



QuieterHome® Program

PRE-CONSTRUCTION QUESTIONNAIRE

Name (Optional): _____

Street Address: _____

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

Please rate the following:

Explanation of program by assessment team	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Explanation of work recommended for your home	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Resolution of questions	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Courtesy/professionalism of design staff	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Clarity of homeowner's responsibilities indicated in Homeowner's Handbook	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Overall satisfaction with design process	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

1. 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

2. 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Other Bedrooms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Kitchen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Other Areas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Master Bedroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						

