

**To what extent do you presently hear the following four types of sounds?**

	Not at all	A little	Moderately	A lot	Dominates completely
Traffic noise (e.g. cars, buses, trains, airplanes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other noise (e.g. sirens, construction, industry, loading of goods)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sounds from human beings (e.g. conversation, laughter, children at play, footsteps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural sounds (e.g. singing birds, flowing water, wind in vegetation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For each of the 8 scales below, to what extent do you agree or disagree that the present surrounding sound environment is...**

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chaotic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vibrant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uneventful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annoying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eventful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monotonous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Overall, how would you describe the present surrounding sound environment?

- ☐ Very good
- ☐ Good
- ☐ Neither bad nor good
- ☐ Bad
- ☐ Very bad

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Overall, to what extent is the present surrounding sound environment appropriate to the present place?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very
- ☐ Perfectly

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How loud would you say the sound environment is?

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

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How often do you visit this place?

- ☐ Never / This is my first time here
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often

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How often would you like to visit this place again?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often

**Please indicate for each of the five statements below which is closest to how you have been feeling over the last two weeks.**

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How old are you?

\_\_\_\_\_

What is your gender? (Optional)

- ☐ Male  
☐ Female  
☐ Non-conforming  
☐ Rather not say

What is your occupational status?

- ☐ Employed  
☐ Unemployed  
☐ Retired  
☐ Student  
☐ Other  
☐ Rather not say

Please specify "Other":

\_\_\_\_\_

What is the highest level of education you have completed?

- ☐ Some high school  
☐ High school graduate  
☐ Some college  
☐ Trade/technical/vocational training  
☐ University graduate  
☐ Some postgraduate work  
☐ Postgraduate degree

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Please specify your ethnicity.

- ☐ White
- ☐ Mixed/Multiple ethnic groups
- ☐ Asian/Asian British
- ☐ Black/African/Caribbean/Black British
- ☐ Middle Eastern
- ☐ Rather not say
- ☐ Other ethnic group

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Please specify "Other ethnic group":

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Is there anything else you want to let us know about the sound environment? (Optional)

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Would you consider yourself...

- ☐ A local (~15 km)
- ☐ A tourist
- ☐ Other

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Please specify "Other":

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**Thank you for your participation, please hand the tablet back to the researcher.**

Filled by the Researcher:

LocationID

\_\_\_\_\_

Group ID

\_\_\_\_\_

Was the participant...

- ☐ Staying
- ☐ Arriving
- ☐ Leaving
- ☐ Passing through

Was the participant...

- ☐ Alone
- ☐ In couple
- ☐ In a group of 3 or more

Recordings taken?

- ☐ Continuous sound level
- ☐ Binaural recording
- ☐ 360 photo
- ☐ Spatial audio
- ☐ 360 Video

Any other notes?

\_\_\_\_\_

Was this a test?

- ☐ Yes
- ☐ No

Is this a paper input?

- ☐ Yes
- ☐ No