

Complaint Survey

An Investigation of Community Attitudes towards Noise

Cover Page

11/20/2007

Part 1: Respondent Characteristics, General Attitudes Toward Neighborhood and Noise Sensitivity

INTERVIEW ID: _____
(Telephone number)

INTERVIEW DATE: ____/____/_____
(mo)/(day)/(year)

INTERVIEW TIME: ____:____ AM or PM (survey is to be conducted between 9 AM and 8 PM)

INTERVIEWER ID: _____

RESPONDENT SELECTION:

- Ask for individual who registered the complaint by name
- For other households, ask to speak with an adult who is typically at home during the day on weekdays (or at time of day/day of week of complaint)

Good morning/afternoon/evening! My name is _____ and I am calling on behalf of Pennsylvania State University. We are conducting a noise research study about residents' attitudes about their community. It is important that we talk to different types of people and your household is one of a small number randomly selected from this community.

Participants will be answering questions about noises that are heard in their community routinely, and will have the opportunity to have their opinions heard. Your response is voluntary, you can quit at any time, and you may choose not to answer certain questions. The results of this study will be summarized so that the answers you provide cannot be associated with you or anyone in your household. The survey will take approximately 10 minutes. You must be 18 years of age or older to consent to take part in this research study. Responding to the survey questions implies your consent to participate in the survey. If you have any questions about the survey, you can contact Kathleen K. Hodgdon at (814) 865-2447 at the Pennsylvania State University or Bob Baumgartner at (608) 443-2700 at PA Government Consulting.

- 1) Including yourself, how many people in your household live here at this moment?
- 2) How many of these people are 18 years of age or older? Was one of the adults over the age of 18 home at [day of week/date/time]? (Provide the time of the blast event that caused the complaint) Can we speak with them?
- 3) Could you tell me about the people 18 years of age or older who normally live here starting with the oldest and finishing with the youngest? I don't need to know their name.

Adult #	Gender	Age	Education	Occupation
1	M F			
2	M F			
3	M F			
4	M F			
5	M F			

- 4) How would you rate this neighborhood overall as a place to live? [READ LIST]
 - 1 Terrible
 - 2 Poor
 - 3 Average
 - 4 Good
 - 5 Excellent
 - R No opinion
- 5) What are some of the things you LIKE most about living in this neighborhood?

- 6) What are some of the things you DISLIKE most about living in this neighborhood?

- 7) While we are interested in all neighborhood conditions, we are particularly interested in the various kinds of noises that people hear in this area. Do you think your neighborhood is quiet or noisy or about average?
 - 1 Quiet Why do you say that?

 - 2 Average
 - 3 Noisy Why do you say that?

8) What kinds of noise do you hear in this neighborhood? RECORD RESPONSES

9) Now I am going to read a list of common neighborhood noises. Using this card, please rate the degree of annoyance, if any, which you experience from each noise source. For each noise source, please tell me if you find it extremely annoying, very annoying, moderately annoying, slightly annoying, or not at all annoying.

Barking dogs

- 1 Not at all annoying
- 2 Slightly annoying
- 3 Moderately annoying
- 4 Very annoying
- 5 Extremely annoying
- R No opinion

Playing children

- 1 Not at all annoying
- 2 Slightly annoying
- 3 Moderately annoying
- 4 Very annoying
- 5 Extremely annoying
- R No opinion

Thunder

- 1 Not at all annoying
- 2 Slightly annoying
- 3 Moderately annoying
- 4 Very annoying
- 5 Extremely annoying
- R No opinion

Do you enjoy fireworks at organized events? Yes No

Please rate the degree of annoyance, if any, which you experience from listening to fireworks at organized events.

- 1 Not at all annoying
- 2 Slightly annoying
- 3 Moderately annoying
- 4 Very annoying
- 5 Extremely annoying
- R No opinion

Do you enjoy amateur fireworks set off by neighbors in your community? Yes No

Please rate the degree of annoyance, if any, which you experience from listening to amateur fireworks in your community.

- 1 Not at all annoying
- 2 Slightly annoying
- 3 Moderately annoying
- 4 Very annoying
- 5 Extremely annoying
- R No opinion

10) Other residents in this area have mentioned the following types of noises. Please rate the degree of annoyance you experience in this neighborhood from each source. For each noise source, please tell me if you find it extremely annoying, very annoying, moderately annoying, slightly annoying, or not at all annoying.

Street traffic

- 1 Not at all annoying
- 2 Slightly annoying
- 3 Moderately annoying
- 4 Very annoying
- 5 Extremely annoying
- R No opinion

Aircraft

- 1 Not at all annoying
- 2 Slightly annoying
- 3 Moderately annoying
- 4 Very annoying
- 5 Extremely annoying
- R No opinion

11a) Other residents in the area have mentioned military noise. Do you hear military noise?

- 1 No → SKIP TO QUESTION 13
 - 2 Yes → What types of military noise do you hear? RECORD RESPONSES
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11b) How would you rate the degree of annoyance, if any, you experience from military noise in this neighborhood? Do you find military noise to be not at all annoying, slightly annoying, moderately annoying, very annoying, or extremely annoying?

- 1 Not at all annoying
- 2 Slightly annoying
- 3 Moderately annoying
- 4 Very annoying
- 5 Extremely annoying
- R No opinion

PART 2: Awareness and Recall of Specific Noise Event that Triggered a Complaint

These next questions ask about whether you recall hearing any noise while you were at home on [day of the week/date]. First, we need to find out when you were around home on that day.

- 12) Were you home on [day of the week/date], at [time of noise event]?
- 1 No --→ Skip to Question 26
 - Yes
- 13) While you were around home on [day of week/date] do you recall hearing any loud noises from [NAME OF INSTALLATION]?
- 1 No --→ Skip to Question 26
 - 2 Yes
- 14) What type of noise did you hear?
-
- 15) About what time of the day did you hear the noise from [NAME OF INSTALLATION]?
- _____ : _____ AM or PM
- 16) [If R can't recall specific time, ask if it was early morning, mid-morning, late morning, early afternoon, mid-afternoon, late afternoon, early evening, mid evening, late evening. Record response below]
- 1 early morning
 - 2 mid morning
 - 3 late morning
 - 4 early afternoon
 - 5 mid afternoon
 - 6 late afternoon
 - 7 early evening
 - 8 mid evening
 - 9 late evening
- 17) Were you inside the home or outside of your home when you heard the noise from [NAME OF INSTALLATION] on [day of week/date]?
- 1 Inside home
 - 2 Outside home
 - 3 Don't recall
- 18) What were you doing at the time you heard the noise on that day?
- 1) Quiet activity such as relaxing or sleeping
 - 2) Eating a meal or reading

- 3) Watching TV, listening to music or talking
 - 4) Using appliances, power tools or lawn equipment
 - 5) Other
- 19) Was the noise from [NAME OF INSTALLATION] you heard around home on [day of week/date] not at all annoying, slightly annoying, moderately annoying, very annoying, or extremely annoying?
- 1 Not at all annoying
 - 2 Slightly annoying
 - 3 Moderately annoying
 - 4 Very annoying
 - 5 Extremely annoying
 - R No opinion
- 20) Was the noise from [NAME OF INSTALLATION] you heard around home on [day of week/date] not at all intrusive, slightly intrusive, moderately intrusive, very intrusive, or extremely intrusive?
- 1 Not at all intrusive
 - 2 Slightly intrusive
 - 3 Moderately intrusive
 - 4 Very intrusive
 - 5 Extremely intrusive
 - R No opinion
- 21) Did you experience any rattle or vibration in your home from a noise from [NAME OF INSTALLATION] on [day of week/date]?
- 1 No -> Skip to Question 26
 - 2 Yes
 - 3 Don't recall/Can't say -> Skip to Question 26
- 22) What structures in your house rattled or vibrated on that day?
- 1 Windows
 - 2 Walls
 - 3 Shelves
 - 4 China
 - 5 Small decorative items, such as "bric a brac" or "knick knacks"
 - 6 Other -> Please specify _____
- 23) Did the rattle or vibrations interfere with your ability to converse or hear conversations on that day?
- 1 No
 - 2 Yes
- 24) a. Did the noise from [NAME OF INSTALLATION] you heard on [day of week/date] startle you or make you jump?

- 1 No
- 2 Yes
- R Don't recall or No response

b. Did the noise frighten you?

- 1 No
- 2 Yes
- R Don't recall or No response

c. Did the noise cause you to feel irritable or edgy?

- 1 No
- 2 Yes
- R Don't recall or No response

d. Did the noise make you become tense or nervous

- 1 No
- 2 Yes
- R Don't recall or No response

Part 3: General Attitudes and Characteristics of Residence

25) To what degree do you agree with the following statements? Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, moderately agree or strongly agree.

a I believe that people have a hard time getting used to noise

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Moderately agree
- 5 Strongly agree
- R No opinion

b I believe that people get used to road traffic noise

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Moderately agree
- 5 Strongly agree
- R No opinion

c I believe that with time most people adapt to noise

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Moderately agree

- 5 Strongly agree
- R No opinion

d I believe that with time I can adapt to noise

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Moderately agree
- 5 Strongly agree
- R No opinion

e I believe that with time I can get used to even the loudest noise

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Moderately agree
- 5 Strongly agree
- R No opinion

26) How would you rate the importance of [NAME OF INSTALLATION] for the economic health of your town and county? Is it extremely important, very important, moderately important, slightly important, or not at all important?

- 1 Not at all important
- 2 Slightly important
- 3 Moderately important
- 4 Very important
- 5 Extremely important
- R No opinion

27) How would you rate the importance of [NAME OF INSTALLATION] for public health in your town and county? ? Is it extremely important, very important, moderately important, slightly important, or not at all important?

- 1 Not at all important
- 2 Slightly important
- 3 Moderately important
- 4 Very important
- 5 Extremely important
- R No opinion

28) How would you rate the importance of Federal funding to your local school district from the [NAME OF INSTALLATION]? Is it extremely important, very important, moderately important, slightly important, or not at all important?

- 1 Not at all important
- 2 Slightly important
- 3 Moderately important
- 4 Very important
- 5 Extremely important
- R No opinion

[TAKE BACK RESPONSE CARD D]

29) One role that military installations are expected to fulfill is to serve as environmental caretakers of Federal lands, protecting rare and endangered species and, when appropriate, providing opportunities for recreation, such as hunting and fishing and outdoor activities. How would you rate the job [NAME OF INSTALLATION] has done in caring for this environment? Have they been . . .

[READ LIST]

- 1 Terrible
- 2 Poor
- 3 Average
- 4 Good
- 5 Excellent
- R No opinion

OK, we are almost finished. I just have a few more questions about your residence.

30) How long have you lived at this address? {DON'T READ CATEGORIES, RECORD ANSWER]

- 1 Less than one year
- 2 1-5 years
- 3 6-10 years
- 4 11 or more years
- R No opinion

31) Do any members of this household work for the [NAME OF INSTALLATION]? If so, who?

- 1 Yes→RECORD ADULT NUMBER(S) FROM Q4 TABLE: _____
- 2 No

32) Have any members of this household served in the Armed Services? If so, who?

- 1 Yes→RECORD ADULT NUMBER(S) FROM Q4 TABLE: _____
- 2 No

- 33) Do any members of this household receive retirement or disability income as result of military or civilian service in the Department of Defense? If so, who?
- 1 Yes → RECORD ADULT NUMBER(S) FROM Q4 TABLE: _____
 - 2 No
- 34) Do you rent or own your home?
- 1 Rent
 - 2 Own
 - 3 Other → SPECIFY _____
 - R No opinion
- 35) About how old is your home or the building your residence is in? Would you say it is 10 years old or less, 11-20 years old, 21-30 years old, 31-40 years old, or more than 40 years old?
- 1 0-10 years
 - 2 11-20 years
 - 3 21-30 years
 - 4 31-40 years
 - 5 41 years and over
 - D Not known
 - R No opinion
- 36) How old are most of the windows in your residence? Would you say most are 10 years old or less, 11-20 years old, 21-30 years old, 31-40 years old, or more than 40 years old?
- 1 0-10 years
 - 2 11-20 years
 - 3 21-30 years
 - 4 31-40 years
 - 5 41 years and over
 - D Not known
 - R No opinion
- 37) What is the type of house construction? Would you say the primary construction is brick, stone, wood, aluminum, a modular unit, concrete block, or something else?
- 1 Brick
 - 2 Stone
 - 3 Wood frame
 - 4 Aluminum siding
 - 5 Modular unit
 - 6 Concrete block
 - D Not known
 - R No opinion

38) How would you describe the style of your house? Would you say it is a two-story, a ranch, a bi-level, or some other style?

- 1 Two story
- 2 Two story with basement
- 3 Ranch on concrete slab
- 4 Ranch with basement
- 3 Bi-level
- 4 Other style →SPECIFY _____
- D Not known
- R No opinion

39) To the best of your knowledge is your hearing normal? Yes No
If No: What hearing loss do you have? _____

INTERVIEWER: Did the Respondent's hearing capacity seem to be:

- 1 Normal
- 2 Somewhat Diminished -→ DESCRIBE EXTENT OF PROBLEM BELOW
- 3 Severely Diminished -→ DESCRIBE EXTENT OF PROBLEM BELOW

If Somewhat or Severely Diminished, describe extent of problem

[Thank respondent for their time and terminate interview]