

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

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:

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

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

Yes
No

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

Yes
No

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

Hot
Warm
Slightly Cool
Cool
Cold

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

Hot
Warm

Slightly Warm
Neutral
Slightly Cool
Cool
Cold

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

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:

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

Spring
Summer
Fall
Winter

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

11. **How would you describe the weather outside today?**

Clear skies/Sunny
Overcast
Partly Cloudy
Inclement Weather

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

Computer/Laptops
Copier/Fax Machine
Audio/Visual Equipment
Lighting
Other: Please Describe

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 Sweatpants
Ankle – Length Skirt
Thermal Underwear Bottoms

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
15. **In the winter months, how satisfied are you with the temperature.**
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
16. **If you are dissatisfied would you describe the temperature as too hot or too cold?**
Too Hot
Too Cold
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: