
ENERGY SMART OFFICE
QUESTIONNAIRE FOR OFFICE INDOOR ENVIRONMENT SURVEY

Please tick where appropriate.

A. General Information

1. Company: _____ Unit No: # _____

2. Sex: Male Female

3. Age: Under 21 Years 21-30 Years 31-40 Years
 41-50 Years 51-60 Years 61-65 Years
 65 Years

4. On an average, what is the total number of hours per week you spend at your desk?

Less Than 10 Hours 11-15 Hours 16-20 Hours
 21-25 Hours 26-30 Hours Over 30 Hours

		IMPORTANCE					SATISFACTION				
B. Thermal Comfort	How important it is for you?						What Is Your Level Of Satisfaction?				
	1. Temperature level	1	2	3	4	5	1	2	3	4	5
		Not Important				Very	Very Poor	Poor	Average	Good	Excellent

2. Are you negatively affected by the heat from the following

Window () Never () Seldom () Sometimes () Frequently () Always

External walls () Never () Seldom () Sometimes () Frequently () Always

Office equipment () Never () Seldom () Sometimes () Frequently () Always

3. Which of the following have you used to attain thermal comfort?

() Fans () Extra clothes () Less clothes () Others

4. Do you feel draught from the air conditioning diffusers?

() Never () Seldom () Sometimes () Frequently () Always

		IMPORTANCE					SATISFACTION				
C. Visual Comfort	How important it is for you?						What Is Your Level Of Satisfaction?				
	1. The lighting level for you to execute your work	1	2	3	4	5	1	2	3	4	5
		Not Important				Very Important	Very Poor	Poor	Average	Good	Excellent

2. Are you affected by the problem of glare around your desk? (E.g. reflections in computer screens, glass windows)

() Never () Seldom () Sometimes () Frequently () Always

