

3.3	<p>How often are you disturbed by road traffic noise in the following activities?</p> <p style="text-align: center;"> never rarely some- times often always </p> <ul style="list-style-type: none"> ◆ Disturbs conversations, phone calls etc. _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> ◆ Disturbs listening to the radio, watching TV _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> ◆ Disturbs recreation outdoors _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> ◆ Disturbs reading, thinking, concentration _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> ◆ Disturbs sociability, e.g. with guests _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> ◆ Disturbs at night, when I want to sleep _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> 	25a 25b 25c 25d 25e 25f
3.4	<p>By which kind of vehicles are you disturbed or annoyed in particular?</p> <p><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
3.5	<p>Are you particularly disturbed or annoyed by road traffic noise at certain times (night or day)?</p> <p style="text-align: center;"><input type="checkbox"/> no</p> <p style="text-align: center;"><input type="checkbox"/> yes, from ___:___ to ___:___ o'clock</p> <p style="text-align: center;">and from ___:___ to ___:___ o'clock</p> <p style="text-align: center;">and from ___:___ to ___:___ o'clock</p>	27a 27b 27c
4.1	<p>Please indicate how noise sensitive you are in general. Are you...</p> <p style="text-align: center;"> </p>	31a
5.1	<p>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
5.2	<p>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
5.3	<p>In which position do you keep your bedroom windows usually?</p> <ul style="list-style-type: none"> ◆ in summer: <input type="checkbox"/> closed <input type="checkbox"/> open or half-open ◆ in winter: <input type="checkbox"/> closed <input type="checkbox"/> open or half-open <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> <ul style="list-style-type: none"> ◆ in summer: <input type="checkbox"/> closed <input type="checkbox"/> open/half-open ◆ in winter: <input type="checkbox"/> closed <input type="checkbox"/> open/half-open 	43a 43b 43c 43d 43e 43f 43g 43h
5.4	<p>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> <ul style="list-style-type: none"> <input type="checkbox"/> because of noise from outside the house <input type="checkbox"/> because of noise from inside the house <input type="checkbox"/> because of noise from within sleeping room (e.g. snoring) 	44a 44b 44c 44d
6.1	<p>Today's date:</p> <p style="text-align: center;">😊 Thank you for your cooperation! 😊</p>	