

Urban Noise Pollution Survey

Personal Information

Age

Occupation

City / Area of Residence

Exposure to Urban Noise

How often do you experience noise pollution in your area?

☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely

What are the main sources of noise pollution near you?

☐ Traffic ☐ Construction ☐ Industries ☐ Neighbors ☐ Entertainment Venues ☐ Other

Impact of Noise Pollution

How does noise pollution affect you?

☐ Sleep Disturbance ☐ Stress/Anxiety ☐ Difficulty Concentrating ☐ Hearing Issues ☐ No Impact

Describe any specific incident or ongoing issue related to noise pollution in your area:

Awareness & Solutions

Are you aware of any regulations or measures addressing noise pollution in your city?

☐ Yes ☐ No

What measures do you suggest to reduce urban noise pollution?