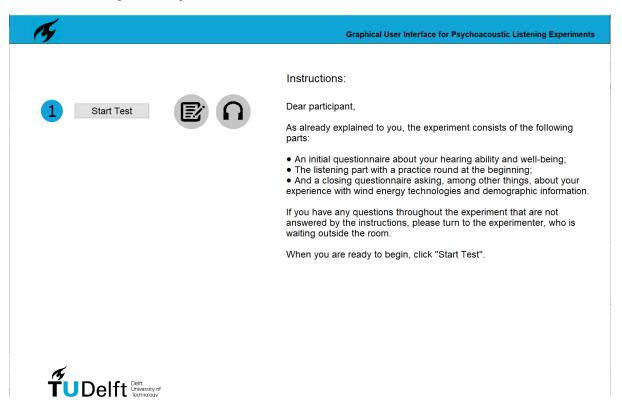
Start screen of the experiment





Graphical User Interface for Psychoacoustic Listening Experiments

Before we can start, we have a few questions about your hearing ability and well-being. Your answers help us decide whether you are fit to participate in this study. So please answer the following questions truthfully. Remember that your responses are anonymous, meaning the experimenter will not know what you answered.



Initial questionnaire

In the graphical user interface, each question was displayed on a separate page (screenshots are not shown here to save space). The questions marked with "if yes/no" were only shown when one of the relevant previous questions was answered accordingly.

How good do you think your hearing is?							
1 Excellent	2 Very good	3 Good	4 Fair	5 Poor			
	, 0						
	Do you suffer fro	m ringing in the	ears (tinnitus)?				
	Yes		No				
На	ve you suffered or a	e you suffering f	rom any ear disea	ise?			
	Yes		No				
	If yes: What k	ind of disease? [/	Answer box]				
Have you	had an accident invo	olving your head	that affected you	r hearing?			
	Yes		No				
Have	e you suffered a shoo	nting or explosion	n iniury (hlast trau	ıma)?			
ilave	, you suffered a shoc	Ting or explosion	jury (Siast trad	α,.			
	Yes		No				

Do you use a hearing aid?

	Yes		No		
If yes to	the previous que	stion: Are you	wearing it right now	?	
	Yes		No		
Do you have to we	ear hearing prote	ection at work	, or did you have to i	n the past?	
	Yes		No		
If yes to the previous questi	on: What noise d	o/did you hay	ve to protect vourself	from? [Answer hov]	
ij yes to the previous questi	on. What hoise a	o, ala you liat	re to protect yoursen	Hom: [Answer box]	
	Do you cu	irrently have	a cold?		
	Yes		No		
If ye	s to the previous	question: Hov	v bad is your cold?		
1 Very weak	2 Weak	3 Moderate	4 Somewhat strong	5 Very strong	
	Are you c	urrently feelin	ng well?		
	Yes		No		
If no to the previou	ıs question: In w h	at way are yo	ou not feeling well? [/	Answer box]	
	Are you curre	ently feeling <u>v</u>	<u>very</u> tired?		
	Yes		No		

Next is the listening part. You will be presented with 25 different sound samples. Each sound sample will only be played once. After each sample, you will be asked to rate on a scale from "not at all" to "extremely" how bothered, disturbed, or annoyed you were by the noise you have heard. In addition, you will be asked to rate your annoyance on a numerical scale from 0 to 10.

Please work in a concentrated and attentive manner. We are interested in your personal assessment of the noise. For this reason, there are no right or wrong answers. If you are unsure which answer you should choose, please select the one that most applies to you.

We will start with one training exercise so you can get used to the process and the answering scale.



Next

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Graphical User Interface for Psychoacoustic Listening Experiments

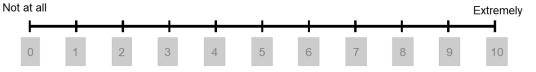
This is a training exercise

Play

Imagine you are at home and hearing the noise; how much does the noise bother, disturb or annoy you?

Not at all
Slightly
Moderately
Very
Extremely

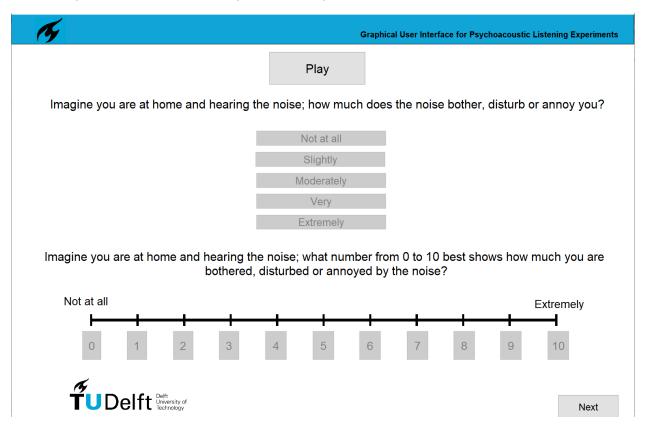
Imagine you are at home and hearing the noise; what number from 0 to 10 best shows how much you are bothered, disturbed or annoyed by the noise?





Next

The following interface was shown for each of the 25 sound samples. The answer options could only be selected once "Play" had been pressed.



After the first block of sound samples, there was an automatic break with a countdown. The second block followed right after.

Closing questionnaire

Thank you for your attention during the listening part. Next, please rate the following statements. Imagine you are in the described situation and select the answer option that best applies to you.

	Strongly disagree	Slightly disagree	Slightly agree	Strongly disagree
I need a completely quiet environment in order to have a good night's sleep.	0	1	2	3
I need a quiet environment to be able to carry out new tasks.	0	1	2	3
When I am at home, I quickly get used to noise.	0	1	2	3
I get very agitated when I hear somebody speaking when I am trying to sleep.	0	1	2	3
I am very sensitive to noise made by the neighbours.	0	1	2	3
When people around me are noisy, I find it hard to do my work.	0	1	2	3
I perform significantly worse in noisy environments.	0	1	2	3
I do not feel very alert when I have been bothered by noise the night before.	0	1	2	3
Living in a noisy street would not bother me.	0	1	2	3
I am prepared to accept disadvantages in order to live in a quiet place.	0	1	2	3
I need peace and quiet in order to carry out a difficult task.	0	1	2	3
I can sleep even if it is noisy.	0	1	2	3

Next, please tell us about your experience with wind turbines and wind energy. Select the answer option that best applies to you.

What is your attitude towards wind turbines in general?

1	2	3	4	5
Very negative	Negative	Neutral	Positive	Very positive

No

Yes

Yes

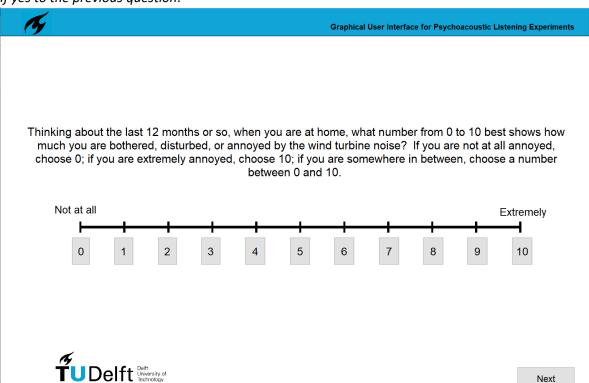
Don't know

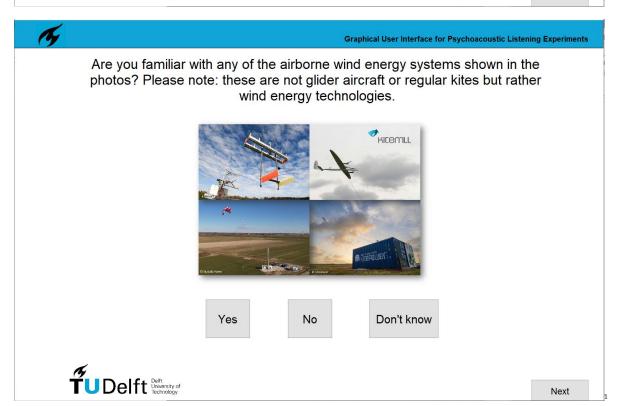
Don't know

Do you live near a wind turbine or multiple wind turbines? Yes Nο Don't know If yes to the previous question: How close is the closest wind turbine to your house? If you don't know the exact distance, try to estimate it. 2 0 - 1.6 km1.6 – 4.8 km More than 8km 4.8 - 8 kmIf yes to the question about living next to a turbine: To what extent do(es) the wind turbine(s) close to your home disturb the landscape? 0 2 3 4 Slightly Very Not at all Somewhat Moderately If yes to the question about living next to a turbine: Can you see wind turbines in whole or in part from any spot on your property or from inside your home? Yes No Don't know If yes: **How many can you see?** [Answer box] If yes to the question about seeing wind turbines: Please rate the following statement. When I rated my annoyance at the wind turbine noise in this study, I pictured the wind turbine(s) close to my house. 2 Neither agree nor Strongly agree Strongly Disagree Agree disagree disagree If yes to the question about living next to a wind turbine: Can you hear noise from the wind turbine(s) inside your home?

No

If yes to the previous question:





¹ Image credits clockwise: Kitemill, Kitepower B.V., SkySails Group, kiteKRAFT GmbH.

If v	es to the	previous d	question: Ha v	you heard	l an airborne	wind	energy sy	vstem k	oefore?	?
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Yes No Don't know

What do you think the experiment is trying to measure? [Answer box]

How did you first hear about the experiment?

- Advertisement on screens at TU Delft
- Poster at TU Delft
- Online event calendar of TU Delft
- Email newsletter of Aerospace Engineering Faculty
- Brightspace page for Aerospace Engineering students
- Uni-Life app
- LinkedIn
- Facebook
- Through a friend, colleague, family member etc.
- Other:_____

What is your age? [Slider from 0 to 100]

What is your gender?

- Male
- Female
- Other
- Prefer not to say

What is the highest level of education you have completed?

- Elementary (Kindergarten through primary school)
- Some High School (No Diploma)
- High School Graduate
- Some College, but No Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

Thank you very much for participating in the experiment. We appreciate your time and effort!

Please let the experimenter know that you are finished. S/he will give you a debrief of the experiment and hand over the voucher.