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.

1. **Please specify your Department or Organization.**

Office of the Administrator

Office of the Inspector General (OIG)

Office of the Chief Financial Officer (OCFO)

Office of the Chief Information Officer (OCIO)

Office of the Chief Scientist

Office of the Chief Technologist (OCT)

Office of the Chief Engineer (OCE)

Office of the Chief Health and Medical Officer (OCHMO)

Office of Safety and Mission Assurance (OSMA)

Office of Diversity and Equal Opportunity (ODEO)

Office of Education

Office of International and Interagency Relations (OIIR)

Office of General Counsel (OCG)

Office of Legislative and Intergovernmental Affairs (OLIA)

Office of Communications

Office of Small Business Programs (OSBP)

Aeronautical Research (ARMD)

Human Exploration and Operations (HEOMD)

Science (SMD)

Space Technology (STMD)

Mission Support Directorate (MSD)

Office of the Chief Human Capital Officer (OCHCO)

Office of Strategic Infrastructure (OSI)

Office of Headquarters Operations

Budget Management and Systems Supports (BMSS)

Office of Protective Services (OPS)

NASA Management Office (NMO)

Office of Procurement

1. **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:

1. **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

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

Yes

No

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

Yes

No

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

Hot

Warm

Slightly Cool

Cool

Cold

1. **What is your current thermal comfort?**

Hot

Warm

Slightly Warm

Neutral

Slightly Cool

Cool

Cold

1. **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

***If respondent answers “Extremely Dissatisfied or Somewhat Dissatisfied” for Question 8, the following additional questions will be asked:***

8A. **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

8B. **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

8C. **When is this most often a problem? (Check all that apply):**

Morning (before 11am)

Midday (11am – 2pm)

Evening (after 5pm)

Weekends/Holidays

No particular time

Always

Other:

8D. **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

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:

1. **What are the seasonal conditions outside?**

Spring

Summer

Fall

Winter

1. **What is the approximate temperature outside today (Degrees Fahrenheit)**
2. **How would you describe the weather outside today?**

Clear skies/Sunny

Overcast

Partly Cloudy

Inclement Weather

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

Computer/Laptops

Copier/Fax Machine

Audio/Visual Equipment

Lighting

Other: Please Describe

1. **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 Sweatpants**

**Ankle – Length Skirt**

**Thermal Underwear Bottoms**

1. **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

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

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

1. **If you are dissatisfied would you describe the temperature as too hot or too cold?**

**Too Hot**

**Too Cold**

1. **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: