

# SURVEY

Survey #: \_\_\_\_\_

This survey is part of the LEED certification process. Your participation greatly appreciated. Please write your name below and complete the survey.

## OCCUPANT COMFORT SURVEY

- Please select the number that best indicates your level satisfaction for each category
- '0' represents a neutral stance. Neither satisfaction nor dissatisfaction experienced
- A mark on the scale left of the zero denotes dissatisfaction (explanation requested)
- A mark on the scale right of the zero denotes satisfaction

**Completely Dissatisfied**      -3    -2    -1    0    +1    +2    +3      **Completely Satisfied**

General Satisfaction  
– Overall Facility

Thermal Comfort

Air Quality

Lighting

Acoustic Quality

Cleanliness and  
Maintenance

If you circled a negative number for any of the categories, please specify why in the space provided below. Management will address any comfort issues identified during this survey process.

**Comments:** \_\_\_\_\_