

Supplementary Material

Case History Sheet for Personal Listening Device (PLD) usage

Name:

Age/sex:

No	Questions	Options
1	Select devices that you usually use for recreational listening (Music, Binge watching)	Mobile phone/MP3/ipod/Personal computer/Others
2	Do you use earphones/headphones while listening through Personal Listening Devices?	Yes/No
3	Type of headphones/earphones used	Supra-aural/Circum-aural/Insert type/Earbud
4	How many days in a week do you usually listen to Personal Listening Devices?	Once/1–3 days/>3 days
5	How long have you been listening to Personal Listening Devices?	< 1 year/1.1–2 years/2.1–3 years/3.1–4 years/> 4 years
6	How many hours per day do you usually listen to Personal Listening Devices for recreation?	< 1 hour/1 hour/1.1–2 hours/2.1–3 hours/3.1–4 hours/> 4 hours
7	How many hours per day do you usually listen to Personal Listening Devices to attend online classes?	< 1 hour/1 hour/1.1–2 hours/2.1–3 hours/3.1–4 hours/> 4 hours
8	If you can set the volume of your Personal Listening Devices from 1 to 10, at which level do you typically set it for recreation?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
9	If you can set the volume of your Personal Listening Devices from 1 to 10, at which level do you typically set it to attend online classes?	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
10	How often do you increase the volume after a period of listening?	After 15 minutes/after 30 minutes/after 1 hour
11	How often do you reduce the volume after a period of listening?	After 15 minutes/after 30 minutes/after 1 hour
12	How often do listen through Personal Listening Devices in a noise environment?	Always/Sometimes/never
13	How often do you increase the volume when in noise environment?	Always/Sometimes/Never
14	Do you experience any hearing related symptoms?	Yes/No If Yes Specify:
15	Do you experience any balance related symptoms?	Yes/No If Yes Specify:
16	Do you have any history of ear or head trauma?	Yes/No If Yes Specify:
17	Do you have any medical condition?	Yes/No If Yes Specify:
18	Are you involved in vigorous sports activity/training for the past 3 years?	Yes/No If Yes Specify:
19	Are you taking any medications for longer than a month?	Yes/No If Yes Specify: