

Short survey on noise in the living environment «H» «PersID»

Please answer all questions one by one in sequence. Always tick the answer/checkbox that best applies to you. If multiple answers apply, tick all that apply. Thank you very much.

General Information		
1.1	Gender: <input type="checkbox"/> female <input type="checkbox"/> male Year of birth:	11ab
1.2	Is the address in the cover letter the address where you live most of the time? <input type="checkbox"/> yes <input type="checkbox"/> no	12a
1.3	How long have you been living in your current home? years	13a
1.4	Do you live: <input type="checkbox"/> alone <input type="checkbox"/> as a family/couple <input type="checkbox"/> in a flat share <input type="checkbox"/> other	14a
1.5	What kind of dwelling do you live in? <input type="checkbox"/> row house <input type="checkbox"/> detached house <input type="checkbox"/> apartment on ground floor <input type="checkbox"/> apartment on floor	15a 15b
1.6	Are you the owner or tenant of your apartment/house? <input type="checkbox"/> owner <input type="checkbox"/> tenant or sub-tenant	16a

Living Environment and Noise																																																			
2.1	Below is a list of characteristics that are important for living. How satisfied are you regarding these at your home?																																																		
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2.2	Is there anything in your home that bothers or disturbs you in particular? <input type="checkbox"/> no <input type="checkbox"/> yes, that is?	24a																																																	
2.3	How often are you disturbed by road traffic noise in the following activities?																																																		
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2.4	By which kind of vehicles are you disturbed or annoyed in particular? <input type="checkbox"/> none <input type="checkbox"/> cars <input type="checkbox"/> trucks, delivery vehicles <input type="checkbox"/> motorcycles <input type="checkbox"/> trams/buses	26a																																																	
2.5	Are you particularly disturbed or annoyed by road traffic noise at certain times (night or day)? <input type="checkbox"/> no <input type="checkbox"/> yes, from __ : __ to __ : __ o'clock and from __ : __ to __ : __ o'clock and from __ : __ to __ : __ o'clock	27a 27b 27c																																																	

<p>3.1 Please indicate how noise sensitive you are in general. Are you...</p> <div style="text-align: center;"> </div>	31a
<p>4.1 The following questions pertain to your sleeping habits. What is the orientation of your bedroom towards the nearest street?</p> <p><input type="checkbox"/> away from street <input type="checkbox"/> perpendicular to street <input type="checkbox"/> pointing towards street</p>	41a
<p>4.2 Do you have mechanical ventilation (with heat recovery) in your home:</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know</p>	42a
<p>4.3 In which position do you keep your bedroom windows usually?</p> <p>♦ in summer: <input type="checkbox"/> closed <input type="checkbox"/> open or half-open</p> <p>♦ in winter: <input type="checkbox"/> closed <input type="checkbox"/> open or half-open</p> <p>if open during summer, why? <input type="checkbox"/> fresh air supply <input type="checkbox"/> cooling <input type="checkbox"/> other</p> <p>if closed during summer, why? <input type="checkbox"/> noise (from outside) <input type="checkbox"/> heat loss <input type="checkbox"/> other</p> <p>if open during winter, why? <input type="checkbox"/> fresh air supply <input type="checkbox"/> cooling <input type="checkbox"/> other</p> <p>if closed during winter, why? <input type="checkbox"/> noise (from outside) <input type="checkbox"/> heat loss <input type="checkbox"/> other</p> <p>If it would be totally calm outside (regardless of source) which window position would you prefer?</p> <p>♦ in summer: <input type="checkbox"/> closed <input type="checkbox"/> open/half-open</p> <p>♦ in winter: <input type="checkbox"/> closed <input type="checkbox"/> open/half-open</p>	<p>43a</p> <p>43b</p> <p>43c</p> <p>43d</p> <p>43e</p> <p>43f</p> <p>43g</p> <p>43h</p>
<p>4.4 How often do you use earplugs (e.g. Oropax) for sleeping?</p> <p style="text-align: center;">never rarely sometimes often always</p> <p style="text-align: center;"><input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/></p> <p>If you use them, why?</p> <p><input type="checkbox"/> because of noise from outside the house</p> <p><input type="checkbox"/> because of noise from inside the house</p> <p><input type="checkbox"/> because of noise from within sleeping room (e.g. snoring)</p>	<p>44a</p> <p>44b</p> <p>44c</p> <p>44d</p>
<p>5.1 Below is a 0 to 10 opinion scale for how much road traffic noise bothered, disturbed or annoyed you. If you were not at all annoyed choose 0, if you were extremely annoyed choose 10, if you were somewhere in between choose a number between 0 and 10.</p> <p>Thinking about the last 12 months, when you are here at home, what number from 0 to 10 best shows how much you were bothered, disturbed, or annoyed by road traffic noise?</p> <div style="text-align: center;"> </div>	22a
<p>5.2 Thinking about the last 12 months, when you are here at home, how much did road traffic noise bother, disturb, or annoy you?</p> <div style="text-align: center;"> <p>extremely very moderately slightly not at all</p> <p><input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/></p> </div>	21a
<p>6.1 Today's date: ☺ Thank you for your cooperation! ☺</p>	