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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