



**TUCSON INTERNATIONAL AIRPORT (TUS)
RESIDENTIAL SOUND INSULATION PROGRAM (RSIP)
POST-CONSTRUCTION SURVEY**

PROPERTY ADDRESS

Street City State Zip

PROPERTY OWNER INFORMATION

Last First Middle

1. On a scale of 1 to 10, how has the sound insulation treatments reduced the noise in the home? *(Please circle)*

1 2 3 4 5 6 7 8 9 10
Not at all Some improvement Significantly

2. Now that your home is sound insulated, do you consider moving? *(Please circle)*

No Yes, not very seriously Yes, seriously

If you answered "Yes", what factors might cause you to move? *(Check all that apply)*

- | | |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Increased local taxes | <input type="checkbox"/> Increase/decrease in family size |
| <input type="checkbox"/> Job transfer | <input type="checkbox"/> Neighborhood deterioration |
| <input type="checkbox"/> Health/disability | <input type="checkbox"/> Significant increase in auto traffic |
| <input type="checkbox"/> Jet fumes | <input type="checkbox"/> Increase in aircraft operations |
| <input type="checkbox"/> Significant increase in evening (4:30 p.m. – 7:30 p.m.) aircraft noise | |
| <input type="checkbox"/> Significant increase in night-time (11:00 p.m. – 7:00 a.m.) aircraft noise | |
| <input type="checkbox"/> Encroachment of commercial/industrial development | |
| <input type="checkbox"/> Other: _____ | |

3. How satisfied are you with the level of noise reduction in your home? *(Please circle)*

Very Satisfied

Satisfied

Not Satisfied

Comments: _____

4. How satisfied are you with the products installed in your home? *(Please circle)*

Very Satisfied

Satisfied

Not Satisfied

Comments: _____

5. How satisfied are you with the performance of the Contractor? *(Please circle)*

Very Satisfied

Satisfied

Not Satisfied

Comments: _____

6. How satisfied are you with your experience with the TUS RSIP Consultant Team? *(Please circle)*

Very Satisfied

Satisfied

Not Satisfied

Comments: _____

7. What could we have done to improve your experience with the sound insulation process? *(Please circle)*

Comments: _____

8. What is your average monthly electric bill? _____