Perceptual Preference Questionnaire

Please read the following questions carefully and respond by circling the answer that best reflects your opinion.

1. If you HAD to choose between being blind or deaf, which would you prefer to be, one meaning strongly prefer to be blind, seven meaning strongly prefer to be deaf? (This question is directed toward your emotional response to one or the other condition, rather than the degree of blindness or deafness.)

   1               2               3               4               5               6               7
   Blind                              Deaf

2. Which aspect of hearing is more valuable to you: the ability to appreciate music, or the ability to engage in verbal communication (considering sign language is not available)?

   1               2               3               4               5               6               7
   Communication                  Music

3. Which aspect of vision is more valuable to you: the ability to appreciate visual aesthetics (such as paintings, architecture, landscapes, etc.) or the ability to navigate through space?

   1               2               3               4               5               6               7
   Navigation                                        Visual Aesthetics

4. If you were blind, which aspect of visual aesthetics would you miss more: creating (e.g., drawing or painting) or viewing aesthetics?

   1               2               3               4               5               6               7
   Creating                              Viewing
5. If you were deaf, which aspect of music would you miss more: making music (e.g., singing or playing an instrument) or listening to music?

1  2  3  4  5  6  7
Creating  Listening

6. When appreciating music, how likely are you to be emotionally moved (e.g., by crying or experiencing chills)?

1  2  3  4  5  6  7
Not Likely  Very Likely

7. When appreciating visual aesthetics, how likely are you to be emotionally moved (e.g., by crying or experiencing chills)?

1  2  3  4  5  6  7
Not Likely  Very Likely

8. Were there any questions that were difficult to answer? Why? Please comment below.

Gender:  F / M
Age: __________________
Race: __________________
Handedness:
_____ Right Handed
_____ Left Handed
_____ Ambidextrous
What is your education background?
_____ Some high school
_____ High school
_____ Some college
_____ College
_____ Some graduate or professional education
_____ Graduate or professional degree
_____ Other: please specify: ________________

How many years of musical training do you have beyond elementary school?
__________________

How many years of visual art training do you have beyond elementary school?
__________________

On average, how many hours a week do you spend time drawing?
__________________

On average, how many hours a week do you spend time listening to music?
__________________

Do you have any perceptual deficits? Please explain:
_____________________________________________________

Could we contact you for further studies on perceptual preferences? YES NO

If yes, please provide your email address:
_____________________________________________________