

Outdoor Thermal Comfort Questionnaire

Modified from Zhanze 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 _____

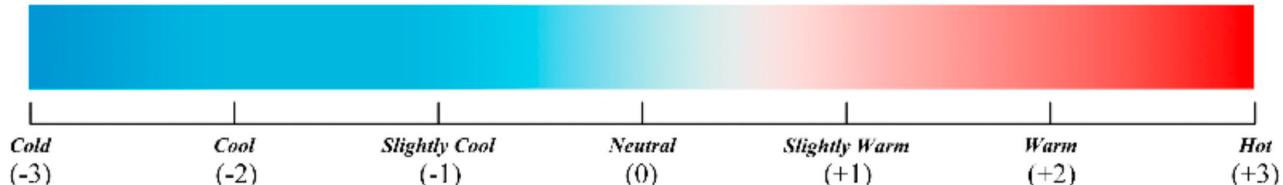
SECTION TWO

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