Supplemental Material S1. Study questionnaire.
1. Do you make use of personal stereos (Mp3, Mp4, iPods, smartphones)?
( ) Yes ( ) No
2. How often do you use your personal stereo?
( ) Always ( ) Sometimes ( ) Rarely
3. How many days a week and how many hours a day do you use your personal stereo?
4. In the scale below, mark which volume position you consider to use your personal stereo as
usual, with 0 being the minimum volume and 10 the maximum volume.
010
5. In which environment do you usually use your personal stereo?
( ) Noisy environments. Consider environments where you need to raise your voice to speak
and be understood, or environments where you need to increase the intensity of your
personal stereo, such as on the street, on public transportation, gyms, etc.
( ) Quiet environments
( ) Both
6. Do you usually sleep listening to music with your personal stereo?
( ) Yes ( ) No
7. What genre of music do you usually listen to on your stereo? (you can choose more than
one alternative)
( ) Rock ( ) Sertanejo ( ) Jazz ( ) MPB ( ) Samba
8. Do you think you have a good hearing?
( ) Yes ( ) No
9. Immediately after using the personal stereo, have you noticed any of these symptoms?
( ) tinnitus ( ) pain ( ) dizziness ( ) sensation of decreased hearing/ear fullness ( ) other
10. Do you have difficulty understanding speech in noisy environments? ( ) Yes ( ) No

Supplemental material, Almeida et al., "Personal Audio System: Hearing Symptoms, Habits, and Sound Pressure Levels Measured in Real Ear and a Manikin," *JSLHR*, <a href="https://doi.org/10.1044/2020\_JSLHR-19-00053">https://doi.org/10.1044/2020\_JSLHR-19-00053</a>

11. When you hear loud sounds or when you are in very noisy environments, do you feel
discomfort in your ears? ( ) Yes ( ) No
12. Do you believe that using personal stereo at full volume can cause hearing loss?
( ) Yes ( ) No
13. Did you already have any information on the harmful effects that noise can have on health?
( ) Yes ( ) No
14. If you answered yes to the previous question, by what means did you have access to this
information?
( ) School ( ) TV, radio ( ) Outdoor ( ) Newspaper or magazine ( ) Internet
( ) Healthcare professional
15. Does your music device report that high volume may be harmful to your health?
( ) Yes ( ) No
16. Data completed by the evaluator:
Type of headphone:
Brand of headphone:
Volume showed on display (% of the total volume):