

# Survey Research Questions

**Question:** Is there anything you particularly like about the room?

**Question:** Is there anything you particularly dislike about the room?

**Question:** 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 1 to 3, with 1 = the most important.

1. Comfortable temperature
2. Good Light
3. Good Ventilation
4. Window(s)
5. General Environment
6. Freedom from noise
7. Privacy
8. Plenty of space
9. View out
10. Other (please specify)

**Question:** 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.

1. Lighting
2. Noise Level
3. Odour
4. Ventilation
5. Temperature
6. Window size
7. Privacy
8. Lots of space
9. View
10. General environment

**Question:** Do you prefer working in daylight, electric light or a combination of daylight and electric light?

1. Prefer daylight
2. Prefer electric lighting
3. Prefer combination

**Question:** In general how do you rate the light level, electric and daylight combined? TLL = Too little light, AR = About right, TML = Too much light.

1. At the workplace
2. In the room in general
3. At the computer screen

**Question:** Does the electric light cause glare strong enough to bother you? O = Often, S = Sometimes, OO = Only Occasionally, N = Never.

1. At the workplace
2. At the computer screen

**Question:** Does the daylight cause you glare strong enough to bother you? O = Often, S = Sometimes, OO = Only Occasionally, N = Never.

1. From the sky
2. From the sun

**Question:** Does the lighting cause reflections in your work material? ND = Not Disturbing, MD = Moderately Disturbing, VD = Very Disturbing.

1. From the ceiling lighting
2. From the desk top lighting
3. From the daylight

**Question:** If there are reflections that disturb you, in what work material do they occur?

**Question:** What is your general impression of your room/work area? (Mark as many as apply)

**Question:** How important is it to you to have a window in your room or immediate work area?

**Question:** 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.

**Question:** Are you right handed or left handed?

**Question:** Are you able to see as much of the outside world as you would like from your workplace/desk?

**Question:** Which of the following best describe the view out of the window closest to you? (Mark as many as apply)

**Question:** Do you ever work using only the light from the windows?

**Question:** How about the size of your window, is it:

**Question:** 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.

**Question:** 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.

**Question:** Do you consider yourself as very sensitive to glare?

**Question:** Do you wear glasses or contact lenses when working?

**Question:** Do you often wear sunglasses indoors and outdoors?

**Question:** In general terms, what kind of job do you have? (For example clerk, administrator, typist, supervisor, student, teaching staff, etc)

**Question:** If you have any further comments about the room please write them here:

**Question:** Gender

**Question:** Age

**Question:** 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.