CSET Indoor Environment Quality Questionnaire

This questionnaire is to evaluate if students are comfortable in CSET, if they feel hot or cold during summer days and if they suffer from any of the symptoms of the sick building syndrome.						
I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.						
I understand the purpose of the research project and my involvement in it.						
I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.						
I understand that data will be stored in accordance with data protection laws.						
I understand that I may contact the researcher or supervisor if I require more information about the research, and that I may contact the Research Ethics Sub-Committee of the University of Nottingham, Ningbo if I wish to make a complaint related to my involvement in the research.						
Gender: Male Female Age						
How long do you use the building? Months						
Which floor do you usually use?						
Ground floor – Studio Second floor - Lab						
Third floor – PhD students' office Fourth floor – Teachers' office						
1. How would you evaluate temperature in summer (Hot/Cold)?						
Too hot 1 7 Too cold						
2. How would you evaluate temperature in summer (Overall)?						
Very Uncomfortable 1 7 Very Comfortable						

3. How would you evaluate temperature in summer (Varies/Stable)?						
Always	S 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 drowsing	ness			Nausea and dizziness	
	Eyes irritation				Sore throat	
	Nose discomfort				Headache	
	None				Other (please specify)	