Lighting Survey

[L Prize Partner] would like to know what you think about the lighting in this area. This questionnaire is entirely voluntary. Your responses will be aggregated with those of others and no individual responses or other identification will be reported.

Date of Survey: _____

Respondent Category – Please select one of the following that best describes you:
- ☐ Lighting or design professional (including lighting designer, interior designer, architect, lighting showroom staff, etc.)
- ☐ Facility or institutional manager (or others who select/purchase large quantities of lighting products)
- ☐ General consumer (select/purchase lighting products primarily for personal home use)

1. Is the lighting too dim? Too bright? Just right? Circle the appropriate number.

Too dim	Somewhat dim	Just right	Somewhat bright	Too bright
1	2	3	4	5

2. Is the color of the lighting too cool (blue) or too warm (yellow)? Circle the appropriate number.

Too cool (very blue)	Somewhat cool (blue)	Just right (neither too cool nor too warm)	Somewhat warm (yellow)	Too warm (very yellow)
1	2	3	4	5

3. Does the lighting have a positive, negative, or neutral impact on your ability to see clearly in this space?

Negative Impact		Neutral Impact	Positive Impact	
1		2	3	

4. Would you recommend this type of lighting to others? Circle the appropriate number.

Definitely would not recommend	Would not recommend	May or may not	Would recommend	Definitely would recommend
1	2	3	4	5

5. Do you notice any problems with the lights in this space? Please circle any that apply.

Flickering	Glare	Odd color	Uneven lighting	Other

Thank you for your time!

1	2	3	4	5
Please describe any problems you notice:				

Thank you for your time!