Your Name: _____

1. How do you feel at this moment ?												
Answer options	1	2	3	4	5	6	7	8	9	10	11	12
Hot (+3)												
Warm (+2)												
Slightly warm (+1)												
Neutral (0)												
Slightly cool (-1)												
Cool (-2)												
Cold (-3)												

2. How do you perceive temperature at this moment ?												
Answer options	1	2	3	4	5	6	7	8	9	10	11	12
Very comfortable (+3)												
Comfortable (+2)												
Slightly comfortable (+1)												
Neutral (0)												
Slightly uncomfortable (-1)												
Uncomfortable (-2)												
Very uncomfortable (-3)												

3. Is the thermal environemnt acceptable for you?												
Answer options	1	2	3	4	5	6	7	8	9	10	11	12
Acceptable (+1)												
Unacceptable (-1)												

4. Would you like to be?												
Answer options	1	2	3	4	5	6	7	8	9	10	11	12
Colder (-1)												
No change (0)												
Warmer (+1)												

5. Are you experiencing sources of discomfort? You can choose multiple options												
Answer options	1	2	3	4	5	6	7	8	9	10	11	12
Warm surfaces												
Warm hands												
Warm feet												
Cold surfaces												
Cold hands												
Cold feet												
Drafts (air movement)												