Noise diary

One line each time the noise starts. Fill it in at the time, or as soon as you can.

WEEK STARTING

SHEET OF

YOUR NAME

YOUR ADDRESS

WHERE THE NOISE COMES FROM

DATE	STARTED	STOPPED	WHAT YOU HEARD	HOW LOUD (1–5)	WHERE YOU WERE	HOW IT AFFECTED YOU	RECORDING, WITNESS OR NOTES
EXAMPLE Sat, Nov 7	11:40 pm	1:15 am	Bass and music through the wall	4	Bedroom, trying to sleep	Woke me at 12:10, awake until 1:30	Recorded 2 clips. Partner heard it too.

How loud: **1** just audible **2** noticeable **3** hard to ignore **4** drowns out the TV **5** wakes you up

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