

Thermal Comfort Survey

Please select one answer for each question.

WHITE SECTIONS TO BE FILLED IN BY OCCUPANTS			GREY AREAS TO BE FILLED IN BY SURVEYOR
1a: Client name		1b: House location	
2. Date:		3. Time	
4. Equipment (Equipment relating to the electrical load) – circle as required			
Item (computers, copies, lighting, fans etc.)	Is the item within the thermal envelope?	Quantity	Input to PHPP?
Dishwasher	Yes / No	Yes / No	
Washing machine	Yes / No	Yes / No	
Tumble dryer	Yes / No	Yes / No	
Freezer	Yes / No	Yes / No	
Fridge	Yes / No	Yes / No	
5. Over the year how does the temperature of the house feel? (Check the one that is most appropriate)			Comments:
1. <input type="checkbox"/> Too Hot 2. <input type="checkbox"/> Slightly Too Warm 3. <input type="checkbox"/> Adequately Warm 4. <input type="checkbox"/> Neutral 5. <input type="checkbox"/> Adequately Cool 6. <input type="checkbox"/> Slightly too Cold 7. <input type="checkbox"/> Too Cold			
6a. If your house is too warm, does it feel..... 1) slightly warm 2) uncomfortably warm 3) hot 6b. If you house is too warm, what might be the cause? 1) direct sunlight 2) you are seated next to a heat source 3) the air conditioning is not cool enough 4) the heating system is turned on too high 6c. If you house is too cool, does it feel..... 1) slightly cool 2) uncomfortably cool 3) cold 6d. If you house is too cool, what might be the cause? 1) air drafts at your feet 2) air drafts at your head 3) you are too far from a heat source 4) the MHVR is too cool			
7a. Generally during the year on the top half of your body, how many layers of clothing do you normally wear in the house? 1) 1 2) 2 3) 3 4) 4 or more 7a. Generally during the year on the lower half of your body, how many layers of clothing do you normally wear in the house 1) 1 2) 2 3) 3 4) 4 or more			
7c. Generally during the year do you normally wear in the house 1) nothing 2) socks 3) sandals 4) closed toed shoes 5) boots			

	<p>8. What room (s) do you spend most of the time in the house during daytime?</p> <p>Kitchen Living Dining Bedroom Study Bathroom Other _____</p>	
	<p>9. Are there any rooms that you specifically don't want to be in for reasons of thermal/ventilation comfort and what is the reason for this?</p> <hr/>	
	<p>10. Overall, over the year, how satisfied are you with the temperature of your house?</p> <p>1. <input type="checkbox"/> Very Satisfied 2. <input type="checkbox"/> Satisfied 3. <input type="checkbox"/> Slightly Satisfied 4. <input type="checkbox"/> Neutral 5. <input type="checkbox"/> Slightly dissatisfied 6. <input type="checkbox"/> Dissatisfied 7. <input type="checkbox"/> Very Dissatisfied</p>	
	<p>11. General Environment Concerns: (If 5, 6 or 7 are checked in Question 10, indicate the specific nature and cause of your dissatisfaction, etc.)</p>	
	<p>12. Any other comments?</p>	

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