

NASA HQ Thermal Satisfaction Survey

This survey is intended to provide an assessment of the thermal comfort provided by NASA HQ to its employees. Answers to these survey questions provide an indication as to the performance of the building's heating, ventilation, and air conditioning systems while providing direction for making improvements to the systems in an attempt to provide a continual comfortable environment for building occupants.

If you would like to participate, please answer all of the questions to the best of your ability, selecting the most appropriate answer from the available choices. Your responses are completely anonymous.

Section 1 – Background information.

Section 2 – Assessment of the current conditions in your space.

Section 3 – Assessment of the conditions in your space over the course of the winter months.

Section 4 – Assessment of the conditions in your space over the course of the summer months.

Thank you for participating.

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The control number for this collection is 2700-0153 and expires on __/__/__. We estimate that it will take about three minutes to read the instructions, gather the facts, and answer the questions.

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1. Please specify your Department or Organization.

Please select one ...

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2. Which best describes the area of the building where you are located?

Northside (near E street)

Eastside (near 3rd street)

Southside (near highway)

Westside (near 4th street)

Center (between elevators)

Basement (Concourse Level)

Other:

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3. On which floor of the building are you located?

- 1st Floor
- 2nd Floor
- 3rd Floor
- 4th Floor
- 5th Floor
- 6th Floor
- 7th Floor
- 8th Floor
- 9th Floor
- Concourse Level

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4. Are you near an exterior wall (within 15 feet)?

- Yes
- No

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5. Are you near a window (within 15 ft)?

- Yes
- No

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6. Which general thermal sensation do you prefer?
(Check the one that is most appropriate)

- Hot
- Warm
- Slightly Warm
- Neutral
- Slightly Cool
- Cool
- Cold

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7. What is your current thermal comfort?

- Hot
- Warm
- Slightly Warm
- Neutral
- Slightly Cool
- Cool
- Cold

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8. How satisfied are you with the temperature in your space? (Check the one that is most appropriate)

- Extremely Dissatisfied
- Somewhat Dissatisfied
- Neutral
- Somewhat Satisfied
- Extremely Satisfied

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a. In warm/hot weather, the temperature in my space is (check the most appropriate box):

- Always too hot
- Often too hot
- Occasionally too hot
- N/A
- Occasionally too cold
- Often too cold
- Always too cold

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b. In cool/cold weather, the temperature in my space is (check the most appropriate box):

- Always too hot
- Often too hot
- Occasionally too hot
- N/A
- Occasionally too cold
- Often too cold
- Always too cold

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c. When is this most often a problem? (Check all that apply):

- Morning (before 11am)
- Midday (11am - 2pm)
- Afternoon (2pm - 5pm)
- Evening (after 5pm)
- Weekends/Holidays
- Monday mornings
- No particular time
- Always
- Other:

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d. How would you best describe the source of this discomfort? (Check all that apply):

- Humidity too high (damp)
- Humidity too low (dry)
- Air movement too high
- Air movement too low
- Incoming sun
- Heat from office equipment
- Drafts from windows
- Draft from vents
- My area is hotter/colder than other areas
- Thermostat is inaccessible
- Thermostat is adjusted by other people
- Clothing policy is not flexible
- Heating/cooling system does not respond quickly enough to the thermostat
- Hot/cold surrounding surfaces (floor, ceiling, walls, or windows)
- Deficient window (not operable)
- Other:

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9. What are the seasonal conditions outside?

- Spring
- Summer
- Fall
- Winter

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10. What is the approximate temperature outside today (Degrees Fahrenheit)

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11. How would you describe the weather outside today?

- Clear skies/Sunny
- Overcast
- Partly Cloudy
- Inclement Weather

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12. Are any of the following currently operating in your work space?

Computer / Laptops	Copier / Fax Machine	Audio / Visual Equipment	Lighting	Other: Please Describe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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13. Clothing: Please place a check by the articles of clothing that you are wearing (this is an indication of comfort level of your interior space):

- Short Sleeve Shirt
- Long Sleeve Shirt
- Sweater Vest
- Suit Vest
- Long Sleeve Sweater
- Long Sleeve Sweatshirt
- T-Shirt
- Thermal Underwear Top
- Trousers
- Knee - Length Skirt
- Walking Shorts
- Overalls
- Jeans
- Athletic Sweat Pants
- Ankle - Length Skirt
- Thermal Underwear Bottoms

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14. How would you describe your activity level just prior to completing this survey?

- Seated Quiet
- Standing Relaxed
- Light Activity, Standing
- Medium Activity, Standing
- High Activity

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15. In the winter months, how satisfied are you with the temperature.

- Strongly Disagree Disagree Neutral Agree Strongly Agree
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16. If you are dissatisfied would you describe the temperature as too hot or too cold?

- Too Hot
- Too Cold

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17.If you are dissatisfied, how would you best describe the source of your discomfort? (check all that apply)

- Air movement too high
- Air movement too low
- Incoming sun
- Drafts from windows
- Drafts from vents
- Hot/cold surrounding surfaces (floor, ceiling, walls or windows)
- Heating/cooling system does not respond quickly enough to the thermostat
- Uneven Temperature (some parts are hot while others always cold)

Please Describe:

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SUBMIT

Completed:

