Supplementary Materials (Appendix A)

A. General Information

A.1. Gender:  Man ☐  Woman ☐

A.2. In which city did you lived for the longer period of time until you were 18 years old?

A.3. Where do you live (Region)?

A.4. If you could choose, where would you prefer to stay?

☐ By the see
☐ On mountains

A.5. Educational level:

☐ Primary School  ☐ Master of Science/ PhD
☐ Junior High/High School  ☐ Other
☐ University

A.6. In which floor is your office:

☐ Underground  ☐ Ground floor  ☐ Upper floor  ☐ (specify floor number) ___

A.7. How long do you work on this building (Specify years in number):  Years

A.8. How long do you work on this particular office area (Specify years in number):  Years

A.9. How many coworkers do you have in this office area (Totally, concluding yourselves):

A.10. How many hours do you usually being in your office during a typical day:

A.11. For this period of time, how many hours are you sited:

A.12. Considering the total indoor conditions in your office area (temperature, relative humidity, noise, interaction with people) you feel:

Productive  1  2  3  4  5  6  7  Very Much

Concentrated

A.13. Which is your opinion for your office area considering:

Indoor decoration (plants, colors, etc.)  1  2  3  4  5  6  7  Satisfactory

Neatness

Window view

A.14. Are your office windows openable?

☐ Yes  ☐ No
If so, how often do you open your windows?

- Many times per day
- 1 per Day
- 1 per Week
- Rarer
- Never
- Other

A.15. How often

- do you exercise in your life
- do you recycle in your life
- do you ventilate your office during Winter
- do you ventilate your office during Summer

If you are working out or practice a sport, where do you go? (Answer only those who answered question A.15 about practicing)

- Summer - Indoor Space
- Summer - Outdoor Space
- Winter - Indoor Space
- Winter - Outdoor Space

A.16. How would you describe yourself concerning:

- Your tolerance to cold
- Your tolerance to warm

A.17. Which is the appropriate indoor temperature for you?

- Summer:
- Winter:

A.18. How often do you get that sick for not going to your job, per year?

- Not at all
- 1 2 3 4 5 6 7 Very Much

A.19. Which are your clothing preferences based on the outdoor environmental conditions?

- Winter - Very light clothing
- Winter - Very warm clothing
- Summer - Very light clothing
- Summer - Very warm clothing

A.20. Do you consider yourself sensitive to intense temperature differentiations during the day?

- Not at all sensitive
- 1 2 3 4 5 6 7 Very sensitive

A.21. Age:

A.22. How much do you weight?

A.23. Which is your height?
### B. Comfort Conditions

How would you describe the comfort conditions in your office area during WINTER and SUMMER for the following conditions? (Answer for both winter and summer period)

#### Winter

<table>
<thead>
<tr>
<th>Condition</th>
<th>Winter</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B.1. Temperature</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stillness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malodorous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Odorless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sultry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.6. Glare due to Natural lighting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intense</td>
<td></td>
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<tr>
<td><strong>B.7. Glare due to Artificial lighting</strong></td>
<td></td>
<td></td>
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<tr>
<td>Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intense</td>
<td></td>
<td></td>
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<tr>
<td><strong>B.8. Total lighting level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.9. Noise from outdoor environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intense</td>
<td></td>
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<tr>
<td><strong>B.10. Noise from the building systems (heating, cooling, ventilation, lighting, pipes)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
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<tr>
<td>Intense</td>
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<tr>
<td><strong>B.11. Other noises from the indoor environment (discussions, music, etc.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1 2 3 4 5 6 7                  | 1 2 3 4 5 6 7
Not at all         Intense

B.12. Total noise levels

Unsatisfactory 1 2 3 4 5 6 7 Satisfactory

B.13. Overall Comfort

Unsatisfactory 1 2 3 4 5 6 7 Satisfactory

B.14. Do you believe that the indoor environment comfort conditions influence your productivity

Not at all 1 2 3 4 5 6 7 Very Much

C. Other Parameters

C.1. Except for the central heating system of the building, do you additionally use another heating system in your office area? If so, which one.

☐ Yes ☐ No

C.2. How would you evaluate the following office characteristics in general:

Unsatisfactory 1 2 3 4 5 6 7 Satisfactory

Heating
Cooling
Ventilation
Indoor humidity levels
Shadowing due to solar radiation

C.3. Personally, to what extent can you interfere with the following parameters of your office area?

Not at all 1 2 3 4 5 6 7 Very Much

Heating
Cooling
Ventilation
Shadowing due to solar radiation
Lighting
Noise

C.3.1. Your intervention is taking place based on:

☐ Hierarchy rules
☐ Personal-individual initiative
☐ After consultation
☐ Other
C.4. During your stay in your office area, how often do you face any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry eyes</td>
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<tr>
<td>Itchy &amp; watery eyes</td>
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<tr>
<td>Sneezing/coughing</td>
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<td>Runny nose</td>
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<tr>
<td>Dry throat</td>
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<tr>
<td>Sleepiness or/and fatigue</td>
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<tr>
<td>Headache</td>
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<td></td>
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<td>Itchiness/Skin irritation</td>
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</tbody>
</table>

C.5. To what extent do you believe that the existence of the aforementioned symptoms are related to your office area?

<table>
<thead>
<tr>
<th>Extent</th>
<th>Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Absolutely</th>
</tr>
</thead>
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</tbody>
</table>

C.6. Have you ever express any complains about: (note 1 or more)

- Heating
- Natural lighting
- Work Environment
- Ventilation
- Artificial lighting
- Other
- Cooling
- Noise
- Nothing

If so, was there any response from the superior authority?

- Yes
- No