

Café & Restaurant Acoustic Index Rating Sheet

Venue Name:

Venue City:

Date of Visit:

Your name:

Your Age: (compulsory!): <25 25-34 35-44 45-60 >60

How many people at your table?:

	A lot		Not at all		
1. How noisy do you like cafés/restaurants?	1	2	3	4	5
2. Did noise adversely affect your dining experience?	1	2	3	4	5
3. Was conversation difficult due to noise?	1	2	3	4	5
4. Would noise stop you dining here again?	1	2	3	4	5
	Almost empty		Full		
5. How busy was this venue at the time of your visit?	1	2	3	4	5
	Too Loud		None		
6. At what level was music playing while you were eating?	1	2	3	4	5

**Send to: Acoustical Society of New Zealand, c/- PO Box 4071, Christchurch
Fax: 03 365 8477, Email: crai@acoustics.org.nz**

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