

**E1. THERMAL ENVIRONMENT
POINT-IN-TIME SURVEY**

1. Record the approximate outside air temperature and seasonal conditions: °F

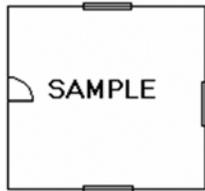
- Winter Spring Summer Fall

2. What is your general thermal sensation? (Check the one that is most appropriate)

(Note to survey designer: This scale must be used as-is to keep the survey consistent with ASHRAE Standard 55.)

- Hot
- Warm
- Slightly Warm
- Neutral
- Slightly Cool
- Cool
- Cold

3. Either (a) place an "X" in the appropriate place where you are located now:



or (b) place an "X" in the check box that best describes the area of the building where you are located now.

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

4. On which floor of the building are you located now?

- 1st
- 2nd
- 3rd
- Other (provide the floor number):

5. Are you near an exterior wall (within 15 ft)?

- Yes
- No

6. Are you near a window (within 15 ft)?

- Yes
- No

7. Using the list below, please check each item of clothing that you are wearing right now. (Check all that apply)

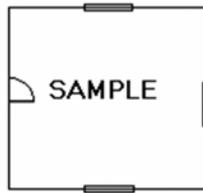
- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Short-Sleeve Shirt | <input type="checkbox"/> Dress | <input type="checkbox"/> Nylons |
| <input type="checkbox"/> Long-Sleeve Shirt | <input type="checkbox"/> Shorts | <input type="checkbox"/> Socks |
| <input type="checkbox"/> T-shirt | <input type="checkbox"/> Athletic Sweatpants | <input type="checkbox"/> Boots |
| <input type="checkbox"/> Long-Sleeve Sweatshirt | <input type="checkbox"/> Trousers | <input type="checkbox"/> Shoes |
| <input type="checkbox"/> Sweater | <input type="checkbox"/> Undershirt | <input type="checkbox"/> Sandals |
| <input type="checkbox"/> Vest | <input type="checkbox"/> Long Underwear Bottoms | |
| <input type="checkbox"/> Jacket | <input type="checkbox"/> Long Sleeve Coveralls | |
| <input type="checkbox"/> Knee-Length Skirt | <input type="checkbox"/> Overalls | |
| <input type="checkbox"/> Ankle-Length Skirt | <input type="checkbox"/> Slip | |
| <input type="checkbox"/> Other: (Please note if you are wearing something not described above, or if you think something you are wearing is especially heavy.) | | |

8. What is your activity level right now? (Check the one that is most appropriate)

- Reclining
- Seated
- Standing relaxed
- Light activity standing
- Medium activity standing
- High activity

E2. THERMAL ENVIRONMENT SATISFACTION SURVEY

1. Either (a) place an "X" in the appropriate place where you spend most of your time:



or (b) place an "X" in the check box that best describes the area of the building where your space is located.

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

2. On which floor of the building is your space located?

- 1st
- 2nd
- 3rd
- Other (provide the floor number):

3. Are you near an exterior wall (within 15 ft)?

- Yes
- No

4. Are you near a window (within 15 ft)?

- Yes
- No

5. Which of the following do you personally adjust or control in your space? (Check all that apply)

- Window blinds or shades
- Room air-conditioning unit
- Portable heater
- Permanent heater
- Door to interior space
- Door to exterior space
- Adjustable air vent in wall or ceiling
- Ceiling fan (more choices on the next column to the right)

- Adjustable floor air vent (diffuser)
- Portable fan
- Thermostat
- Operable window
- None of these
- Other: (describe)

Please respond to the following questions based on your overall or average experience in the past [six] months.

6. How satisfied are you with the temperature in your space? (Check the one that is most appropriate)

Very Satisfied 

 Very Dissatisfied

7. If you are dissatisfied with the temperature in your space, which of the following contribute to your dissatisfaction:

a. In warm/hot weather, the temperature in my space is (check the most appropriate box):

- Always too hot
- Often too hot
- Occasionally too hot
- Occasionally too cold
- Often too cold
- Always too cold

b. In cool/cold weather, the temperature in my space is (check the most appropriate box):

- Always too hot
- Often too hot
- Occasionally too hot
- Occasionally too cold
- Often too cold
- Always too cold

c. When is this most often a problem? (check all that apply): (more choices in the next page)

- Morning (before 11am)
- Mid-day (11am-2pm)
- Afternoon (2pm-5pm)
- Evening (after 5pm)
- Weekends/holidays

- Monday mornings
- No particular time
- Always
- Other: *(describe)*

d. How would you best describe the source of this discomfort? *(Check all that apply):*

- Humidity too high (damp)
- Humidity too low (dry)
- Air movement too high
- Air movement too low
- Incoming sun
- Heat from office equipment
- Drafts from windows
- Drafts from vents
- My area is hotter/colder than other areas
- Thermostat is inaccessible
- Thermostat is adjusted by other people
- Clothing policy is not flexible

- Heating/cooling system does not respond quickly enough to the thermostat
- Hot/cold surrounding surfaces (floor, ceiling, walls or windows)
- Deficient window (not operable)
- Other: *(describe)*

e. Please describe any other issues related to being too hot or too cold in your space in the box below: