

Headphones / Speakers

**Did you lock your knees?**

Yes  No  I changed my position

**Did you close your eyes for a longer period of time?**

Yes  No  At some point

**Did you feel that you were moving?**

No      Very much

**Did you feel tired during standing?**

No      Very much

**Did you perceive the music as loud?**

No      Very much

**Did you think about your breathing?**

No      Very much

Comments (optional)

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Participant

**SESSION 2**

Headphones / Speakers

**Did you lock your knees?**

Yes  No  I changed my position

**Did you close your eyes for a longer period of time?**

Yes  No  At some point

**Did you feel that you were moving?**

No      Very much

**Did you feel tired during standing?**

No      Very much

**Did you perceive the music as loud?**

No      Very much

**Did you think about your breathing?**

No      Very much

Comments (optional)

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