



# **Climate Chamber Comfort Study – Participant** Questionnaire

### **Onboarding Questionnaire**

### Participant Identification

☐ Less than 1 year

1. What is your participant number? Enter your 8-digit code:

#### Demographics

Demi	Dgrapriics
2.	What is your sex assigned at birth?
	□ Male
	☐ Female
3.	How old are you?
	Enter your age in years:
4.	What is your year of birth?
	Enter the year:
Body	Measurements & Health
5.	What is your height (in cm)?
	Enter your height:
6.	What is your weight (in kg)?
	Enter your weight:
7.	How many hours did you sleep last night?
	Round to the nearest half hour:
8.	Are you currently feeling unwell in a way that could affect your physical sensation
	(e.g. cold or illness)?
	□ Yes
	□ No
Living	g Situation
9.	How long have you lived in your current city?

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□ 1–2 years
□ 3–5 years
☐ More than 5 years
Device IDs
10. What is the device work or of your or or others.
10. What is the device number of your smartwatch? 6-digit code starting with "FBT"
11. What is the device number of the red iButton sensor?
6-digit code starting with "IBW"
12. What is the device number of the black iButton sensor
6-digit code starting with "IBA"
Clothing Information
(Select all that apply)
Underwear
Underwear
13. What kind of underwear are you wearing?
☐ Men's briefs
☐ Women's underwear
☐ Bra
☐ T-shirt
☐ Slip
☐ Half slip
☐ Long underwear top
☐ Long underwear bottom
Shirts / Blouses
14. What kind of shirts or blouses are you wearing?
☐ Sleeveless blouse (round neck)
☐ Short-sleeve shirt/blouse
☐ Long-sleeve shirt/blouse
☐ Long-sleeve flannel shirt
☐ Short-sleeve knit sport shirt
☐ Long-sleeve sweatshirt
☐ None

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#### Trousers / Pants

15. What kind of trousers or pants are you wearing?
☐ Short shorts
☐ Bermuda shorts
☐ Straight pants (thin)
☐ Straight pants (thick)
☐ Jogging pants
☐ Overalls
☐ Work suit
□ None
Footwear
16. What kind of footwear are you wearing?
☐ Ankle-length sports socks
☐ Calf-length socks
☐ Thick knee-high socks
☐ Tights
☐ Sandals / Flip-flops
☐ Slippers (padded, fur-lined)
☐ Boots
☐ No shoes
☐ No socks
Sweaters / Vests
17. What kind of pullovers or vests are you wearing?
☐ Sleeveless vest (thin)
☐ Sleeveless vest (thick)
☐ Long-sleeve (thin)
☐ Long-sleeve (thick)
□ None
Dresses / Skirts
18. What kind of dresses or skirts are you wearing?
☐ Skirt (thin)
☐ Skirt (thick)

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☐ Long-sleeve dress (thick)		
☐ Long-sleeve dress (thin)		
☐ Short-sleeve dress (thin)		
☐ Sleeveless top (thin)		
☐ Sleeveless top (thick)		
□ None		
Blazers / Suit Jackets		
19. What kind of blazers or suit jackets are you wearing?		
☐ Single-breasted (thin)		
☐ Single-breasted (thick)		
☐ Double-breasted (thin)		
☐ Double-breasted (thick)		
☐ Sleeveless vest (thin)		
☐ Sleeveless vest (thick)		
□ None		
Other Clothing		
20. Are you wearing anything else not listed above?  Please describe:		
Repeated Comfort Assessment – Every 10 minutes		
1. Participant ID		
What is your participant number?  Enter your 8-digit code:		
2. Activity & Alertness		
How would you describe your activity level just before starting this survey?		
In the past 10 minutes, I was mostly:		
☐ Lying down		
☐ Sitting quietly		
☐ Standing relaxed		
☐ Light activity (while standing)		

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☐ Moderate activity (while standing)
☐ Walking around
How tired are you feeling?
☐ Very tired
☐ Tired
☐ Slightly tired
☐ Well-rested
3. Thermal Sensation & Comfort
How do you perceive the overall temperature at this moment?
□ Cold
□ Cool
☐ Slightly cool
☐ Neutral
☐ Slightly warm
☐ Warm
□ Hot
How thermally comfortable do you feel at this moment?
☐ Very uncomfortable
☐ Uncomfortable
☐ Slightly uncomfortable
☐ Slightly comfortable
☐ Comfortable
☐ Very comfortable
What is your thermal preference at this moment?
□ Cooler
□ No change
□ Warmer
How acceptable is the current thermal environment to you?
□ Acceptable
□ Unacceptable

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### 4. Air & Humidity Perception

How do you perceive the airflow in the room at this moment?
☐ Very still
□ Still
☐ Slightly still
☐ Just right
☐ Slightly breezy
□ Breezy
☐ Very breezy
How do you perceive the air quality in the room?
□ Very stale
□ Stale
☐ Slightly stale
☐ Just right
☐ Slightly fresh
□ Fresh
□ Very fresh
— very mesii
How do you feel about the humidity in the room?
□ Very dry
□ Dry
☐ Slightly dry
☐ Just right
☐ Slightly humid
☐ Humid
□ Very humid
5. Overall Comfort
How would you rate your overall comfort considering temperature, air, and humidity?
☐ Very uncomfortable
☐ Uncomfortable
☐ Slightly uncomfortable
☐ Slightly comfortable
☐ Comfortable
☐ Very comfortable