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Occupant Thermal Comfort Survey				
Which of the following contribute to your level of dissatisfaction?				
1 In worm/hat waathar the temperature in the	analog in (Chark the most annuantists hav)			
1. In warm/hot weather, the temperature in the				
Usually too hot Sometimes too hot No iss	ues () Sometimes too cold () Usually too cold			
2. In cool/cold weather, the temperature in the	space is (Check the most appropriate box):			
Usually too hot Sometimes too hot No iss	ues O Sometimes too cold O Usually too cold			
3. When are there most often problems? (Che	ck all that apply)			
	(2 pm - 5 pm) No particular time			
	after 5 pm) Always			
Midday (11 am - 2 pm) Weekends	s/holidays			
4. How would you best describe the source of	this discomfort? (Check all that apply)			
Air movement too high	My area is hotter/colder than other areas			
Air movement too low (stale air)	Thermostat is inaccessible			
Incoming sun	Thermostat is adjusted by other people			
Heat from office equipment	Clothing policy is not flexible			
Drafts from windows	Heating/cooling system does not respond quickly			
Drafts from vents	Hot/cold surrounding surfaces (walls, windows, etc)			
Humidity too high (damp)	Deficient window (not operable)			
Humidity too low (dry)	Other reasons not listed			

Occupant Thermal Comfort Survey	
Help us understand the dynamics of your space	
1. Select the activity level that best describes yo	our average time spent in the building space:
Seated, reading or listening	Standing, light activity
Seated, working or typing	Standing, heavy activity
2. Which of the following do you personally adju	ust or control in your space? (Check all that apply)
Window blinds or shades	Permanent Heater
Room air-conditioning unit	Adjustable floor vent (diffuser)
Portable Heater	Portable fan
Door to interior space	Thermostat
Door to exterior space	Operable window
Adjustable air vents in wall or ceiling	None of these
3. Which best describes your typical workday at (Check all that apply)	ttire in the building space in warm/hot weather?
No experience with warm/hot weather in the space	Military PT light (athletic shorts, short-sleeves)
Light (shorts, knee-length skirt, sandals)	Military PT heavy (athletic pants, long-sleeves)
Moderate (pants, ankle-length skirt, long-sleeves)	Military fatigues (ABUs, ACUs)
Heavy (pants, sweater, boots, hat/scarf)	Military service dress light (class B)
Civilian formal wear (business suit)	Military service dress heavy (class A)
4. Which best describes your typical workday at (Check all that apply)	tire in the building space in cool/cold weather?
No experience with cool/cold weather in the space	Military PT light (athletic shorts, short-sleeves)
Light (shorts, knee-length skirt, sandals)	Military PT heavy (athletic pants, long-sleeves)
Moderate (pants, ankle-length skirt, long-sleeves)	Military fatigues (ABUs, ACUs)
Heavy (pants, sweater, boots, hat/scarf)	Military service dress light (class B)
Civilian formal wear (business suit)	Military service dress heavy (class A)



Occupant Thermal Comfort Survey
Please provide some additional details about your space
1. What directions do the windows in your space face (Check all that apply)?
Northeast Southeast Northwest
Don't Know
2. On which floor of the building is your space located?
1st Floor 2nd Floor 3rd Floor 4th Floor 5 Floor
3. Are you near an exterior wall (within 10 feet)?
4. Are you near a window (within 10 feet)?
5. Which best describes the thermostat use in your space (Check all that apply)
I can effectively adjust temperature set point to maintain comfort
Thermostat buttons and features are clearly labeled
I am happy with the thermostat location and accessibility
Someone else is in charge of thermostat use
I don't know where the thermostat is or how to use it