

Questionnaire

Name*: _____

Address*: _____

*This information is required to activate the 200 NOK gift card. Data from this experiment will be processed completely anonymously.

Age: _____ years

Gender: Male Female Prefer not to specify

On average, how many hours per week do you...?

- Listen to music: _____ hours
- Play/produce/compose music: _____ hours
- Dance (professional, at a party etc.): _____ hours
- Exercise (sport activities other than dance) : _____ hours

How would you rate your overall sense of rhythm compared to the general population?

 Poor Below average Average Good Excellent

In general, how would you rate your physical coordination?

 Clumsy Below average Average Good Excellent

Do you like to dance?

 Definitely not Rather not Neutral Rather yes Definitely yes

Do you have any musical training?

 *Yes No

*Please list what instruments, including voice, you have studied (and for how long).

*Are you still playing an instrument?

 Yes → Which instrument? _____

How many hours per week do you practice? _____

 No → How long ago did you stop? _____

Which part of the experiment felt more comfortable – headphones or speakers?

Definitely headphones Definitely speakers

Did you feel that you moved more while using headphones or speakers?

Definitely headphones Definitely speakers

Did you perceive music in headphones or in speakers as louder?

Definitely headphones Definitely speakers

Did you feel that you moved more in silence or in music?

Definitely in silence Definitely in music

How often do you use headphones/speakers to listen to music?

Headphones: ___% of the time Speakers: ___% of the time

What type of headphones do you usually use?

In-ear On-ear Around-ear Other _____



Do you enjoy listening to music at loud volume from headphones?

Definitely not Definitely yes

Do you enjoy listening to music at loud volume from speakers?

Definitely not Definitely yes

Comments

Please share any thoughts about how you experienced the two parts of the experiment.

Please take your time to carefully read and fill all the questionnaires at the following pages.

Pay attention to the instructions and the scales, as they vary between the questionnaires.

BMRQ

Each item of this questionnaire is a statement that a person may either agree with or disagree with. For each item, indicate how much you agree or disagree with what the item says. Please respond to all the items; do not leave any blank. Choose only one response to each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, do not worry about being consistent in your responses. Choose from completely disagree (left) to completely agree (right) one of the five options:

Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1	2	3	4	5

1. When I share music with someone I feel a special connection with that person.
2. In my free time I hardly listen to music.
3. I like to listen to music that contains emotion.
4. Music keeps me company when I'm alone.
5. I don't like to dance, not even with music I like.
6. Music makes me bond with other people.
7. I inform myself about music I like.
8. I get emotional listening to certain pieces of music.
9. Music calms and relaxes me.
10. Music often makes me dance.
11. I'm always looking for new music.
12. I can become tearful or cry when I listen to a melody that I like very much.
13. I like to sing or play an instrument with other people.
14. Music helps me chill out.
15. I can't help humming or singing along to music that I like.
16. At a concert I feel connected to the performers and the audience.
17. I spend quite a bit of money on music and related items.
18. I sometimes feel chills when I hear a melody that I like.
19. Music comforts me.
20. When I hear a tune I like a lot I can't help tapping or moving to its beat.

STOMP-R

Please indicate your **basic preference** for each of the following genres using the scale provided.

1-----2-----3-----4-----5-----6-----7
 Dislike Dislike Dislike a Neither like Like a Like Like
 strongly moderately little nor dislike little moderately strongly

- | | |
|---|--|
| 1. <input type="text"/> Classical | 8. <input type="text"/> Religious |
| 2. <input type="text"/> Blues | 9. <input type="text"/> Alternative |
| 3. <input type="text"/> Country | 10. <input type="text"/> Jazz |
| 4. <input type="text"/> Dance/Electronica | 11. <input type="text"/> Rock |
| 5. <input type="text"/> Folk | 12. <input type="text"/> Pop |
| 6. <input type="text"/> Rap/hip-hop | 13. <input type="text"/> Heavy Metal |
| 7. <input type="text"/> Soul/funk | 14. <input type="text"/> Soundtracks/theme songs |

What features of music do you generally like?

What features of music do you generally dislike?

To answer this last set of questions please ask the investigator for help.

On the scale from 1 (Dislike strongly) to 7 (Like strongly), how did you like listening to the records presented?

Were you familiar with any of the music records before the experiment?

		Familiar	
Track 1. 	① ② ③ ④ ⑤ ⑥ ⑦	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Track 2. 	① ② ③ ④ ⑤ ⑥ ⑦	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Track 3. 	① ② ③ ④ ⑤ ⑥ ⑦	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Track 4. 	① ② ③ ④ ⑤ ⑥ ⑦	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Track 5. 	① ② ③ ④ ⑤ ⑥ ⑦	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Track 6. 	① ② ③ ④ ⑤ ⑥ ⑦	<input type="checkbox"/> No	<input type="checkbox"/> Yes

You are done. Thank you!