

Office Building Comfort Survey Template

All questions are optional. Follow each question's directions.

Write your answers to the open questions in the space provided.

Think about the named office building during the past working week and the workspace you used most. Every question is optional. Report your experience, not technical measurements. Do not include medical information, colleague names or security details. Use the normal urgent-reporting route for an immediate problem.

1. Which type of workspace did you use most during the past working week?

- ☐ An enclosed individual office
- ☐ An enclosed shared office
- ☐ An open-plan desk area
- ☐ A shared or reservable workstation
- ☐ A meeting or collaboration space
- ☐ Another workspace
- ☐ I did not work in this building

2. How did the temperature in that workspace usually feel?

- ☐ Much too cold
- ☐ Somewhat too cold
- ☐ Comfortable
- ☐ Somewhat too warm
- ☐ Much too warm
- ☐ It varied too much to choose
- ☐ Not applicable

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3. How often did sound in that workspace interrupt the work you were doing?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often
- ☐ Not applicable

4. Which description best matches the lighting while you worked?

- ☐ Usually comfortable for my tasks
- ☐ Often too dim
- ☐ Often too bright or glaring
- ☐ Varied in ways that made work difficult
- ☐ Another description
- ☐ Not sure
- ☐ Not applicable

5. How easy was it to make an allowed adjustment when the workspace felt uncomfortable?

- ☐ Very difficult
- ☐ Somewhat difficult
- ☐ Neither easy nor difficult
- ☐ Somewhat easy
- ☐ Very easy
- ☐ I did not need an adjustment
- ☐ I do not know what adjustments are allowed
- ☐ Not applicable

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6. Which condition most needs a closer review in this workspace?

- ☐ Temperature
- ☐ Sound
- ☐ Lighting
- ☐ Available adjustments
- ☐ No condition needs review
- ☐ Another condition
- ☐ Not sure
- ☐ Not applicable

7. What recurring situation would help the facilities team understand your answer?
