



Indoor environment Quality Jason Sendwe (Lubumbashi) (dry)

Leave survey

### 1.- Participate in Our Survey

Please dedicate a few minutes to complete this small survey. The information that you share with us will be very useful in helping us improve our content offering. Your answers will be kept confidential and will not be used for any purpose other than this study.

#### 1. Gender:

Male  Female

#### 2. Age

Less than 30  31~40  41~50  51~60  Over 60

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## 2.- Sections

### 3. What is your thermal sensation?

- Cold    Slightly cool    Slightly warm    Hot  
 Cool    Neutral    Warm

### 4. How do you feel about the air flow at this moment?

- Much too still    Slightly still    Slightly breezy    Much too breezy  
 Too still    Just right    Too breezy

### 5. How do you feel at this moment in terms of humidity?

- Much too dry    Slightly dry    Slightly humid    Much too humid  
 Too dry    Just right    Too humid

### 6. Using the list below, Please check each item of clothing that you are wearing right now:(check all that apply):

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Short-sleeve shirt    | <input type="checkbox"/> T-shirt                | <input type="checkbox"/> Shoes      |
| <input type="checkbox"/> Dress                 | <input type="checkbox"/> Athletic sweatpants    | <input type="checkbox"/> Sweater    |
| <input type="checkbox"/> Nylons                | <input type="checkbox"/> Boots                  | <input type="checkbox"/> Undershirt |
| <input type="checkbox"/> Long-sleeve shirt     | <input type="checkbox"/> Long sleeve sweatshirt | <input type="checkbox"/> Sandals    |
| <input type="checkbox"/> Socks                 | <input type="checkbox"/> Trousers               | <input type="checkbox"/> Vest       |
| <input type="checkbox"/> Long underwear bottom | <input type="checkbox"/> Ankle-length skirt     |                                     |
| <input type="checkbox"/> Jacket                |   |                                     |
| <input type="checkbox"/> Long-sleeve coveralls |   |                                     |
| <input type="checkbox"/> Knee-length skirt     |   |                                     |
| <input type="checkbox"/> Overalls              |   |                                     |

**7. Is the indoor thermal environment acceptable to you?**

- Very acceptable  Acceptable  Unacceptable  Vey unacceptable

**8. How satisfied are you by only considering the current thermal comfort? (dry and rain season)**

- Very dissatisfied  Dissatisfied  Satisfied  Littel satisfied  Very satisfied

**9. Overall thermal comfort, how comfort are in wards?**

- Very comfort  Comfort  uncomfort  Very uncomfort

**10. You want the indoor temperature to become now**

- Cool more  Remain the same  Too warm  
 A little bit cool  A little bit warm

**11. On the basis of your personal preferences, how would you consider the room temperature?**

- Acceptable  Not acceptable

**12. Your assessment of the intensity of odors in the ward:**

- No odor  Medium odor  An unbearable odor  
 Slight odor  strong odor

**13. How satisfied are you with the indoor thermal environment for a whole year?**

- Very dissatisfied  Slightly satisfied  Unsatisfied  
 satisfied  Slightly Unsatisfied  Very satisfied

**14. How would you describe indoor humidity in hospital?**

- Very dry  Slightly dry  Slightly humid  Very humid  
 Moderately dry  Neutral  Moderately humid

**15. How satisfied are you with the overall indoor thermal environment in terms of temperature, humidity, wind speed etc.?**

- Very satisfied  A little satisfied  satisfied  A little unsatisfied  Very dissatisfied

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67%



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### 3.- Indoor Air Quality

**16. How satisfied are you with the indoor air quality in terms of freshness, cleanliness, odor etc.?**

- Very dissatisfied  littel dissatisfied  Satisfied  Littel satisfied  
 Very satisfied

**17. Since you have worked in this building, have you ever been diagnosed with any of the following? (check all that apply)**

- Allergic Rhinitis  Asthma  Allergies  Conjunctivitis  Sinusitis  
 Emphysema  Laryngitis  Bronchitis  Other chest conditions  None

**18. How would you rate the indoor air quality at this Hospital?**

- Very good  Good  Average  Poor  Very poor

**19. If you feel that there is an indoor air quality problem, does the problem occur more frequently during specific seasons of the year?**

- Yes  No  Don't Know  Not Applicable

**20. If you answered yes to #7, rank each season from one to two as follows:  
1 – season least likely to be associated with indoor air quality problems and  
4 – season most likely to be associated with indoor air quality problems**

- Dry season  Rain season

**21. If you answered yes to #20, when do indoor air quality problems seem to be most notable?**

- Morning  Afternoon  All day  Not applicable

**22. Which of the following symptoms have you experienced that you feel may be**

**related to your work environment? (check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Headache         | <input type="checkbox"/> Runny nose         | <input type="checkbox"/> Cough               |
| <input type="checkbox"/> Sinus congestion | <input type="checkbox"/> Dizziness          | <input type="checkbox"/> Wheezing            |
| <input type="checkbox"/> Sinus infection  | <input type="checkbox"/> Sneezing           | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Eye irritation   | <input type="checkbox"/> Fever              | <input type="checkbox"/> Skin problems       |
| <input type="checkbox"/> Sore throat      | <input type="checkbox"/> Fatigue/Drowsiness | <input type="checkbox"/> Muscle aches        |
| <input type="checkbox"/> Hoarseness       | <input type="checkbox"/> Eyes red/watery    |  |

**23. What percentage of your work day do you typically spend in your office/cubicle?**

- 0 – 25%  26% – 50%  51% – 75%  76% – 100%

**24. Are any of the following items located within your workroom or area? (check all that apply)**

- Photo copier  Laser printer  Windows  Plants

**25. How satisfied are you with the illumination in your work place**

- Very dissatisfied  Little dissatisfied  Satisfied  Little satisfied  Very satisfied

**26. How satisfied are you with the acoustic environment only?**

- Very dissatisfied  Dissatisfied  Satisfied  Very satisfied

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