

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.

Living Environment and Noise																																															
2.1	Thinking about the last 12 months, when you are here at home, how much did road traffic noise bother, disturb, or annoy you?	<div style="display: flex; justify-content: space-around; font-weight: bold; font-size: 0.9em;"> not at all slightly moderately very extremely </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> — <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> — <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> — <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> — <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>	21a																																												
2.2	<p>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 your 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; margin-top: 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> 0 1 2 3 4 5 6 7 8 9 10 </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: 0.8em; margin-top: 5px;"> not at all extremely </div> </div>				22a																																										
3.1	<p>Below is a list of characteristics that are important for living. How satisfied are you regarding these at your home?</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 10%; text-align: center; font-weight: bold;">not at all satisfied</th> <th style="width: 10%; text-align: center; font-weight: bold;">slightly satisfied</th> <th style="width: 10%; text-align: center; font-weight: bold;">moderately satisf.</th> <th style="width: 10%; text-align: center; font-weight: bold;">very satisf.</th> <th style="width: 10%; text-align: center; font-weight: bold;">extremely satisf.</th> </tr> </thead> <tbody> <tr> <td>♦ living comfort in general —————</td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/></td> <td style="text-align: center;"><input style="width: 20px; 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3.2	<p>Is there anything in your home that bothers or disturbs you in particular?</p> <p><input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> no <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> yes, that is?</p> <p>.....</p>				24a																																										

<p>3.3 How often are you disturbed by road traffic noise in the following activities?</p> <table border="0"> <thead> <tr> <th></th> <th>never</th> <th>rarely</th> <th>some- times</th> <th>often</th> <th>always</th> <th></th> </tr> </thead> <tbody> <tr> <td>♦ Disturbs conversations, phone calls etc. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>25a</td> </tr> <tr> <td>♦ Disturbs listening to the radio, watching TV _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>25b</td> </tr> <tr> <td>♦ Disturbs recreation outdoors _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>25c</td> </tr> <tr> <td>♦ Disturbs reading, thinking, concentration _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>25d</td> </tr> <tr> <td>♦ Disturbs sociability, e.g. with guests _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>25e</td> </tr> <tr> <td>♦ Disturbs at night, when I want to sleep _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>25f</td> </tr> </tbody> </table>		never	rarely	some- times	often	always		♦ Disturbs conversations, phone calls etc. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25a	♦ Disturbs listening to the radio, watching TV _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25b	♦ Disturbs recreation outdoors _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25c	♦ Disturbs reading, thinking, concentration _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25d	♦ Disturbs sociability, e.g. with guests _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25e	♦ Disturbs at night, when I want to sleep _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25f	
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<p>3.4 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</p>	26a																																																	
<p>3.5 Are you particularly disturbed or annoyed by road traffic noise at certain times (night or day)?</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes, from ____ : ____ to ____ : ____ o'clock</p> <p>and from ____ : ____ to ____ : ____ o'clock</p> <p>and from ____ : ____ to ____ : ____ o'clock</p>	<p>27a</p> <p>27b</p> <p>27c</p>																																																	
<p>4.1 Please indicate how noise sensitive you are in general. Are you...</p> <table border="0"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td colspan="5">not at all noise sensitive</td> <td colspan="6">extremely noise sensitive</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	not at all noise sensitive					extremely noise sensitive						31a																											
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<p>5.1 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>5.2 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>5.3 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>5.4 How often do you use earplugs (e.g. Oropax) for sleeping?</p> <p>never rarely sometimes often always</p> <p><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>6.1 Today's date:</p>	<p>😊 Thank you for your cooperation! 😊</p>																																																	