

Daily Summary

Note: The survey will not be openly available online. Each participant will receive a unique link so that only those who are enrolled can complete the surveys.

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Date of response with inquiry if sonic thump was heard on that date



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This information collection meets the requirements of 44 U.S.C § 3507 as amended by section 2 of the Paperwork Reduction Act of 1995. The OMB control number for this collection is 2700-XXXX, which expires on MM/DD/YYYY. We estimate that it will take 2 minutes to read the instructions and answer the questions. Send any comments relating to our time estimate to qpl18@nasa.gov.

Quiet Supersonic Flights 2018 Community Test Daily Response to Sonic Thumps

Daily Summary Response Form

Please select today's date

- Monday, November, 5
- Tuesday, November, 6
- Wednesday, November, 7
- Thursday, November, 8
- Friday, November, 9
- Saturday, November, 10
- Sunday, November, 11
- Monday, November, 12
- Tuesday, November, 13
- Wednesday, November, 14
- Thursday, November, 15

Did you hear any sonic thumps today?

- Yes
- No



Daily annoyance and startle summary



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Over the course of your day, how much did the sonic thumps bother, disturb, or annoy you?

- Not at all annoyed
- Slightly annoyed
- Moderately annoyed
- Very annoyed
- Extremely annoyed

Did any sonic thumps startle you today?

- Yes
- No

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Time periods at or near home/work on that date and other comments



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Select all time periods that you were at or near your home today. Select all that apply.

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> 8am - 9am | <input type="checkbox"/> 1pm - 2pm |
| <input type="checkbox"/> 9am - 10am | <input type="checkbox"/> 2pm - 3pm |
| <input type="checkbox"/> 10am - 11am | <input type="checkbox"/> 3pm - 4pm |
| <input type="checkbox"/> 11am - noon | <input type="checkbox"/> 4pm - 5pm |
| <input type="checkbox"/> noon - 1pm | |

Select all time periods that you were **at or near work** today. Select all that apply.

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> 8am - 9am | <input type="checkbox"/> 1pm - 2pm |
| <input type="checkbox"/> 9am - 10am | <input type="checkbox"/> 2pm - 3pm |
| <input type="checkbox"/> 10am - 11am | <input type="checkbox"/> 3pm - 4pm |
| <input type="checkbox"/> 11am - noon | <input type="checkbox"/> 4pm - 5pm |
| <input type="checkbox"/> noon - 1pm | |

Please enter any additional comments

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End of Daily Summary Thank You



PennState

We thank you for your time spent taking this survey.
Your response has been recorded.