Thermal Comfort Verification Survey
Adopted from ASHRAE 55-2004, Appendix E

Date:

Time: ☐ Morning (before 10a) ☐ Afternoon (10a-3p) ☐ Late Afternoon (3p-7p) ☐ Evening (After 7p)

Approximate Outside Temperature: ___°F

Sky: ☐ Clear ☐ Mixed (Sun and Clouds) ☐ Overcast

Seasonal Conditions: ☐ Winter ☐ Spring ☐ Summer ☐ Fall

Occupants Clothing: Place a check mark next to the articles of clothing that you are currently wearing.
☐ Trousers, short sleeve shirt
☐ Trousers, long sleeve shirt
☐ Trousers, long sleeve shirt plus suit jacket
☐ Trousers, long sleeve shirt plus suit jacket, vest, T-shirt
☐ Trousers, long sleeve shirt plus long sleeve sweater, T-shirt
☐ Trousers, long sleeve shirt plus long sleeve sweater, T-shirt plus suit jacket, long underwear
☐ Knee length shirt/shorts, short sleeve shirt, sandals
☐ Knee length shirt/shorts, long sleeve shirt, full slip
☐ Knee length shirt/shorts, long sleeve shirt, half slip, long sleeve sweater
☐ Ankle length skirt, short sleeve shirt, suit jacket
☐ Athletic sweat pants, long sleeve sweatshirt
☐ Other: __________________________________________________________________________

Occupant Activity Level: Check one that is most appropriate.
☐ Reclining
☐ Seated quiet
☐ Office, School
☐ Standing relaxed
☐ Light activity standing
☐ Medium activity standing
☐ High activity

Equipment: Adding to or taking away from the heat load, items to consider: computers, copiers, lighting, fans etc.

Item: ____________________________ Quantity: ____________________________

Item: ____________________________ Quantity: ____________________________

Occupant Location: What floor and side of the building is your workspace located?
Floor: ____________________________ Side: ____________________________
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General Thermal Comfort: Check the box that is most appropriate.
☐ Very Dissatisfied (-3)
☐ Dissatisfied (-2)
☐ Slightly Dissatisfied (-1)
☐ Neutral (0)
☐ Slightly Satisfied (+1)
☐ Satisfied (+2)
☐ Very Satisfied (+3)

If you responded to the above question with (-1) Slightly Dissatisfied, (-2) Dissatisfied or (-3) Very Dissatisfied, please answer the following additional questions to help identify the thermal comfort related problem areas:

When is it most often a problem?
☐ Morning (before 11am)
☐ Mid-day (11am – 2pm)
☐ Afternoon (2pm – 5pm)
☐ Evening (After 5pm)
☐ Weekends/Holidays
☐ Monday mornings
☐ No particular time
☐ Other:

How would you best describe the source of this discomfort? Check all that apply.
☐ Temperature too hot
☐ Temperature too cold
☐ Humidity too high (Damp)
☐ Humidity too low (Dry)
☐ Air movement too high
☐ Air movement too low
☐ Incoming sun
☐ Hot/Cold surrounding surfaces (floor, ceiling, walls or windows)
☐ Heat from office equipment
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☐ Drafts from windows
☐ Drafts from vents
☐ My workspace is hotter/colder than other areas
☐ Thermostat is inaccessible
☐ Thermostat adjusted by other people
☐ Heating/cooling system does not respond quickly enough to the thermostat
☐ Other

Which of the following do you personally adjust or control in your workspace? Check all that apply.
☐ Window blinds or shades
☐ Thermostat
☐ Portable fan
☐ Door to hallway
☐ Door to outside
☐ None of the above
☐ Other

Please describe any other issues to being too hot or too cold in your workspace or in common areas of the building, reading areas, meeting areas, bathrooms etc.