

# PERCEPTION SURVEY: Baseline-Perception ( $S_B$ ) and Task-Perception ( $S_T$ )

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## Section A: Productivity

1. How would you judge your productivity at this stage? [-2,2]

- [-2] Very Negatively
- [-1] Negatively
- [ 0] Neutral
- [ 1] Positively
- [ 2] Very Positively

2. How does the thermal condition in this office environment affect your productivity at this stage? [-2,2]

- [-2] Decrease in productivity
- [-1] Slightly decrease in productivity
- [ 0] Neutral
- [ 1] Slightly increase in productivity
- [ 2] Increase in productivity

3. How does the lighting in this office environment affect your productivity at this stage? [-2,2]

- [-2] Decrease in productivity
- [-1] Slightly decrease in productivity
- [ 0] Neutral
- [ 1] Slightly increase in productivity
- [ 2] Increase in productivity

4. How does the Acoustic condition in this office environment affect your

**productivity at this stage? [-2,2]**

- ☐ [-2] Decrease in productivity
- ☐ [-1] Slightly decrease in productivity
- ☐ [ 0] Neutral
- ☐ [ 1] Slightly increase in productivity
- ☐ [ 2] Increase in productivity

**5. How does the air quality in this office environment affect your productivity at this stage? [-2,2]**

- ☐ [-2] Decrease in productivity
- ☐ [-1] Slightly decrease in productivity
- ☐ [ 0] Neutral
- ☐ [ 1] Slightly increase in productivity
- ☐ [ 2] Increase in productivity

## **Section B:Thermal**

**6. What is your thermal sensation in this room? [-2,2]**

- ☐ [-2] Cold
- ☐ [-1] Slightly Cold
- ☐ [ 0] Neutral
- ☐ [ 1] Slightly Warm
- ☐ [ 2] Warm

**7. Choose your thermal comfort in this room [-2,2]**

- ☐ [-2] Extremely Uncomfortable
- ☐ [-1] Very uncomfortable
- ☐ [ 0] Uncomfortable
- ☐ [ 1] Slightly uncomfortable
- ☐ [ 2] Comfortable

**8. How would you describe the thermal environment in this room? [-2,2]**

- [-2] Cold
- [-1] Slightly Cold
- [ 0] Neutral
- [ 1] Slightly Warm
- [ 2] Warm

## Section C: Visual

### 9. What is your visual sensation right now? [-2,2]

- [-2] Dark
- [-1] Light Dark
- [ 0] Neutral
- [ 1] Light Bright
- [ 2] Bright

### 10. Choose your visual comfort in this room [-2,2]

- [-2] Extremely Uncomfortable
- [-1] Very uncomfortable
- [ 0] Uncomfortable
- [ 1] Slightly uncomfortable
- [ 2] Comfortable

### 11. How would you rate the glare level from artificial lighting sources in this environment? [-2,2]

- [-2] No glare
- [-1] Low glare
- [ 0] Moderate glare
- [ 1] High glare
- [ 2] Very high glare

## Section D: Acoustic

### 12. What is your acoustic sensation in this environment? [-2;2]

- ☐ [-2] Quite
- ☐ [-1] Slightly Quite
- ☐ [ 0] Neutral
- ☐ [ 1] Slightly loud
- ☐ [ 2] Loud

**13. Choose your acoustic comfort in this room? [-4;0]**

- ☐ [-2] Extremely Uncomfortable
- ☐ [-1] Very uncomfortable
- ☐ [ 0] Uncomfortable
- ☐ [ 1] Slightly uncomfortable
- ☐ [ 2] Comfortable

**14. How would you rate the overall noise level in this environment? [-2;2]**

- ☐ [-2] Not at all
- ☐ [-1] Slightly distracting
- ☐ [ 0] Moderately distracting
- ☐ [ 1] Very distracting
- ☐ [ 2] Extremely distracting

## **Section E: AirQuality**

**15. What is your air quality sensation in this room? [-2,2]**

- ☐ [-2] Poor
- ☐ [-1] Slightly poor
- ☐ [ 0] Neutral
- ☐ [ 1] Slightly good
- ☐ [ 2] Good

**16. Choose your air quality comfort in this room? [-2,2]**

- ☐ [-2] Extremely Uncomfortable
- ☐ [-1] Very uncomfortable
- ☐ [ 0] Uncomfortable
- ☐ [ 1] Slightly uncomfortable
- ☐ [ 2] Comfortable

**17. How would you rate the air quality in this environment? [-2,2]**

- ☐ [-2] Very Poor
- ☐ [-1] Poor
- ☐ [ 0] Neutral
- ☐ [ 1] Good
- ☐ [ 2] Very Good