JANICE FUNG

Mackintosh School of Architecture | PhD (Energy Studies)

SATISFACTION STUDY: Tenants/Occupants

OBJECTIVE: review occupant's habits and to gain insight into how they respond to their home environment.

CONTENTS:

Date:_____ **Time:**_____ **Temperature/weather:** _____

Floorplan (sketch)

A. PERSONAL INFORMATION

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1. Name: _____ 2. Gender: F | M

3. Address: _____ 4. Age: _____

_____

5. Housing Type: _____ 6. No. of Rooms: _____

_____

7. Work Status: employed | unemployed | student | retired | other: _____

_____

8. Duration of stay: _____ 9. No. of occupants: _____

_____

9. Do you require special needs services? _____

_____

10. If so, what are they? _____

_____

B. MEASUREMENTS IN THE HOME

	Living Room	Kitchen	Bathroom	Bedroom 1	Bedroom 2
TEMP (°C)	°C	°C	°C	°C	°C
RH (%)	**%**	**%**	**%**	**%**	**%**
CO_2 (%)	**%**	**%**	**%**	**%**	**%**

- **Additional Rooms/Spaces**

TEMP (°C)	°C	°C	°C	°C	°C
RH (%)	**%**	**%**	**%**	**%**	**%**
CO_2 (%)	**%**	**%**	**%**	**%**	**%**

C. INITIAL OBSERVATIONS *(e.g. air quality, stuffiness, temperature, lighting, sunlight, etc.)*

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D. HABITS AT HOME

1. On average, how many hours do you spend at home?

Weekdays: _____ hrs

Weekends: _____ hrs

2. Describe your daily routine in the house. (audio recorded – requires consent)

Weekdays: _____

_____

_____

_____

_____

Weekends: _____

_____

_____

_____

_____

- *Habits to observe: laundry, washroom, kitchen, cleaning, temperature/heating, windows, use of appliances, garden, balcony space, pets, lighting, etc.*

E. ROOM TEMPERATURE

1. Which rooms/spaces have heating? _____

_____

2. What type of heating do you use?

Central Heating: Y | N Other: _____ Additional:_____

_____

3. Which months do you use heating?

J F M A M J J A **S O N D**

Bold- Fall/Winter

Underline- Spring

4. What time of day do you have the heating on?

Morning: _____ Afternoon: _____

_____

Evening: _____ Night: _____

_____

5. On average, at what **level** do you set the heater (heat emitter) at for each room/space?

Kitchen: _____ Bathroom: _____
Living Room: _____ Bedrooms: _____
Hallway: _____ Other: _____

6. On average, at what temperature do you set the main thermostat at? _____ º C

7. Why do you set the thermostat and heater at these settings for each room?

_____
_____
_____
_____

F. ACCESS TO SUNLIGHT

1. Which rooms have windows? _____
_____

2. What is the orientation of each of your windows?

Kitchen: _____ Bathroom: _____
Living Room: _____ Bedrooms: _____
Conservatory: _____ Other: _____

3. From a **scale of one to five**, rate the importance of access to sunlight in your home?

UNIMPORTANT 1 2 3 4 5 VERY IMPORTANT

4. Describe the aspects in which natural sunlight benefits your lifestyle? *(e.g. solar heat gains, cost effectiveness, ambience, source of motivation, etc.)*

_____
_____
_____

5. How does natural sunlight affect your mood?

_____
_____
_____

6. How does sunlight affect your habits in the home? *(e.g. activity level)*

_____
_____
_____

7. From a **scale of one to five**, rate the importance of an outdoor space with good access to sunlight?

UNIMPORTANT 1 2 3 4 5 VERY IMPORTANT

8. From a **scale of one to five**, rate the importance of **private** outdoor?

UNIMPORTANT 1 2 3 4 5 VERY IMPORTANT

9. From a **scale of one to five**, rate the importance of **communal** outdoor?

UNIMPORTANT 1 2 3 4 5 VERY IMPORTANT

G. WINDOWS

1. On a daily average while the **heating is ON**, how often do you open the windows in each room? Kitchen: _____ Bathroom: _____
Living Room: _____ Bedrooms: _____

2. Why do you choose to open the windows for this duration of time? _____
_____
_____

3. Do you use the trickle or other window/wall vents? Y | N *(go to #6)* | no vents

4. How often do you open/close the trickle or window vents? _____
_____

5. What are your reasons to manage the trickle vents for these periods? _____
_____
_____

6. If you **DO NOT** use the trickle vents, what are the reasons for this?

Height/inaccessibility: Y | N Inconvenient/hassle: Y | N
Obstruction (i.e. curtains/blinds): Y | N Unsure how to use: Y | N
Other : _____

H. VENTILATION

1. Do you have extract fans in the home? Y | N

2. If **YES**, In which rooms do you have extract fans? _____

3. Which fans do you use on a regular basis? _____

4. (a) Which fans are automatically triggered and which are manually switched-on? _____

(b) If any, which **automatic fans** are humidistat-controlled and which use a timer? _____

5. What are your reasons for using these extract fans? _____

6. If you have disabled any extract fans, which ones are they? _____

7. Why have you disabled these fans? _____

8. Do you have a passive stack ventilation system? Y | N

9. If any, what other passive ventilation systems do you have and use (i.e. hallway, wall or room vents)? _____

10. Do you require a dehumidifier? Y | N

11. If **YES**, how often do you use it? _____

12. What are your reasons for using the dehumidifier? _____

I. HUMIDITY

1. How do you do your laundry?

Washing Machine Hand-wash Launderette Other: _____

_____

Combination: _____

_____

2. How often do you do your laundry? _____

_____

3. (a) If you **DO own a washer**, does it have a tumble dryer? Y | N *(go to #7)* **Model #:**

_____

(b) Or a separate tumble dryer? Y | N

4. Where is the washer/tumble dryer located?

Kitchen Utility room Other: _____

_____

5. How often do you use the tumble dryer? _____

_____

6. (a) How is your tumble dryer vented or plumbed in?

Purpose built duct to outside Flexible hose system

No ventilation system Other: _____

_____

(b) If dryer has **no vented system and is not plumbed in (condenser type)**, do you feel that the **heat emitted is an added benefit?** Y | N

7. If you **DO NOT own a tumble dryer**, how do you dry your clothes?

Hang dry outside Hang dry indoors (clothes horse/closet space)

Dry on radiators Other: _____

_____

8. (a) Have you noticed any surface condensation on the windows? Y | N

(b) If so, when does this usually occur? _____

_____

9. (a) Have you noticed any mould or mildew on your walls/surfaces? Y | N

(b) If so, which walls/surfaces have mould or mildew? _____

_____

(c) Is there mildew on your clothing (i.e. in wardrobes or drawers)? Y | N

J. ACOUSTIC INSULATION (title -- revision needed ?)

1. Can you hear your neighbours from your flat (beside, below or neighbouring flats)? Y | N

2. If **YES**, can you describe the circumstances in which you can hear your neighbours?

- *Time of day and duration of noise, age group, activity and cause of noise, etc.*

_____

_____

_____

_____

_____

3. On a **scale of one to five**, please rate the frequency of noise you can hear from your flat.

NEVER 1 2 3 4 5 VERY OFTEN

4. On a **scale of one to five**, please rate the degree of disturbance the noise has caused you.

NEVER 1 2 3 4 5 VERY OFTEN

K. CHANGES TO HOME

1. Describe some things you would like improved with the design of your home including external space (private or communal)?

_____

_____

_____

_____

_____

_____

_____

_____

2. How would these changes benefit your lifestyle?

3. If any, what are some complaints you have with your housing conditions at the moment?

L. PERCEIVED STRESS SCALE

On a **scale of one to five**, rate the degree to which you felt the following **in the past month in your house**:

NEVER 1 2 3 4 5 VERY OFTEN

1. How often have you been upset because of something that happened unexpectedly in the house? _____

2. How often have you felt that you were unable to control the important things in your life because of matters with your home? _____

3. How often have you felt nervous and stressed in your house? _____

4. How often have you felt that things were going your way in the house? _____

5. How often have you found that you could not cope with all the things you had to do in the house? _____

6. How often have you been angered because of things that happened beyond your control in the house? _____

7. How often have you been able to control the way that you spend your time in and out of the house? _____

8. How often have you felt difficulties were piling up so high that you could not overcome them in the house? _____

M. POSITIVE AND NEGATIVE AFFECTIVITY SCALES

On a **scale of one to five**, please rate the extent to which you have felt these emotions listed below in the **past few weeks**.

NEVER 1 2 3 4 5 VERY OFTEN

Enthusiastic	☐	**Proud**	☐
Irritable	☐	**Ashamed**	☐
Alert/Attentive	☐	**Upset**	☐
Nervous	☐	**Scared/Afraid**	☐

N. PERSONAL WELL-BEING

On a **scale of one to five**, please rate the frequency of occurrence of these ailments over **the past 3 months**.

NONE 1 2 3 4 5 VERY OFTEN

1. Inability to get to sleep or stay asleep. _____ ☐

2. Headaches and pains in your head. _____

3. Indigestion or sickness. _____

4. Feeling unaccountably tired or exhausted. _____

5. Tendency to eat, drink or smoke more than usual. _____

6. Shortness of breath or feeling dizzy. _____

7. Decrease in appetite. _____

8. Muscles trembling (e.g. eye twitch). _____

9. Pricking sensations in parts of your body. _____

10. Feeling as though you don't want to get up in the morning. _____

11. Tendency to sweat or a feeling of your heat beating hard. _____

12. Dryness of eyes. _____

13. Itchy/watery eyes. _____

14. Blocked/stuffy nose. _____

15. Runny nose. _____

16. Lethargy and/or tiredness. _____

17. Dry, itching and irritated skin. _____

---

18. Do you think these symptoms are related to your living conditions? Y | N

19. If YES, please describe what you think may be causing these ailments.

_____

_____

_____

20. (a) Do you maintain a regular diet on a daily basis? Y | N
(b) If **NO**, why not? _____

_____

21. (a) Are you taking any drugs/prescription at the moment? Y | N

(b) If **YES**, what are you taking and why? _____

_____

22. (a) Are you a smoker? Y | N

(b) If **YES**, how many packs do you smoke per day? _____

23. What is your average weekly alcohol consumption? _____Units/week

(1 unit = ½ pint of beer, 1 glass of wine, 1 measure of spirits, etc.)

24. (a) Do you own pets? Y | N

(b) If **YES**, what pets do you have and how many? _____

_____