

Standardised Interview to Assess Domestic Noise Complaints and their Effects

SIANCE

CONFIDENTIAL

THIS SECTION TO BE COMPLETED WITH COMPLAINANT

File Reference: _____

Name of Investigating Officer: _____

COMPLAINANT DETAILS

Name: _____

Address: _____

INTRODUCTION

In order for me to collect as much information as possible about your complaint, it would be helpful if you would answer the following questions.

After completing this questionnaire, I will give you an opportunity to cover any points that you think I have missed or to give me any further details that you think might be useful.

File Ref: _____

Sex: ¹ ☐ Male ² ☐ Female

Age: years

Ethnic Origin:

- ¹ ☐ White ² ☐ Black Caribbean ³ ☐ Black African
⁴ ☐ Black Other ⁵ ☐ Indian ⁶ ☐ Asian
⁷ ☐ Mixed race (please specify) _____ ⁸ ☐ Other (please specify)

A. INFORMATION ABOUT THE NOISE

SOURCE OF THE NOISE

A1. Please tell me what noises are causing the disturbance. *Tick all that apply.*

- | | |
|--|--|
| ¹ <input type="checkbox"/> Radio, TV, music | ¹⁰ <input type="checkbox"/> Doors banging (either outside doors or inside doors) |
| ² <input type="checkbox"/> Children | ¹¹ <input type="checkbox"/> Domestic equipment (vacuum cleaners etc.) |
| ³ <input type="checkbox"/> Teenagers' or adults' voices | ¹² <input type="checkbox"/> Electric switches |
| ⁴ <input type="checkbox"/> Parties (when held indoors) | ¹³ <input type="checkbox"/> DIY (hammering, drilling etc.) |
| ⁵ <input type="checkbox"/> Parties (when held outdoors) | ¹⁴ <input type="checkbox"/> Lawnmowers and other garden equipment |
| ⁶ <input type="checkbox"/> Dogs | ¹⁵ <input type="checkbox"/> Cars, motorcycles starting up / leaving, repairs etc. |
| ⁷ <input type="checkbox"/> Other animals | ¹⁶ <input type="checkbox"/> Burglar alarms |
| ⁸ <input type="checkbox"/> Footsteps | ¹⁷ <input type="checkbox"/> Banging of unknown origin |
| ⁹ <input type="checkbox"/> Furniture being moved around | ¹⁸ <input type="checkbox"/> Other noises (please specify) _____ |

Skip to A3. if only one noise.

A2. What would you say are the **three** most disturbing noises?

NOISE 1: _____

NOISE 2: _____

NOISE 3: _____

A3. Where does/do the noise(s) come from? *Tick all that apply.*

- ¹ ☐ Inside another home (attached) ⁴ ☐ A garden shed / workshop, etc.

- 2 ☐ Inside another home (not attached) 5 ☐ Street / open space nearby
 3 ☐ A garden 6 ☐ Other (please specify)-

A4. Where do you experience the noise disturbance? *Tick all that apply.*

- 1 ☐ Indoors (ie. inside own home) 2 ☐ Outdoors (in garden)

NOISE SOURCE 1

A5. When does the noise from [name noise 1] occur? *Tick all that apply.*

	Weekdays (Mon – Fri)	Weekend (Sat & Sun)
Daytime (07.00 – 19.00)	<input type="checkbox"/>	<input type="checkbox"/>
Evening (19.00 – 23.00)	<input type="checkbox"/>	<input type="checkbox"/>
Night (23.00 – 07.00)	<input type="checkbox"/>	<input type="checkbox"/>
OR:	<input type="checkbox"/> No particular time	<input type="checkbox"/> Varies

A6. How often does the noise usually occur? *Write in one large box or tick one small box.*

☐ times per day
 ☐ times per week
 ☐ varies
 ☐ all the time

A7. When the noise occurs, how long does it usually last? *Write in one large box or tick one small box.*

☐ hours
 ☐ minutes
 ☐ varies

NOISE SOURCE 2

Skip to B1. if no second noise

A8. When does the noise from [name noise 2] occur? *Tick all that apply.*

	Weekdays (Mon – Fri)	Weekend (Sat & Sun)
Daytime (07.00 – 19.00)	<input type="checkbox"/>	<input type="checkbox"/>
Evening (19.00 – 23.00)	<input type="checkbox"/>	<input type="checkbox"/>
Night (23.00 – 07.00)	<input type="checkbox"/>	<input type="checkbox"/>
OR:	<input type="checkbox"/> No particular time	<input type="checkbox"/> Varies

A9. How often does the noise usually occur? *Write in one large box or tick one small box.*

☐ times per day
 ☐ times per week
 ☐ varies
 ☐ all the time

A10. When the noise occurs, how long does it usually last? *Write in one large box or tick one small box.*

☐ hours
 ☐ minutes
 ☐ varies

NOISE SOURCE 3*Skip to B1. if no third noise*

A11. When does the noise from *[name noise 3]* occur? *Tick all that apply.*

		Weekdays (Mon – Fri)	Weekend (Sat & Sun)
Daytime	(07.00 - 19.00)	<input type="checkbox"/>	<input type="checkbox"/>
Evening	(19.00 - 23.00)	<input type="checkbox"/>	<input type="checkbox"/>
Night	(23.00 - 07.00)	<input type="checkbox"/>	<input type="checkbox"/>
OR:	<input type="checkbox"/> No particular time	<input type="checkbox"/> Varies	

A12. How often does the noise usually occur? *Write in one large box or tick one small box.*

☐

times per day

☐

times per week

☐

varies

☐

all the time

A13. When the noise occurs, how long does it usually last? *Write in one large box or tick one small box.*

☐

hours

☐

minutes

☐

varies

B. HEALTH AND BEHAVIOURAL EFFECTS OF THE NOISE

ANNOYANCE

SHOW CARD A

NOISE SOURCE 1

B1 Now, returning to the noise from *[name noise 1]*, thinking about the last 12 months or so when you are at home, to what extent are you personally bothered, annoyed or disturbed by this noise? If you are not at all annoyed by this noise choose zero, extremely annoyed choose ten, etc. *Circle appropriate number.*

Not at all

0

1

2

3

4

5

6

7

8

9

Extremely

10

NOISE SOURCE 2

second noise

Skip to B5. if no

B2 And what about the noise from *[name noise 2]*? *Circle appropriate number.*

Not at all

0

1

2

3

4

5

6

7

8

9

Extremely

10

NOISE SOURCE 3

third noise

Skip to B4. if no

B3 And *[name noise 3]*? *Circle appropriate number.*

Not at all

0

1

2

3

4

5

6

7

8

9

Extremely

10

OVERALL NOISE

B4 Finally, to what extent are you personally bothered, annoyed or disturbed by the **overall** noise? *Circle appropriate number.*

Not at all

0

1

2

3

4

5

6

7

8

9

Extremely

10

ACTIVITY DISTURBANCE

SHOW CARD B

- B5. Please indicate whether or not you find the following activities at home are disturbed by the noise about which you have complained. How often do you find that the noise interferes with: *Tick one box for each activity.*

	Never 0	Seldom 1	Sometimes 2	Often 3	Very Often 4
Listening to TV, radio, music?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a conversation (including on the telephone)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading, writing or other quiet activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting children to sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the whole house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time in the garden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the windows or doors open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having guests or visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other activity (please specify)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMOTIONAL RESPONSE TO NOISE

SHOW TO CARD B

- B8. I am going to give you some examples of the feelings that people experience when they are subjected to unwanted noise. How often do the noises you have mentioned make you feel: *Tick one box for each feeling.*

	Never 0	Seldom 1	Sometimes 2	Often 3	Very Often 4
Irritated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Startled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annoyed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bothered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. NOISE SENSITIVITY

SHOW CARD C

- C1. On this scale how sensitive would you say you are to noise in general? *Circle appropriate number.*

Not at all 1 2 3 4 5 6 7 Very ☐ Don't know

D. THE ENVIRONMENT

TYPE OF HOUSING

- D1. When was this home originally built? *This should be the date of the main structure, not any conversion or extension.*

1 ☐ Before 1919 5 ☐ 1971 - 1980

2 ☐ 1919 – 1940 6 ☐ 1981 - 1990

3 ☐ 1941 – 1960 7 ☐ Since 1990

4 ☐ 1961 – 1970 Don't know → Interviewer to estimate age of home and tick box here ☐

and date box above

D2. Interviewer: indicate type of dwelling:

- 1 ☐ Purpose built flat / maisonette → D4. 2 ☐ Conversion flat / maisonette → D3.
3 ☐ Semi-detached / end terrace house → D5. 4 ☐ Centre terraced house → D5.
5 ☐ Townhouse (ie. on more than 3 levels) → D5. 6 ☐ Detached house → D5.
7 ☐ Rooms / bedsit → D4. 8 ☐ Bungalow → D5.

D3. Can you tell me which year this building was converted into *[flats/maisonettes]*? *Tick one box.*

- 1 ☐ Before 1991 2 ☐ 1991 – 1993 3 ☐ After 1993 4 ☐ Don't know

D4.1 Are there other *[flats/maisonettes/bedsits]* above, below or to the side of this one? *Tick all that apply.*

- ☐ Above ☐ Below ☐ To the side

D4.2 Are there communal areas above, below or to the side of your *[flat/maisonette/rooms]*? *Tick all that apply.*

- ☐ Above ☐ Below ☐ To the side

D4.3 Has any remedial sound insulation been installed here? For example, a suspended ceiling or platform floor.

- 1 ☐ Yes 0 ☐ No 2 ☐ Not known

If yes, please specify: _____

D5. Do you **own** this home or **rent** it?

- 1 ☐ Owned 2 ☐ Rented from the Local Authority/Housing Association
3 ☐ Rented privately, unfurnished 4 ☐ Rented privately, furnished
5 ☐ Other e.g. part ownership (*please specify*) _____

D6. How long have you been living at this address?

- 1 ☐ Less than 1 year 4 ☐ 6 – 10 years
2 ☐ 1 – 2 years 5 ☐ More than 10 years
3 ☐ 3 – 5 years 6 ☐ All of life

D7.1 How many people live in this household, including children?

enter the **total number of people living in the household**

D7.2 And how many of these are children (under 16)?

enter the **total number of children under 16 living in the household**

SHOW CARD D

D8. On the whole, how much do you like living in this area / neighbourhood? *Circle appropriate number.*

Definitely like 1 2 3 4 5 6 7 **Definitely don't like**

D9. On average, how many hours do you spend in the home each weekday? *Write number of hours in box.*

hours per day.

D10. Do you know the approximate age of the neighbour(s) making the noise?

years

D11. Do you know the ethnic group of the neighbour(s) making the noise?

1 ☐ White

2 ☐ Black Caribbean

3 ☐ Black African

4 ☐ Black Other

5 ☐ Indian

6 ☐ Asian

7 ☐ Mixed race (please specify) _____

8 ☐ Other (please specify)

F. HEALTH

1. In general, would you say your health is: *Tick one box*

5 ☐ - Excellent 4 ☐ - Very Good 3 ☐ - Good 2 ☐ - Fair 1 ☐ - Poor

2. We would like to know how your health has been in general over the past few weeks.

Please answer ALL the following questions by telling me which answer you think most applies to you. *Tick ONE box in each row.*

HAVE YOU RECENTLY

	0 Better than usual	0 Same as usual	1 Less than usual	1 Much less than usual
Been able to concentrate on whatever you're doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 Not at all	0 No more than usual	1 Rather more than usual	1 Much more than usual
Lost much sleep over worry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Much less	0 More so	0 Same as	1 Less	1 useful
	than usual	usual	than usual	useful
Felt you were playing a useful part in things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Much less	0 More so	0 Same as	1 Less so	1 capable
	than usual	usual	than usual	capable
Felt capable of making decisions about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 Not at all	0 No more than usual	1 Rather more than usual	1 Much more than usual
Felt constantly under strain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 Not at all	0 No more than usual	1 Rather more than usual	1 Much more than usual
Felt you couldn't overcome your difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 More so than usual	0 Same as usual	1 Less so than usual	1 Much less than usual
Been able to enjoy your normal day-to-day activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 More so than usual	0 Same as usual	1 Less able than usual	1 Much less able

Been able to face up to your problems?

☐☐☐☐

PTO

HAVE YOU RECENTLY:

	0 Not at all	0 No more than usual	1 Rather more than usual	1 Much more than usual
Been feeling depressed and unhappy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been losing confidence in yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been thinking of yourself as a worthless person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been feeling reasonably happy, all Things considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. CHARACTERISTICS OF THE COMPLAINANT

PERCEIVED CONTROL

G1. Using the responses on the card I have given you, please indicate how much you agree or disagree with the following statements. *Tick one box for each question.*

G1.1 In general, I feel I have control over what happens in most situations:

- | | | |
|--|--|--|
| 5 <input type="checkbox"/> Strongly agree | 4 <input type="checkbox"/> Moderately agree | 3 <input type="checkbox"/> Slightly Agree |
| 2 <input type="checkbox"/> Slightly disagree | 1 <input type="checkbox"/> Moderately disagree | 0 <input type="checkbox"/> Strongly disagree |

G1.2 At home, I feel I have control over what happens in most situations:

- | | | |
|--|--|--|
| 5 <input type="checkbox"/> Strongly agree | 4 <input type="checkbox"/> Moderately agree | 3 <input type="checkbox"/> Slightly Agree |
| 2 <input type="checkbox"/> Slightly disagree | 1 <input type="checkbox"/> Moderately disagree | 0 <input type="checkbox"/> Strongly disagree |

G1.3 At home, I feel I have control over the level of noise from neighbours that I am subjected to:

- | | | |
|--|--|--|
| 5 <input type="checkbox"/> Strongly agree | 4 <input type="checkbox"/> Moderately agree | 3 <input type="checkbox"/> Slightly Agree |
| 2 <input type="checkbox"/> Slightly disagree | 1 <input type="checkbox"/> Moderately disagree | 0 <input type="checkbox"/> Strongly disagree |

COPING WITH THE NOISE

G2. Have you complained to anyone else about the noises you have mentioned? *Tick appropriate box.*

- YES 1 ☐ *please specify* _____
- NO 0 ☐

G3. Please tell me whether you ever do any of the following when you hear the noise about which you are complaining? *Tick appropriate box.*

- | | | |
|--|--------------------------------|-------------------------------|
| Close my windows or doors to reduce the noise exposure | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO |
| Think about the possibility of moving | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO |
| Go out of the house | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO |
| Ask the person/people responsible to reduce the level of noise | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO |
| Make a note of the time and duration of the noise | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO |
| Pretend I cannot hear the noise | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO |
| Pretend that the noise does not bother me. | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO |
| Tell myself that I am being too sensitive | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO |
| Tell myself that the noise it is not as bad as I imagine or that it could be worse | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO |

Try to make myself feel better by exercising or using relaxation techniques

1 ☐ YES

0 ☐ NO

Try to escape the effects of the noise by using cigarettes, alcohol or drugs

1 ☐ YES

0 ☐ NO

(e.g. sleeping tablets)

Talk to Citizens Advice / take legal advice

1 ☐ YES

0 ☐ NO

Standardised Interview to Assess Domestic Noise Complaints and their Effects

THIS SECTION TO BE COMPLETED BY INVESTIGATING OFFICER

H. GENERAL INFORMATION

COMPLAINANT DETAILS:

H1. Name:

H2. Address:

H3. Date of visit: ____/____/____

H4. Time of visit: _____ (24 hour clock)

H5. Name of Local Authority:

H6. Name of Investigating Officer:

H7. File Reference:

H8. Has a complaint from this address been investigated previously? 1 ☐ Yes 0 ☐ No →
Go to J1

H9. Previous File Reference:

H10. Name of previous Investigating Officer:

H11. Brief description of previous complaint:

J. THE ENVIRONMENT

HOUSING

J1. Glazing. *Tick all that apply.*

1 ☐ single glazing 2 ☐ secondary glazing 3 ☐ double glazing 4 ☐ triple glazing

J2. Location of the property. *Tick one box.*

- 1 ☐ Mostly residential / housing estate 2 ☐ Mixed residential and commercial
 3 ☐ Mixed residential and industrial 4 ☐ Mostly industrial / commercial with some residential
 5 ☐ Mostly residential / countryside 6 ☐ Mostly countryside

J3. What is your opinion of the state of repair of the housing? *Tick one box.*

- 3 ☐ Good condition – well-maintained 2 ☐ Average 1 ☐ Poor condition – in need of attention

K. NOISE ASSESSMENT - Please complete Section L if physical noise measurements are taken.

Noise Source 1: _____

1. Is the noise occurring at the time of visit? 1 ☐ YES 0 ☐ NO
2. Please describe the noise source and ambient conditions (eg. level, content, capacity to cause disturbance, airborne or impact):

3. Please describe any significant characteristics and features of the noise (ie. pronounced low frequency characteristics, impulses, vibration, rattling objects):

4. Please indicate the nature of the noise:

- 1 ☐ Continuous
- 2 ☐ Cyclic – please give length of cycle <5mins ☐ 5-60mins ☐ >60mins ☐
 varies ☐
- 3 ☐ Fluctuates at random
- 4 ☐ Intermittent – please specify length of each occurrence <5mins ☐ 5-60mins ☐ >60mins ☐
 varies ☐

5. Does the noise convey emotional content or meaning (ie. crying children / barking dogs being mistreated etc.)?

6. Do you consider the complaint to be justifiable? 1 ☐ yes 0 ☐ no
2 ☐ don't know

7. Do you consider the noise to be a statutory nuisance? 1 ☐ yes 0 ☐ no
2 ☐ don't know

8. On the basis of your subjective observations, is it likely that the complaint is caused by?

1 ☐ inadequate sound insulation 2 ☐ unreasonable behaviour 3 ☐ both 4 ☐ neither 5 ☐ don't know

Noise Source 2: _____

1. Is the noise occurring at the time of visit? 1 ☐ YES 0 ☐ NO
2. Please describe the noise source and ambient conditions (eg. level, content, capacity to cause disturbance, airborne or impact):

3. Please describe any significant characteristics and features of the noise (ie. pronounced low frequency characteristics, impulses, vibration, rattling objects):

4. Please indicate the nature of the noise:

1 ☐ Continuous

2 ☐ Cyclic – please give length of cycle <5mins ☐ 5-60mins ☐ >60mins ☐

varies ☐

3 ☐ Fluctuates at random

4 ☐ Intermittent – please specify length of each occurrence <5mins ☐ 5-60mins ☐ >60mins ☐

varies ☐

6. Does the noise convey emotional content or meaning (ie. crying children / barking dogs being mistreated etc.)?

6. Do you consider the complaint to be justifiable? 1 ☐ yes 0 ☐ no

2 ☐ don't know

7. Do you consider the noise to be a statutory nuisance? 1 ☐ yes 0 ☐ no

2 ☐ don't know

8. On the basis of your subjective observations, is it likely that the complaint is caused by?

1 ☐ inadequate sound insulation
don't know

2 ☐ unreasonable behaviour

3 ☐ both

4 ☐ neither

5 ☐

Noise Source 3: _____

1. Is the noise occurring at the time of visit? 1 ☐ YES 0 ☐ NO
2. Please describe the noise source and ambient conditions (eg. level, content, capacity to cause disturbance, airborne or impact):

3. Please describe any significant characteristics and features of the noise (ie. pronounced low frequency characteristics, impulses, vibration, rattling objects):

4. Please indicate the nature of the noise:

1 ☐ Continuous

2 ☐ Cyclic – please give length of cycle <5mins ☐ 5-60mins ☐ >60mins ☐
varies ☐

3 ☐ Fluctuates at random

4 ☐ Intermittent – please specify length of each occurrence <5mins ☐ 5-60mins ☐ >60mins ☐
varies ☐

7. Does the noise convey emotional content or meaning (ie. crying children / barking dogs being mistreated etc.)?

6. Do you consider the complaint to be justifiable? 1 ☐ yes 0 ☐ no
- 2 ☐ don't know

7. Do you consider the noise to be a statutory nuisance? 1 ☐ yes 0 ☐ no

2 ☐ don't know

8. On the basis of your subjective observations, is it likely that the complaint is caused by?

1 ☐ inadequate sound insulation
don't know

2 ☐ unreasonable behaviour

3 ☐ both

4 ☐ neither

5 ☐

L. NOISE MEASUREMENTS

Introduction

Noise from neighbours is typically intermittent and can vary significantly over time. A suitable sample period is needed to account for these variations. Noise levels can be measured using direct measurements carried out at site or using tape recordings that are subsequently analysed. Recordings may help to maximise the sample period and help to capture episodes that may otherwise be difficult to measure e.g. random episodes occurring at night. However, unattended recordings can be difficult to analyse and interpret.

Noise Measurement Procedure

Noise levels of the source should be measured free from the influence of other ambient noise (whether externally or internally generated). Noise levels should be determined with and without contribution from the disturbing noise source. Noise levels with and without the source should be measured under similar measurement conditions. For example, ambient noise without the noise could be determined shortly before and after periods when the disturbing noise is present. Precautions should be taken to ensure that measurements are taken when the ambient noise is at typically low levels. For example, discreet events such as vehicle movements should be excluded from the measurements. The method used to measure noise parameters should be described.

The aim is to obtain a number of short time period noise indicators. Five minutes might be an appropriate time period for certain types of neighbour noise, such as continuous loud music. If appropriate these noise indicators could be derived from a series of measurements taken over even shorter periods. The aim should be to obtain a series of noise levels each taken over a short period. Noise levels can be calculated from a series of noise levels taken over short periods. The aim should be to adequately assess both the disturbing noise and other ambient noise using appropriate noise indicators and sampling periods.

Pronounced acoustic features and characteristics can strongly affect peoples' perceptions and responses to noise. For example, an intruding noise that contains information, such as speech and words, is likely to be more disturbing than a noise that has little or no vocal content. The presence of acoustic features should be assessed using descriptive observations. Would the acoustics features and characteristics make the noise more disturbing than might be deduced from the A-weighted noise level alone?

Wherever possible, some form of grading scale should be used e.g. weakly tonal to strongly tonal, or faint murmur to wholly intelligible.

As far as possible, noise measurements should be taken inside the room most affected by the noise. Other rooms may be chosen when it would be difficult to measure source noise levels free from the influence of other noise e.g. rooms exposed to road traffic noise. Reasons should be clearly stated. Noise levels should be measured in the middle of the room or at a typical receiver location. The position should be stated. The microphone should, wherever possible, be placed at least 1 metre away from reflecting and absorbing surfaces.

Basic Information

- Description of the noise
- Measurement Period
- Measurement Location
- Windows open or closed
- Name of officer
- Equipment used
- Calibration
- Date and time

Table 1
With Intruding Noise
Short Period A- weighted Noise Measurements

Sample	Date and Time	L _{eq}	L ₁₀	L ₉₀	L _{max}	Description of the source and ambient noises *

Table 2
Without Intruding Noise
Short Period A- weighted Noise Measurements

Sample	Date and Time	L _{eq}	L ₁₀	L ₉₀	L _{max}	Description of the source and ambient noises*

* Note: Wherever possible, try to use a grading scale to describe the degree and extent of the disturbing noise e.g. weak, mild, dominant, imposing, strong.