

POST-CONSTRUCTION QUESTIONNAIRE

Name (Optional): _____

Street Address: _____

Residential Status: (check one): Homeowner Family Member Renter

Please rate the following:

Courtesy of contractors/workers	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Courtesy/performance of inspectors	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Quality of workmanship	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Amount of time to complete the work	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Quality of materials used	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Effectiveness of sound insulation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Adherence to project schedule	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Resolution of problems	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Overall satisfaction with construction process	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

1. Now that construction is complete, select how often aircraft noise (inside your home) affects the following:

Conversation	<input type="checkbox"/> Very Often	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Hardly Ever
Falling Asleep	<input type="checkbox"/> Very Often	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Hardly Ever
Being Awakened	<input type="checkbox"/> Very Often	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Hardly Ever
Reading, Studying etc.	<input type="checkbox"/> Very Often	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Hardly Ever
Listening to TV or Radio	<input type="checkbox"/> Very Often	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Hardly Ever
Telephone Usage	<input type="checkbox"/> Very Often	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Hardly Ever
Other Activities	<input type="checkbox"/> Very Often	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Hardly Ever

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2. Now that construction is complete, how would you rate the aircraft noise intrusion for each of the following rooms? (Rate from 1 – 5, with 5 being extremely intrusive).

Living Room 1 2 3 4 5

Kitchen 1 2 3 4 5

Master Bedroom 1 2 3 4 5

Other Bedrooms 1 2 3 4 5

Other Areas 1 2 3 4 5

3. Would you recommend this program?

Yes No

4. Was the final product what you were told to expect? If not, why?

5. Please feel free to offer any comments you have regarding the program.

6. Are there any suggestions you feel may improve the program?

