

COMFORT SURVEY:

How do you feel the temperature at this moment ?

- ☐ Cold
- ☐ Cool
- ☐ Slightly cool
- ☐ Neutral
- ☐ Slightly warm
- ☐ Warm
- ☐ Hot

How do you perceive temperature at this moment ?

- ☐ Very comfortable
- ☐ Comfortable
- ☐ Slightly comfortable
- ☐ Neutral
- ☐ Slightly uncomfortable
- ☐ Uncomfortable
- ☐ Very uncomfortable

Is the temperature acceptable for you at this moment?

- ☐ Acceptable
- ☐ Unacceptable

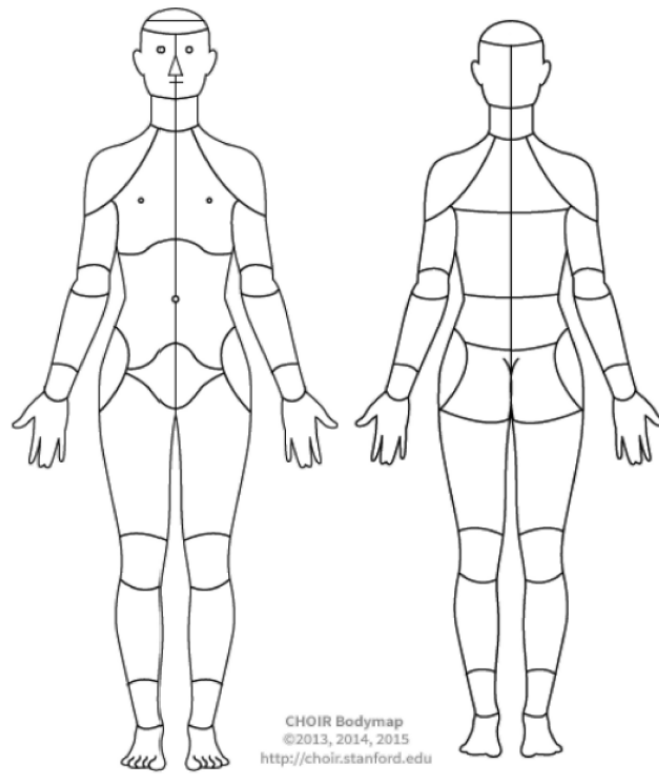
Would you like to be ?

- ☐ Colder
- ☐ No change
- ☐ Warmer

Are you currently experiencing the following sources of discomfort ? You can choose multiple options.

- ☐ Hot/cold surface
- ☐ Hot/cold body parts
- ☐ Drafts
- ☐ Strong odours
- ☐ Glare
- ☐ Reflection
- ☐ Noise outdoors
- ☐ Noise indoors
- ☐ None

Indicate on the picture your WARM body parts:



Indicate on the picture your COLD body parts:

