

3. How would you evaluate temperature in summer (Varies/Stable)?

Always Varies (in 1 day) 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ 7 Always Stable

4. How would you evaluate illuminance level (Not enough light/Too much light)?

Very Dark 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ 7 Very Bright

5. How would you evaluate background sound level (Loud/Quiet)?

Very loud 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ 7 Very Quiet

How many hours a day do you stay in the building? _____ Hours

Do you have any of these feelings after spending more than two hours in the building? (Mark every suitable option)

☐

Fatigue and drowsiness

☐

Nausea and dizziness

☐

Eyes irritation

☐

Sore throat

☐

Nose discomfort

☐

Headache

☐

None

☐

Other (please specify) _____