

1. Background

1. How many years have you worked for the company?

- Less than 1 year
- 1-2 years
- 3-5 years
- more than 5 years

2. How long have you been at your current workplace?

- Less than 3 months
- 4-6 months
- 7-12 months
- more than 1 year

3. In a typical week, how many hours do you spend in your workspace?

- 10 or fewer
- 11-30
- more than 30

4. How would you describe the work you do?

(check all that apply)

- Administrative support
- Technical
- Professional
- Managerial / Supervisory
- Executive
- Other (please specify)

5. What is your age?

- 30 or under
- 31-45
- 46-55
- 56 and over

6. What is your gender?

- Male
- Female
- Prefer not to respond

2. Personal Workspace Location

1. On which floor is your workspace located?

- First Floor
- Second Floor
- Third Floor
- Fourth Floor
- Fifth Floor

Other (please specify)

2. Which direction do the windows closest to your workspace face?

- North
- South
- West
- East
- Don't know

Additional Comment

3. Are you within 15 feet of the exterior (window) wall?

- Yes
- No

4. Which of the following best describes your personal workspace?

- Enclosed office, private
- Enclosed office, shared with other people
- Open office with partitions of 5' or more
- Workspace in open office without partitions (just desks)
- Other (please specify)

3. Thermal Comfort

1. How satisfied are you with the temperature in your workspace (select the appropriate number on a scale from -3 to +3, with +3 as very satisfied, 0 as neutral, and -3 as very dissatisfied)

+3 (very satisfied)

+2

+1

0

-1

-2

-3 (very dissatisfied)

4. Thermal Comfort - Dissatisfaction

You answered -1 or less on the previous page; please answer the following additional questions:

1. In warm / hot weather, the temperature in my workspace is:

- Often too hot Often too cold Both

2. In temperate / cool weather, the temperature in my workspace is:

- Often too hot Often too cold Both

3. When is this often a problem

	Yes	No	Not apply
Morning (before 11 AM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mid-day (11 AM - 2 PM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (2 PM - 5 PM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (after 5 PM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekends / Holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monday mornings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No particular time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please explain)

4. Please describe the source of this discomfort to your best knowledge

	Yes	No	Not apply
Humidity too high (damp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humidity too low (dry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air movement too high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air movement too low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incoming sun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot/cold surrounding surfaces (floors, ceilings, walls and/or windows)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heat from office equipment (e.g. PC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drafts from windows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drafts from air vents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature gradient (hotter / colder than other areas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Others (please explain)

5. Indoor Environmental Quality

These questions are about overall general quality of the air in your workspace.

1. How satisfied are you with the indoor air quality in your workspace, i.e. stuffy, stale air, cleanliness, odors, etc. (select the appropriate number on a scale from -3 to +3, with +3 as very satisfied, 0 as neutral, and -3 as very dissatisfied)

+3 (very
satisfied)

+2

+1

0

-1

-2

-3 (very
dissatisfied)

6. Indoor Air Quality - more information

If you noted that there is an odor problem, please answer the following question

1. If there is an odor problem, which of the following do you think contribute to the problem?

	Yes	No	Not Applicable
Carpet or furniture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaning products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perfume	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Photocopiers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside sources (car exhaust, smog)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please explain)

7. Thermal Comfort Controls

1. In your WORKSPACE, please comment on the usability of your underfloor air register adjustment. How satisfied are you with your ability to control the airflow / thermal comfort in your space? (select the appropriate number on a scale from -3 to +3, with +3 as very satisfied, 0 as neutral, and -3 as very dissatisfied)

-3 - Very Dissatisfied

0. Neutral - it's OK

+3 - Very Satisfied



None of the above - comment below

2. In common areas such as meeting rooms, there are wall-mounted thermostats controlling temperature and airflow. How satisfied are you with your ability to control the airflow / thermal comfort in these spaces? (select the appropriate number on a scale from -3 to +3, with +3 as very satisfied, 0 as neutral, and -3 as very dissatisfied)

-3 Very Dissatisfied

0 - Neutral - it's OK

+3 - Very Satisfied



None of the above - comment below

8. Survey Complete

Thanks for your time!

We will use the answers on this survey to make sure we can make the space as comfortable as possible!