

Subjective questionnaire

Research Description:

Thank you for participating in this survey. Your cooperation will be of great help to our research. We have explained and explained the contents of the questionnaire before filling in the questionnaire. If you have any questions during the filling process, please feel free to ask the staff. All data obtained in this survey are only used for scientific research, and the contents of personal information will be kept strictly confidential. Thank you for your support and cooperation.

1. Season: Cooling season; Heating season; Transition season
2. Gender: Male; Female; Age: ____; Height: ____ cm; Weight: ____ kg
3. How many years have you lived here? _____
4. What is your general thermal sensation? (Check the one that is most appropriate)
 -3 Cold -2 Cool -1 Slightly cool

 0 Neutral 1 slightly warm 2 warm 3 hot
5. What is your general thermal comfort? (Check the one that is most appropriate)
 0 Very comfortable 1 Comfortable 2 Just comfortable

 3 Just uncomfortable 4 Uncomfortable 5 Very uncomfortable
6. What is your general thermal acceptability? (Check the one that is most appropriate)
 -1 Unacceptable -0.01 Just unacceptable 0.01 Just acceptable 1
Acceptable
7. Do you want room temperature? Cooler; No change; Warmer
8. What is your activity level right now? (Check the one that is most appropriate)
 Reclining Sitting quite Sitting typing Sitting writing

 Seating reading Seating filing Standing quite Standing typing

 Standing filing Watching TV Cleaning window Sweep the
floor Walking 2 km/s Walking 3 km/s Walking 4 km/s
Walking 5 km/s Others
9. Are you near an exterior wall (within 2 m)? Yes; No
10. Are you near a window (within 2 m)? Yes; No