**Appendix N – Screener Survey**

**Note: This is a comprehensive list of all possible screens that respondents might see. For clarity, the skip logic instructions are excluded. For certain responses, some screens may not be logical and would not appear in the web survey.**

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Thank you for participating in this NASA-sponsored study about aircraft noise.  In addition to space exploration, NASA also conducts research on aircraft.  To determine who in your household is eligible to participate in this study, please click the ‘next’ button at the bottom of this page.

*Paperwork Reduction Act Statement:*

*This information collection meets the requirements of 44 U.S.C 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 2700-xxxx and it expires on xx/xx/xxxx. We estimate that it will take about xx minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to* [*\_\_\_\_\_\_\_\_\_\_\_@nasa.gov*](mailto:___________@nasa.gov)*. Send only comments relating to our time estimate to this address.*

To read about the study on the web, go to [LINK]

The survey is being conducted for NASA by Westat, a research firm in Rockville, Maryland (link to westat.com).

If you have questions about the study, please go to (LINK) or call HELP LINE.

Including yourself, how many people living in this household are 18 years of age or older? Please enter a number from 0 to 10. If there are more than 10 people aged 18 or more, enter 10.

\*In order to proceed with the survey, an answer is required.

Did you include yourself when you said that no one is 18 years old?

Yes 1

No 2

\*In order to proceed with the survey, an answer is required.

We are only asking adults aged 18 or older to participate in the study, so those are all the questions we have for you. Thank you for your time.

These next questions are about you and the other members living in the household who are at least 18 years old.

How old are you?

\*In order to proceed with the survey, an answer is required.

We are only asking adults aged 18 and older to participate in the study. Please ask an adult in your household to log in to the survey using the same information that you used. Thank you for your time.

Are you…?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

You said that [NUM\_ADULTS] adults live in your household.

The number of adults is pre-populated using your answer. Please change if necessary.

\_\_\_\_ Total number of adults living in your household

How many of them are male?

\_\_\_\_ The number of male adults

How many of them are female?

The number below is pre-populated using the number of adults and number of males. Please change if necessary.

\_\_\_\_ The number of female adults

How many of them are other?

The number below is pre-populated using the number of adults and number of males and females. Please change if necessary.

\_\_\_\_ The number of other adults

\*In order to proceed with the survey, an answer is required.

The computer will randomly select one adult from your household to participate in the rest of this study.

The person in your household that is selected for this study is you/the other household adult.

How old is the other household adult?

Is that person…?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

The computer will randomly select one adult from your household to participate in this study.

The person in your household that is selected for this study is you.

The computer will randomly select one adult from your household to participate in this study. To do this, we need to collect the age and gender of each person 18 years and older in the household besides yourself. Please start with the oldest and move to the youngest.

Not including yourself, how old is the oldest person who is at least 18 years old?

\*In order to proceed with the survey, an answer is required.

Is the oldest person….?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

Not including yourself, how old is the 2nd oldest person who is at least 18 years old?

\*In order to proceed with the survey, an answer is required.

Is the 2nd oldest person….?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

How old is the 3rd oldest person who is at least 18 years old?

\*In order to proceed with the survey, an answer is required.

Is the 3rd oldest person….?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

How old is the 4th oldest person who is at least 18 years old?

\*In order to proceed with the survey, an answer is required.

Is the 4th oldest person….?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

How old is the 5th oldest person who is at least 18 years old?

\*In order to proceed with the survey, an answer is required.

Is the 5th oldest person….?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

How old is the 6th oldest person who is at least 18 years old?

\*In order to proceed with the survey, an answer is required.

Is the 6th oldest person….?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

How old is the 7th oldest person who is at least 18 years old?

\*In order to proceed with the survey, an answer is required.

Is the 7th oldest person….?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

How old is the 8th oldest person who is at least 18 years old?

\*In order to proceed with the survey, an answer is required.

Is the 8th oldest person….?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

How old is the 9th oldest person who is at least 18 years old?

\*In order to proceed with the survey, an answer is required.

Is the 9th oldest person…?

Male 1

Female 2

Other 3

\*In order to proceed with the survey, an answer is required.

It seems that there are multiple people who have the same gender and age. Can you provide their first name or initials so that we can tell them apart?

|  |  |  |
| --- | --- | --- |
| GENDER | AGE | FIRST NAME OR INITIAL |
|  |  |  |
|  |  |  |

The computer will randomly select one adult from your household to participate in this study.

Thank you for providing the information about your household.

Before you ask [THE (AGE) YEAR OLD (GENDER)] to take the main survey, we would like to get

his/her/their name or initials and contact information in case we need to get in touch with him/her/them.

First name or initial:

Last name:

Email address:

Cell phone number:

Thank you for completing this first step. Please ask \_\_\_\_\_\_\_ to log in to the survey using the same information that you used. Let them know that we are conducting a study on aircraft noise, and we would like for them to participate in the second step. We will provide them $10 if they complete the second step survey.

Thank you for providing this information about your household.  Please click “Next” to continue with the rest of the survey.

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**Appendix O - Background Survey**

**Note: This is a comprehensive list of all possible screens that respondents might see. For clarity, the skip logic instructions are excluded. For certain responses, some screens may not be logical and would not appear in the web survey.**

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Thank you for volunteering to participate in this NASA-sponsored study on perceptions of aircraft noise. We appreciate your participation. The first part of the study involves collecting background information about yourself and your household. You will receive $10 for filling out this background survey. You will receive additional compensation, up to $242 if you continue to participate in the study which will involve you answering questions about your perceptions of aircraft noise that will occur over a 30-day period. The second part of the study will start on approximately (DATE). You will receive the link in a text message and/or an email from [EMAIL ADDRESS], so please allow this through any email filters you may use.

Your participation in the study is voluntary. Answering the questions on the background survey implies your consent to participate in this portion of the study. More information about participating during the 30-day period is provided at the end of this survey.

Your responses will be treated as confidential, so only researchers associated with the project will have access to your identity. Data distributed outside the research team will be in summary form and will not be associated with your identity.

Are you 18 years of age or older?

Y/N

Please provide your name \_\_\_\_\_\_\_\_

An email address or cell phone number is required for you to participate in the study. We need it to communicate with you electronically about the study by email or text. Please provide your email address. We recommend you not provide your work email address to avoid our emails being blocked by your employer’s security system.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* No email or do not want to provide an email

Do you have a cell phone with access to the internet?

Y/N

Periodic notifications will be sent during the 30-day test period. Timely notification and response will be facilitated if we can notify you by text message. If you consent to being texted during this study, please provide your cell phone number.

\_\_\_\_\_\_\_\_\_\_

By providing your cell phone number you are giving permission to text you using an autodialing system at this number during the survey period.

* Do not want to provide cell phone number

Can you receive text messages throughout the day?

Y/N

In what year were you born?

Are you….

Male

Female

Other (Specify)

What is the highest level of education you have completed?

* + No schooling
  + 1st-8th grade
  + Some high school
  + High school graduate/GED
  + Some college
  + Associates (2-year) degree
  + Bachelor’s (4-year) degree
  + Postgraduate degree (Master’s degree, Doctorate degree, M.D., J.D.)

Are you of Hispanic or [Latina/Latino/Latinx] origin? Y/N

What is your race? You may identify more than one category.

* White
* Black or African American
* Asian
* Native Hawaiian or Other Pacific Islander
* American Indian or Alaska Native
* Other (Please specify \_\_\_\_\_\_\_\_\_)

Is this house, apartment, or mobile home….

* Owned by you or someone in this household with a mortgage or loan? Include home equity loans
* Owned by you or someone in this household free and clear (without a mortgage or loan)?
* Rented?
* Occupied by you without payment of rent?

Do you work at a job outside your home?

Y/N

Do you generally work in one place, such as an office, warehouse, or other central location?

Y/N

As part of the survey, we will need to know your location when we ask about aircraft noise. Please provide the location of your work, school or any other places that you go to frequently. For each place, put a short name that you can use when referencing this location on later surveys. For example, if you work in one place, you can use “work”.

Location name:

Location address:

Which best describes the building where you live?

* A mobile home
* A one-family house detached from any other house
* A one-family house attached to one or more houses
* A building with 2 apartments
* A building with 3 or 4 apartments
* A building with 5 to 9 apartments
* A building with 10 to 19 apartments
* A building with 20 to 49 apartments
* A building with 50 or more apartments
* Boat, RV, Van, etc…

How many floors completely above ground does your building have?

Enter number

On which floor is your apartment?

Enter number

About when was your building first built?

* 2020 or later
* 2010 to 2019
* 2000 to 2009
* 1990 to 1999
* 1980 to 1989
* 1970 to 1979
* 1960 to 1969
* 1950 to 1959
* 1940 to 1949
* 1939 or earlier

What type of siding is the building where you live?

Select all that apply.

* Stone
* Brick
* Wood
* Vinyl
* Other (specify)

Which of the following best describes the building in which you work? If you work in more than one location, enter the one where you spend most of your time.

* Single residence
* Warehouse or flat box store
* Single level office/school/commercial
* Multi-floored office/school/commercial
* Mid-rise multi-story (4-11 floors)
* High-rise multi-story (12-39 floors)
* Skyscraper multi-story (40+ floors)

On which floor is your work located?

Enter number

Thank you for answering these questions. We will send you a debit card with $10 in appreciation for your time.

Around (DATE), there will be a 30-day period where we ask you about any aircraft noise you may or may not hear. On some days there will be no surveys and on others there may be more than one survey. Note that you may not receive a survey request for every single time you hear aircraft noise. When we want your feedback on any noise you might hear, we will send you a message that asks you to respond to a few questions about whether you heard the noise. It is important to respond as soon as possible after getting the message. If you are driving when you get the message, please wait until you have stopped driving. On days where there is more than one survey, you will receive more than one message on the same day.

At the end of the day, we will send you a message to complete a survey that asks you about your experiences over the entire day. At the end of the study, we will also ask you to provide additional information for the study. We will provide monetary incentives that increase with the number of surveys you are able to complete.

You have the option to use your own smart phone or other mobile device to respond using an app you can download. Or you may choose to complete the surveys on the web using your phone or another device, like a laptop, tablet, or desktop computer.

Instructions on how to download the app and participate in the study via web or app will be provided in a thank you letter with your $10 debit card for participating in this background survey. If you’d like to review that now, please click here (link to website with survey information).

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**Appendix P – Single Event Survey**

**Note: This is a comprehensive list of all possible screens that respondents might see. For clarity, the skip logic instructions are excluded. For certain responses, some screens may not be logical and would not appear in the web survey.**

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The aircraft noise occurred at approximately (TIME). Where were you at approximately (TIME)?

* + Home (or within a 5-minute walk)
  + Work (or within a 5-minute walk)
  + Somewhere else

Please enter your location at approximately (TIME). You can provide an approximate address, a named location, e.g., a store or other landmark, or cross street.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you hear the aircraft noise that occurred at (TIME)?

Y/N

How much did the aircraft noise bother, disturb, or annoy you?

* + Not at all
  + Slightly
  + Moderately
  + Very
  + Extremely

Did the aircraft noise startle you?

Y/N

Vibration is a motion. The motion may be seen, felt, or heard. Did you see, feel, or hear vibration from the aircraft noise?

Y/N

Rattle is a type of noise that can occur when objects move due to vibration. Did you hear rattle from the aircraft noise?

Y/N

Were you indoors or outdoors at (TIME)?

* + Indoors
  + Outdoors

Was there at least one window open in the room at that time?

* Yes
* No

Please enter any additional comments.

**Appendix Q - Daily Summary Survey**

**Note: This is a comprehensive list of all possible screens that respondents might see. For clarity, the skip logic instructions are excluded. For certain responses, some screens may not be logical and would not appear in the web survey.**

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Some of the questions below may seem like those you already answered when you responded to a survey earlier in the day. We are interested in your overall response to aircraft noise today. You may not have heard any aircraft or you may not have had time to respond to each of our requests. For the questions below, please think about your overall experience, throughout the day.

Did you hear any aircraft noise today?

Y/N

How many times did you hear aircraft noise today?

\_\_\_\_\_\_\_

Thinking about your day so far, how much did the aircraft noise bother, disturb, or annoy you?

* + Not at all
  + Slightly
  + Moderately
  + Very
  + Extremely

Thinking about your day so far, did the aircraft noise startle you?

Y/N

Vibration is a motion. The motion may be seen, felt or heard. Thinking about your day so far, did you see, feel or hear vibration from aircraft noise?

Y/N

Rattle is a type of noise that can occur when objects move due to vibration. Thinking about your day so far, did you hear rattle from aircraft noise?

Y/N

Where were you at approximately (TIME)?

* Home (or within a 5-minute walk) – 123 Home Street
* Work (or within a 5-minute walk of work) – 456 Work Street
* 789 Additional Location Street
* Somewhere else

Please enter your location at approximately (TIME). You can provide an approximate address, a named location, e.g., a store or other landmark, or cross street.

Please enter any additional comments.

**Appendix R - End of Test Survey**

**Note: This is a comprehensive list of all possible screens that respondents might see. For clarity, the skip logic instructions are excluded. For certain responses, some screens may not be logical and would not appear in the web survey.**

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Thank you for helping the study collect valuable information on your perception of aircraft noise. This final set of questions asks you to describe more about your general reactions to the noises and sounds in your environment.

Thinking about the last 30 days or so, how much did aircraft noise bother, disturb, or annoy you?

* Not at all
* Slightly
* Moderately
* Very
* Extremely

Thinking about noise more generally, for each statement, please indicate if you Strongly disagree, Moderately disagree, Neither agree nor disagree, Moderately agree or Strongly agree.

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

I believe that with time most people adapt to noise.

I believe that with time I can adapt to noise.

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

Next is a list of noises that might occur in your neighborhood. Please indicate how much each noise bothers, disturbs or annoys you. When you are at home, how much does noise from the indicated noise source bother, disturb, or annoy you?

* Not at all
* Slightly
* Moderately
* Very
* Extremely

………………..

* Not Heard

Barking dogs

Thunder

Street traffic such as cars, trucks, or motorcycles

Helicopters

Commercial airplanes

Military airplanes

Had you heard about this study before you received our invitation to participate? Y/N

How did you hear about it? Select all that apply

* Friend or family
* Social media
* Newspaper
* On-line publication
* TV or radio
* Other (specify)

For each statement, please indicate if you Strongly disagree, Moderately disagree, Neither agree nor disagree, Moderately agree or Strongly agree.

I am very concerned about the negative impact of air travel on the environment.

Supersonic commercial planes should be a high priority for efforts to improve transportation in the U.S.

We’re interested in the noise that people hear in their neighborhood. Do you think your neighborhood is quiet, noisy or about average?

* Quiet
* Average
* Noisy

How long have you lived in the area?

* Less than 1 year
* 1 year
* 2 years
* 3-5 years
* 6-9 years
* 10 or more years