

Question	1st+2nd Pro		3rd Pro	4th Pro	Totals
	Response	Surveys: 15	Surveys: 13	Surveys: 21	Surveys: 49
1. Is there anything you particularly like about the room?	Yes	10	10	11	31
	No	4	2	7	13
	If yes, what do you like?	Open Plan / Ceiling Height	Open Plan / Ceiling Height	Ceiling Height	Open Plan / Ceiling Height
		Daylight / Sunlight	Natural Light	Daylight from Atrium	Natural Light / Daylight
	Windows	Windows to Atrium	Windows to Atrium	Windows to Atrium / Outside	
2. Is there anything you particularly dislike about the room?	Yes	9	12	13	34
	No	5	0	6	11
	If yes, what do you dislike?	No Ventilation	No Fresh Air	No Ventilation	No Ventilation
		No Controls	Lack of Lighting Controls	Lack of Natural Light	Not enough Natural Light
Overcrowded		Not enough Lighting		No Controls	
3. Mark the three physical features that are most important to you in making a work place a pleasant one for you to work in. Mark from 1 to 3, with 1 = the most important.					

<p>4. How satisfied are you with the following aspects of your work place? VS = Very Satisfied, SS = Somewhat Satisfied, IND = Indifferent, SD = Somewhat Dissatisfied, VD = Very Dissatisfied.</p>																
<p>5. Do you prefer working in daylight, electric light or a combination of daylight and electric light?</p>	<table border="1"> <tr> <td>Prefer daylight</td> <td>7</td> <td>6</td> <td>4</td> <td>17</td> </tr> <tr> <td>Prefer electric lighting</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Combination</td> <td>8</td> <td>7</td> <td>17</td> <td>32</td> </tr> </table>	Prefer daylight	7	6	4	17	Prefer electric lighting	0	0	0	0	Combination	8	7	17	32
Prefer daylight	7	6	4	17												
Prefer electric lighting	0	0	0	0												
Combination	8	7	17	32												
<p>6. In general how do you rate the light level, electric and daylight combined? TLL = Too little light, AR = About right, TML = Too much light.</p>																
<p>7. Does the electric light cause glare strong enough to bother you? O = Often, S = Sometimes, OO = Only Occasionally, N = Never.</p>																
<p>8. Does the daylight cause glare strong enough to bother you? O = Often, S = Sometimes, OO = Only Occasionally, N = Never.</p>																

<p>9. Does the lighting cause reflections in your work material? ND = Not Disturbing, SD = Slightly Disturbing, MD = Moderately Disturbing, VD = Very Disturbing.</p>					
<p>10. If there are reflections that disturb you, in what work material do they occur?</p>	<p>Glossy paper</p> <p>Computer screen</p> <p>Other (please specify)</p>	<p>11</p> <p>2</p> <p>4</p> <p>Drawing Boards White Paper</p>	<p>5</p> <p>0</p> <p>3</p> <p>Drawing Boards White Paper</p>	<p>9</p> <p>6</p> <p>2</p> <p>Drawing Boards Multiple Shadows from Lights</p>	<p>25</p> <p>8</p> <p>9</p> <p>Drawing Boards White Paper</p>
<p>11. What is your general impression of your room/work area? (Mark as many as apply)</p>					
<p>12. How important is it to you to have a window in your room or immediate work area?</p>	<p>Very important</p> <p>Moderately important</p> <p>Not important</p>	<p>12</p> <p>3</p> <p>0</p>	<p>9</p> <p>3</p> <p>1</p>	<p>11</p> <p>10</p> <p>2</p>	<p>32</p> <p>16</p> <p>3</p>
<p>13. How is your workplace oriented in relation to the windows? Please indicate your position (point) and main viewing direction (arrow) in a sketch over the room/work area. Give the approximate distance to the nearest window.</p>					

14. Are you right handed or left handed?	Right Handed	11	12	18	41
	Left Handed	2	0	1	3
15. Are you able to see as much of the outside world as you would like from your workplace/desk?	Yes	9	1	1	11
	No	6	12	20	38
16. Which of the following best describe the view out of the window closest to you? (Mark as many as apply)	satisfying	4	2	2	8
	limited	4	7	14	25
	simple	3	1	7	11
	pleasant	4	1	3	8
	confined	3	2	3	8
	dim	0	3	0	3
	stimulating	3	4	1	8
	cluttered	3	0	1	4
	open	6	1	1	8
	bright	3	3	3	9
	uncluttered	1	1	0	2
	frustrating	0	3	5	8
	complex	1	0	0	1
	boring	5	3	6	14
	unpleasant	0	0	1	1
spacious	2	0	1	3	

<p>17. Do you ever work using only the light from the windows?</p>	<p>Often 4</p> <p>Sometimes 4</p> <p>Only occasionally 1</p> <p>Never 6</p>	<p>1</p> <p>0</p> <p>1</p> <p>10</p>	<p>0</p> <p>0</p> <p>1</p> <p>20</p>	<p>5</p> <p>4</p> <p>3</p> <p>36</p>
<p>18. How about the size of your window, is it:</p>	<p>too big? 0</p> <p>about right? 12</p> <p>too small? 2</p>	<p>0</p> <p>9</p> <p>2</p>	<p>0</p> <p>18</p> <p>0</p>	<p>0</p> <p>39</p> <p>4</p>
<p>19. Listed below are some of the advantages of windows. Mark the three that are most important to you at your workplace. Mark from 1 to 3, with 1 = the most important.</p>				
<p>20. Listed below are some of the disadvantages of windows. Mark the three that you feel are the biggest disadvantages at your workplace. Mark from 1 to 3, with 1 = the most important.</p>				
<p>21. Do you consider yourself as very sensitive to glare?</p>	<p>Yes 11</p> <p>No 3</p>	<p>4</p> <p>9</p>	<p>13</p> <p>8</p>	<p>28</p> <p>20</p>

22. Do you wear glasses or contact lenses when working?	Yes	8	6	9	23
	No	6	7	12	25
	Simple	4	3	7	14
	Progressive	2	0	0	2
	Bifocals	1	1	0	2
	Contact lenses	2	4	2	8
	Special glasses / lenses for computer screen work	1	0	1	2
23. Do you often wear sunglasses indoors and outdoors?	Yes, outdoors	10	2	8	20
	Yes, indoors	1	0	1	2
	No	3	11	13	27
24. In general terms, what kind of job do you have? (For example clerk, administrator, typist, supervisor, student, teaching staff, etc)					
25. If you have any further comments about the room please write them here	No control over Lighting and Ventilation	Too Bright	Not enough Natural Lighting	No Fresh Air	No Natural Light / Ventilation Need to have individual Task Lighting Lack of / No Control over lighting and ventilation No Ventilation

26. Gender	<table> <tr> <td data-bbox="835 282 919 305">Female</td> <td data-bbox="1024 282 1045 305">6</td> <td data-bbox="1268 282 1289 305">3</td> <td data-bbox="1512 282 1533 305">7</td> <td data-bbox="1755 282 1787 305">16</td> </tr> <tr> <td data-bbox="863 321 919 344">Male</td> <td data-bbox="1024 321 1045 344">8</td> <td data-bbox="1268 321 1310 344">10</td> <td data-bbox="1505 321 1547 344">14</td> <td data-bbox="1755 321 1797 344">32</td> </tr> </table>	Female	6	3	7	16	Male	8	10	14	32															
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27. Age	<table> <tr> <td data-bbox="821 415 934 438">Under 30</td> <td data-bbox="1024 415 1056 438">15</td> <td data-bbox="1268 415 1299 438">13</td> <td data-bbox="1505 415 1537 438">19</td> <td data-bbox="1755 415 1787 438">47</td> </tr> <tr> <td data-bbox="856 454 919 477">30-39</td> <td data-bbox="1024 454 1035 477">0</td> <td data-bbox="1268 454 1278 477">0</td> <td data-bbox="1512 454 1522 477">2</td> <td data-bbox="1755 454 1766 477">2</td> </tr> <tr> <td data-bbox="856 493 926 516">40-49</td> <td data-bbox="1024 493 1035 516">0</td> <td data-bbox="1268 493 1278 516">0</td> <td data-bbox="1512 493 1522 516">0</td> <td data-bbox="1755 493 1766 516">0</td> </tr> <tr> <td data-bbox="856 532 926 555">50-59</td> <td data-bbox="1024 532 1035 555">0</td> <td data-bbox="1268 532 1278 555">0</td> <td data-bbox="1512 532 1522 555">0</td> <td data-bbox="1755 532 1766 555">0</td> </tr> <tr> <td data-bbox="835 571 926 594">Over 60</td> <td data-bbox="1024 571 1035 594">0</td> <td data-bbox="1268 571 1278 594">0</td> <td data-bbox="1512 571 1522 594">0</td> <td data-bbox="1755 571 1766 594">0</td> </tr> </table>	Under 30	15	13	19	47	30-39	0	0	2	2	40-49	0	0	0	0	50-59	0	0	0	0	Over 60	0	0	0	0
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28. Today, I feel Indicate degree of feeling by a tick on the line. The scale is represented by values from 3 to negative 3, with 0 being neutral.	<table> <tr> <td data-bbox="737 675 919 698">Cheerful - Gloomy</td> </tr> <tr> <td data-bbox="779 714 919 737">Healthy - Sick</td> </tr> <tr> <td data-bbox="730 769 919 792">Well-rested - Tired</td> </tr> <tr> <td data-bbox="701 824 919 847">Satisfied - Unsatisfied</td> </tr> </table>	Cheerful - Gloomy	Healthy - Sick	Well-rested - Tired	Satisfied - Unsatisfied																					
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