



Indoor environment Quality Jason Sendwe (Lubumbashi) (dry)

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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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33%

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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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