

WBC Occupant Comfort Survey

This survey is intended to assess occupant comfort as it relates to the building environment. Answers to these survey questions will help indicate the performance of the building's heating, ventilation, air conditioning, acoustical, lighting and cleaning systems, while also providing direction for improving systems and facilitating a comfortable environment for building occupants.

This survey is divided into eight sections.

Section 1 – Background information.

Section 2 – Current thermal conditions in your space

Section 3 – Thermal conditions in your space during the winter months

Section 4 – Thermal conditions in your space during the summer months.

Section 5 – Acoustical conditions in your space.

Section 6 – Lighting conditions in your space.

Section 7 – Air quality in your space.

Section 8 – Cleanliness / maintenance in your space and the general building.

Thank you for your participation.

Section 1 - Background Information

How many years have you occupied this building?

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1–2 years |
| <input type="checkbox"/> 3–5 years | <input type="checkbox"/> More than 5 years |

On which floor is your office located?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> First Floor | <input type="checkbox"/> Second Floor |
| <input type="checkbox"/> Third Floor | <input type="checkbox"/> Fourth Floor |

In which direction does your office face? (check any that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> North | <input type="checkbox"/> South | <input type="checkbox"/> Northwest Corner |
| <input type="checkbox"/> East | <input type="checkbox"/> West | <input type="checkbox"/> Northeast Corner |
| <input type="checkbox"/> Southwest Corner | <input type="checkbox"/> Southeast Corner | |

Which of the following do you use to adjust or control in your office environment? (check any that apply)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Window blinds or shades | <input type="checkbox"/> Thermostat | <input type="checkbox"/> Portable heater |
| <input type="checkbox"/> Room air-conditioning unit | <input type="checkbox"/> Portable fan | |

- Ceiling fan Adjustable air vents
 Windows Other

If other please describe _____

OPTIONAL: Office Location _____

Section 2 – Current Thermal Comfort

The following questions refer to the current conditions / comfort level you perceive at the time you are completing this survey.

Date: _____

Time: _____

What are the current seasonal conditions outside?

- Winter Spring
 Summer Fall

What is the approximate temperature outside today? (Degrees Fahrenheit) _____ °F

How would you describe the weather outside today?

- Clear skies / sunny Overcast
 Partly cloudy Rainy
 Snowy

What is your current thermal comfort?

- Hot
 Warm
 Slightly Warm
 Neutral
 Slightly Cool
 Cool
 Cold

How satisfied are you with the temperature in your office today?

- Very Satisfied
 Mostly Satisfied
 Somewhat Satisfied
 Neutral
 Somewhat Dissatisfied
 Mostly Dissatisfied
 Very Dissatisfied

If you are dissatisfied, how would you best describe the source of your discomfort? (check all that apply)

- Air movement too high Air movement too low Incoming sun
- Drafts from windows Drafts from vents
- Hot/cold surrounding surfaces (floor, ceiling, walls or windows)
- Heating/cooling system does not respond quickly enough to the thermostat
- Other. Please Describe: _____

Are any of the following currently operating in your office?

- Computers / lap tops Lighting Other. Please Describe: _____
- Copier / Fax machine Dishwasher

How would you describe your activity level just prior to completing this survey?

- Seated Quiet Standing Relaxed Light Activity, Standing
- Medium Activity, Standing High Activity

Section 3 – Seasonal Comfort, Winter

The following questions refer to your general perception of thermal comfort in your office / retail space throughout the winter months.

In the winter months, how satisfied are you with the temperature in your office?

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

If you are dissatisfied, would you describe the temperature as too hot or too cold?

- Too Hot Too Cold

If you are dissatisfied, how would you best describe the source of your discomfort? (check all that apply)

- Air movement too high Air movement too low Incoming sun
- Drafts from windows Drafts from vents
- Hot/cold surrounding surfaces (floor, ceiling, walls or windows)

- Heating/cooling system does not respond quickly enough to the thermostat
- Uneven temperature (some parts always hot while others always cold)
- Other. Please Describe: _____

Section 4 – Seasonal Comfort, Summer

The following questions refer to your general perception of thermal comfort in your office / retail space throughout the summer months.

In the summer months, how satisfied are you with the temperature in your office?

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

If you are dissatisfied would you describe the temperature as too hot or too cold?

- Too Hot
- Too Cold

If you are dissatisfied, how would you best describe the source of your discomfort? (check all that apply)

- Air movement too high
- Air movement too low
- Incoming sun
- Drafts from windows
- Drafts from vents
- Hot/cold surrounding surfaces (floor, ceiling, walls or windows)
- Heating/cooling system does not respond quickly enough to the thermostat
- Uneven temperature (some parts always hot while others always cold)
- Other. Please Describe: _____

Section 5 – Acoustical Comfort

The following questions refer to your general perception of acoustical comfort in your office / work space.

How satisfied are you with the noise level in your workspace?

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

How satisfied are you with the sound privacy in your workspace (ability to have conversations without neighbors overhearing and vice versa)?

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

Overall, does the acoustical quality in your work space enhance or interfere with your ability to get your job done?

- Greatly Enhances
- Mostly Enhances
- Somewhat Enhances
- Neither Enhances nor Interferes
- Somewhat Interferes
- Mostly Interferes
- Greatly Interferes

If you are dissatisfied, how would you best describe the source of your discomfort? (check all that apply)

- Other people's conversations
- Noises from others' work activities
- White noise
- Noise from outside of building
- Structural building noises (e.g., creaking)
- Technological gadget noises (e.g., beeping, humming, high frequency sounds)
- Other. Please Describe: _____

Please use this space to further describe any acoustical problems cited above: _____

Section 6 – Lighting Quality

The following questions refer to your general perception of lighting quality in your office / work space.

How satisfied are you with the amount of light provided in your workspace?

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

How satisfied are you with the visual comfort of the lighting (e.g., glare, reflections, contrast)?

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

Which of the following controls do you have over the lighting in your workspace?

- Light Switch
- Light Dimmer
- Window Blinds and Shades
- Desk (task) Light
- None of the above
- Other _____

How satisfied are you with the lighting in storage rooms, stairways and hallways?

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

If you are dissatisfied, how would you best describe the source of your discomfort? (check all that apply)

- Too bright Too dark Not enough personal control
- Color of light is visually uncomfortable Not enough natural light
- Glare on computer screen Reflections on computer screen
- Other. Please Describe: _____

Please use this space to further describe any lighting problems cited above: _____

Section 7 – Air Quality

The following questions refer to your general perception of the air quality in your office / work space.

How satisfied are you with the air quality in your workspace (i.e. dusty, stuffy/stale air, cleanliness, odors)

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

Overall, does the air quality in your workspace enhance or interfere with your ability to get your job done?

- Greatly Enhances
- Mostly Enhances
- Somewhat Enhances
- Neither Enhances nor Interferes
- Somewhat Interferes
- Mostly Interferes
- Greatly Interferes

If you are dissatisfied, how would you best describe the source of your discomfort? (check all that apply)

- Dusty air Stuffy or stale air Scents from air fresheners
- Food or body odors, including perfumes
- Other. Please Describe: _____

Please use this space to further describe any air quality problems cited above: _____

Section 8 – Cleanliness and Maintenance

The following questions refer to your general perception of cleanliness and maintenance in your office / work space.

How satisfied are you with general building cleanliness?

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

How satisfied are you with the cleaning service provided for your workspace?

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

How satisfied are you with general building site maintenance?

- Very Satisfied
- Mostly Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

Does the cleanliness and maintenance of this building enhance or interfere with your ability to get your job done?

- Greatly Enhances
- Mostly Enhances
- Somewhat Enhances
- Neither Enhances nor Interferes
- Somewhat Interferes
- Mostly Interferes
- Greatly Interferes

If you are dissatisfied, how would you best describe the source of your discomfort? (check all that apply)

- Floors are dirty Walls and windows are dirty Office surfaces are dusty/dirty
- Waste baskets are not emptied often enough
- Common utility areas are unkempt (e.g., copy/print areas cluttered with paper/waste)
- Bathrooms are messy/dirty Entrances, lobby and other communal spaces are unkempt
- Other. Please Describe: _____

Please use this space to further describe cleanliness issues cited above: _____

