

# Outdoor Thermal Comfort Questionnaire

*Modified from Zhange et al. 2020, Sustainability*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ No: \_\_\_\_\_

Current activity: ☐ Reclining ☐ Seated quiet ☐ Standing relaxed ☐ Light activity  
☐ Medium activity ☐ High activity

**Location:** describe in a few words the location where you will compile this questionnaire.

## SECTION ONE

What are you wearing now?

☐ Shots ☐ Casual clothing ☐ Light summer cloths ☐ Street suit  
☐ Suit and cotton coat ☐ Winter suit and coat ☐ Other \_\_\_\_\_

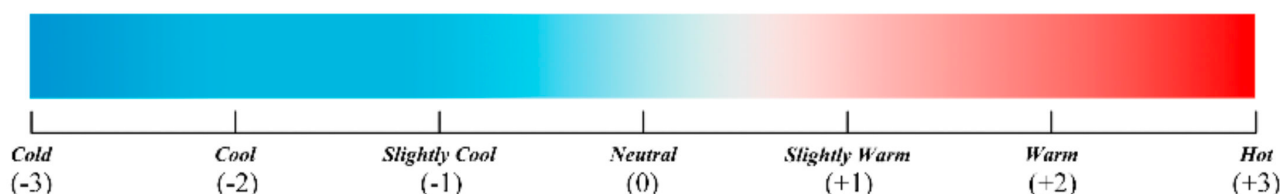
## SECTION TWO

**Note:** Please vote according to your actual situation at this time.

**1. Do you feel comfortable at the moment?**

☐ Comfortable ☐ Slightly comfortable ☐ Slightly uncomfortable ☐ Uncomfortable

**2. How do you feel at this moment?**



**3.1 How would you prefer the air temperature to be?**

☐ Higher (+1) ☐ Unchanged (0) ☐ Lower (-1)

**3.2 How would you prefer the relative humidity to be?**

☐ Damper (+1) ☐ Unchanged (0) ☐ Drier (-1)

**3.3 How would you prefer the wind speed to be?**

☐ Stronger (+1) ☐ Unchanged (0) ☐ Weaker (-1)

**3.4 How would you prefer the solar radiation to be?**

☐ Stronger (+1) ☐ Unchanged (0) ☐ Weaker (-1)

**4. Please describe your overall comfort level:**

☐ Uncomfortable (-1) ☐ Neutral (0) ☐ Comfortable (+1)

**5. Your acceptable level for current thermal environment:**

☐ Absolutely unacceptable ☐ Unacceptable ☐ Acceptable ☐ Absolutely acceptable