**Survey**

**Organization name:**

**Date: Time:**

We are conducting an evaluation of your office building to assess how well it performs for those who occupy it. This information will be used to assess areas that need improvement, provide feedback for similar buildings. Responses are anonymous. Please answer all the relevant questions.

***Section I*** *(Please tick)*

**a. Gender**

Male Female

**b. Job category**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Administrative | Sales | Design | Marketing | Executive | Other…………………………… |

**c. How long have you been working at this organization?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| <6 months | 6 months to 1 year | 1 year to 2.5 years | 2.5 to 5 years | >5 years |

**d. What is your education level?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High school | college or 2-year degree | Holding B.Sc. | Holding M.Sc. | Holding Ph.D. |

**e. How long do you typically spend in the office during the day?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hours** | >1 | 1 - 2 | 2-3 | 3 - 4 | 5 - 6 | 7 - 8 | >8 |

**f. Your monthly income is ranged between (JD):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| <400 | 400-700 | 700-1000 | 1000-1300 | 1300-1600 | 1600-2000 | >2000 | Others…………… |

**g. How many people are working with you in the same office?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Only me (single) | 2-3  (shared room) | 4-9  (small open plan) | 10-24  (Medium open plan) | >24  (large open plan) |

**h. If you have the ability to improve only one physical item (e.g., light, ventilation, temperature) in your workplace, what is this item?**

**……………………………………………………………………………………………………………………………………………………….**

|  |  |  |
| --- | --- | --- |
| ***Section II*** | | Number of hours (00-97) |
| B3. | About how many hours altogether did you work in the **past 7 days**? (If more than 97, enter 97) |  |
| B4. | How many hours does your employer expect you to work **in a typical 7-day week**? (If it varies, estimate the average. If more than 97, enter 97.) |  |
| B5. Now please think of your work experiences **over the past 4 weeks** (28 days). In the spaces provided below, write the number of days you spent in each of the following work situations… **In the past 4 weeks (28 days**), how many days did you… | | Number of days  (00-28) |
| B5a | Miss **an entire work day** because of problems with your physical or mental health? (Please include only days missed for your own health, not someone else’s health.) |  |
| B5b. | Miss **an entire work day** for any other reason (including vacation)? |  |
| B5c. | Miss **part of a work day** because of problems with your physical or mental health? (Please include only days missed for your own health, not someone else’s health.) |  |
| B5d. | Miss **part of a work day** for any other reason (including vacation)? |  |
| B5e. | Come in early, go home late, or work on your day off? |  |
| B6. | About how many hours altogether did you work in **the past 4 weeks (28 days)**? (See examples below.) |  |
| **Examples for Calculating Hours Worked in the Past 4 Weeks**  40 hours per week for 4 weeks = 160 hours  35 hours per week for 4 weeks = 140 hours  40 hours per week for 4 weeks with 2 8-hour days missed = 144 hours  40 hours per week for 4 weeks with 3 4-hour partial days missed = 148 hours  35 hours per week for 4 weeks with 2 8-hour days missed and 3 4-hour partial days missed = 112 hours | | |

***Section III***

B9. On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you **rate the usual performance of most workers** **in a job similar** to yours?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Worst performance** |  | | | | | | | | | **Top performance** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

B10. Using the same 0-to-10 scale, how would you **rate your usual job performance over the past year or two**?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Worst performance** |  | | | | | | | | | **Top performance** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

B11. Using the same 0-to-10 scale, how would you **rate your overall job performance on the days you worked during the past 4 weeks (28 days)**?

***Section IV***

1. **Indoor air quality & ventilation**

(Please rate your satisfaction of the following items)

**1. The overall air quality of your office:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dissatisfied** |  | | | | | **Satisfied** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**2. The fresh air in your office?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dissatisfied** |  | | | | | **Satisfied** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**3. The air humidity in your office?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dissatisfied** |  | | | | | **Satisfied** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**4. The ventilation in your office?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dissatisfied** |  | | | | | **Satisfied** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**5. If you need to, are you able to:** (Please click items you can control in your office)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| open/ close Windows | open/ close  curtains | on/off Lights | on/off  Air condition | on/off  Heater |

**6. Does the quality of the air in your office have a negative effect on your work performance?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Not significant** |  | | | | | **Very significant** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

***b. Noise*** (Please rate your satisfaction of the following items)

1. The background noise in your office?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dissatisfied** |  | | | | | **Satisfied** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

2. Does the distraction from noise in your office have a negative effect on your work performance?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Not significant** |  | | | | | **Very significant** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

***c. Lighting*** (Please rate your satisfaction of the following items)

1. The natural light in your office?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dissatisfied** |  | | | | | **Satisfied** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

2. The sun glare in your office across the whole year:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dissatisfied** |  | | | | | **Satisfied** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

3. Does the quality of light in your office have a negative effect on your work performance?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Not significant** |  | | | | | **Very significant** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

***d. Thermal comfort*** *(Please tick)*

1. At present, I **feel**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Cold | Cool | Slightly cool | Comfortable | Slightly warm | Warm | Hot |
| -3 | -2 | -1 | 0 | +1 | +2 | +3 |

2. At present, I would **prefer** to be:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Much cooler | cooler | A bit cooler | No Change | A bit warmer | Warmer | Much warmer |
| -3 | -2 | -1 | 0 | +1 | +2 | +3 |

3. Please rate thermal comfort satisfaction in your office

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dissatisfied** |  | | | | | **Satisfied** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

4. Does the temperature in your office have a negative effect on your work performance?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Not significant** |  | | | | | **Very significant** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |
| --- | --- |
| **5. your cloth at present:**  (Please tick) | |
| Short Sleeve shirt/blouse |  |
| Long sleeve shirt/blouse |  |
| Vest |  |
| Trousers/long skirt |  |
| Shorts |  |
| Dress |  |
| Pullover |  |
| Jacket |  |
| Long socks |  |
| short socks |  |
| Tights |  |
| Tie |  |
| Boots |  |
| shoes |  |
| sandals |  |
| head wear |  |
| barefoot |  |

|  |  |
| --- | --- |
| **6. What is your activity during the past 15 minutes?** (Please tick) | |
| Sitting (passive work |  |
| Sitting (active work) |  |
| Standing relaxed |  |
| Standing working |  |
| Walking indoors |  |
| Walking outdoors |  |
| Other……………… |  |

**Thank you,**

**Instantaneous Measurements (for researcher only)**

|  |  |
| --- | --- |
| Air Velocity (m/s) |  |
| Air Temperature (C) |  |
| Relative Humidity (%) |  |
| Globe temperature (C) |  |
| WBT (C) |  |
| CO2 level (ppm) |  |
| Outdoor Temperature (C) |  |
| Outdoor RH (%) |  |