

5. Do you adjust the room temperature using thermostat?

Never Seldom Sometimes Frequently Always

| C. Visual Comfort | What Is Your Level Of Satisfaction? | | | | |
|--------------------------|--|------|---------|------|-----------|
| 1. Lighting level | 1 | 2 | 3 | 4 | 5 |
| | Very poor | Poor | Average | Good | Excellent |

2. Are you affected by the problem of glare in your room? (e.g. reflection from glass windows)

Never Seldom Sometimes Frequently Always

| D. Indoor Air Quality | What Is Your Level Of Satisfaction? | | | | |
|------------------------------|--|------|---------|------|-----------|
| 1. Air quality | 1 | 2 | 3 | 4 | 5 |
| | Very poor | Poor | Average | Good | Excellent |

2. What are the symptoms you have experienced so far while in the building?
(You may tick more than one)

Stuffiness Odor/Smell Eye Irritation Headaches
 Dizziness Skin Irritations Nausea Coughs
 Cold None of The Above

E Total Building Performance

1. The overall quality of the environment in the building is

Very Poor Poor Satisfactory Good Excellent

2. Do you feel sick frequently?

No yes: _____(please specify the kind of symptoms)

3. Do you have any suggestion to improve the overall performance of the building in which you are staying/working?

Thank you for your time.

Your contribution is greatly appreciated.