

Supplementary 1

Survey for the sample of 280 dwellings

HYGROTHERMAL COMFORT		
1 Considers that your home is:		
1. Very cold	<input type="text"/>	
2. Something cold	<input type="text"/>	
3. Cool	<input type="text"/>	
4. Something warm	<input type="text"/>	
5. Very warm	<input type="text"/>	
2 At what time of day?		
1. Morning	<input type="text"/>	
2. Afternoon	<input type="text"/>	
3. Night	<input type="text"/>	
3 Do you feel drafts inside in your home?		
1. Yes	<input type="text"/>	
2. No	<input type="text"/>	
HEARING COMFORT		
4 Inside your houses, how do you hear the noises of the street?		
1. Very Loud	<input type="text"/>	
2. Loud	<input type="text"/>	
3. Quiet	<input type="text"/>	
4. Very quiet	<input type="text"/>	
5. Not heard	<input type="text"/>	
5 How do you hear the sounds of the continuous floor, top or bottom?		
1. Very Loud	<input type="text"/>	
2. Loud	<input type="text"/>	
3. Quiet	<input type="text"/>	
4. Very quiet	<input type="text"/>	
5. Not heard	<input type="text"/>	
AIR QUALITY		
6 What kind of mechanism does it use for the ventilation of the dwelling?		
1. Open the door		
2. Open the window		
3. Mechanical ventilation (fan, air conditioning)		
4. Others (Especify) _____		
7 Do you feel bad odors in your home due to contamination or lack of ventilation?		
1. Yes (Especify) _____		
2. No		<input type="text"/>

Supplementary 2

Sample of the survey applied to the case studies

C4. THERMAL CONFORT**11. How satisfied are you with the temperature in your room? ***

1. Very Satisfied						Very unsatisfied 7.
1	2	3	4	5	6	7

11.1 * If the answer to question 11 is between 5 and 7:

You have indicated that you are dissatisfied with the temperature in your room. Which of the following factors contribute to your dislike?

In a hot weather, the temperature of your bedroom is:

- a. Often too hot
- b. Often too cold

In a hot weather

- a. My hands are very cold
- b. My feet are very cold

In a cold weather, the temperature of your bedroom is

- a. Often too hot
- b. Often too cold

In a cold weather

- a. My hands are very cold
- b. My feet are very cold

C4. INDOOR AIR QUALITY**13. How satisfied are you with the quality of air in your room (e.g.: poorly ventilated, stale air, cleaning, odors?)**

1. Very Satisfied						Very unsatisfied 7.
1	2	3	4	5	6	7

13.1 * If the answer to question 13 is between 5 and 7:

You have indicated that you are dissatisfied with the air quality in your room. Which of the following problems contribute to your dissatisfaction?

The air is suffocating/stagnant

- a. Minor problema
- b. It's no problem
- c. Major problem

The air isn't clean

- a. Minor problema
- b. It's no problem
- c. Major problem

The air smells bad

- a. Minor problema
- b. It's no problem
- c. Major problem

C5. ILUMINATION

17. How satisfied are you with the amount of lighting in your bedroom?

1. Very Satisfied						Very unsatisfied 7.
1	2	3	4	5	6	7

17.1 * If the answer to question 17 is between 5 and 7:

You have indicated that you are dissatisfied with the lighting in your room. Which of the following problems contribute to your dissatisfaction?

a. Very dark	
b. Very bright	
c. There is not enough natural lighting	
d. Too much natural light	
e. There is not enough electric lighting	
f. Too much electrical lighting	
g. Electric lighting flashes	
h. The electric lighting is of an unpleasant color	
i. There is no lighting in the workplace	
j. Reflections on shiny surfaces (glass, computer screens / TV, etc)	
k. Shadows	
l. Others	

C6. QUALITY OF ACOUSTICS

21. How satisfied are you with acoustic privacy between homes? (ability to have conversations without neighbors hearing by chance or vice versa)

1. Very Satisfied						Very unsatisfied 7.
1	2	3	4	5	6	7

C8. SYMPTOMS RELATED TO HOUSING

29. When you are in the room, do you frequent symptoms (for example: tiredness, headache, eye irritation, stuffy nose, dry throat, itchy skin) that disappear after leaving the room?

a. Yes	
b. No	

Skip to question 33.

C9. GENERAL COMMENTS

33. Considering all aspects, how satisfied are you with the comfort of your home?

1. Very Satisfied						Very unsatisfied 7.
1	2	3	4	5	6	7

E1. THERMAL ENVIRONMENT POINT-IN-TIME SURVEY

1. Record the approximate outside air temperature _____ and seasonal conditions:

☐ Winter ☐ Spring ☐ Summer ☐ Fall

2. What is your general thermal sensation? (Check the one that is most appropriate)

(Note to survey designer: This scale must be used as-is to keep the survey consistent with ASHRAE Standard 55.)

- ☐ Hot
☐ Warm
☐ Slightly Warm
☐ Neutral
☐ Slightly Cool
☐ Cool
☐ Cold

3. Either (a) place an "X" in the appropriate place where you are located now:



(Note to survey designer: Provide appropriate sketch for your space or building.)

- or (b) place an "X" in the check box that best describes the area of the building where you are located now.

- ☐ North
☐ East
☐ South
☐ West
☐ Core
☐ Don't know

4. On which floor of the building are you located now?

- ☐ 1st
☐ 2nd
☐ 3rd
☐ Other (provide the floor number): _____

5. Are you near an exterior wall (within 15 ft)?

- ☐ Yes
☐ No

6. Are you near a window (within 15 ft)?

- ☐ Yes
☐ No

7. Using the list below, please check each item of clothing that you are wearing right now. (Check all that apply):

(Note to survey designer: This list can be modified at your discretion.)

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Short-Sleeve Shirt | <input type="checkbox"/> Dress | <input type="checkbox"/> Nylons |
| <input type="checkbox"/> Long-Sleeve Shirt | <input type="checkbox"/> Shorts | <input type="checkbox"/> Socks |
| <input type="checkbox"/> T-shirt | <input type="checkbox"/> Athletic Sweatpants | <input type="checkbox"/> Boots |
| <input type="checkbox"/> Long-Sleeve Sweatshirt | <input type="checkbox"/> Trousers | <input type="checkbox"/> Shoes |
| <input type="checkbox"/> Sweater | <input type="checkbox"/> Undershirt | <input type="checkbox"/> Sandals |
| <input type="checkbox"/> Vest | <input type="checkbox"/> Long Underwear Bottoms | |
| <input type="checkbox"/> Jacket | <input type="checkbox"/> Long Sleeve Coveralls | |
| <input type="checkbox"/> Knee-Length Skirt | <input type="checkbox"/> Overalls | |
| <input type="checkbox"/> Ankle-Length Skirt | <input type="checkbox"/> Slip | |

- ☐ Other: (Please note if you are wearing something not described above, or if you think something you are wearing is especially heavy.) _____

8. What is your activity level right now? (Check the one that is most appropriate)

- ☐ Reclining
☐ Seated
☐ Standing relaxed
☐ Light activity standing
☐ Medium activity standing
☐ High activity

Figure X1 Thermal Environment Point-in-Time Survey