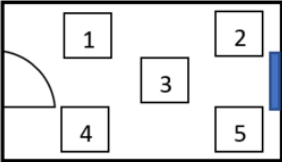


**Occupant-Centered Adaptive Façades Assessment Survey (OCAFAS-15)**

**Part A: Personal data**

<b>A1: Gender</b>	Man	Woman				
<b>A2: Age</b>						
<b>A3: How long have you been working here?</b>						
<b>A4: Are you near a window (within 4 m)?</b>	YES	NO				
<b>A5: Are you near an exterior wall (within 4 m)?</b>	YES	NO				
<b>A6: What best describes the area of building where your space is located?</b>	North	East	South	West	Core	
	Don't know					
<b>A7: On which floor of the building is your space located?</b>	1rst	2nd	3rd	Other :		
<b>A8: In which place do you spend most of your time?</b>						
		1	2	3	4	5
<b>A9: Which of the following do you personally adjust or control in your space?</b>	Windows blinds or shades	Room AC unit	Portable heater	Permanent heater	Door to interior space	
	Door to exterior space	Adjustable air vent in wall or ceiling	Ceiling fan	Ajustable floor/air vent (diffuser)	Portable fan	
	Thermostat	Operable window	None of these	Other :		
<b>A10: Do you work mostly on computer or paper?</b>	Computer	Paper	Both			

**Part 1: General feeling**

	1=not at all			5=Extremely	
<b>Q1: Are you satisfied with the facade?</b>	1	2	3	4	5
<b>Q2: How satisfied are you with the current view to outside?</b>	1	2	3	4	5
<b>Q3: How important is it for you to have a clear view of the outside?</b>	1	2	3	4	5
<b>Q4: How often are you disturbed by glare (direct sunlight, bright sky, or bright walls)</b>	1	2	3	4	5
<b>Q5: How do you judge the current illuminance level on the work plane?</b>	1	2	3	4	5
<b>Q6: How comfortable is the current illuminance level on the work plane?</b>	1	2	3	4	5
<b>Q7: Do you think the facade management system adapt enough to meet your needs?</b>	1	2	3	4	5
<b>Q8: Does the change of brightness and view due to the movement of the facade disturb you?</b>	1	2	3	4	5

**Part 1: General feeling**

1=not at all

5=Extremely

<b>Q9:</b> Are you satisfied with the interaction you have with the facade?	1	2	3	4	5
<b>Q10:</b> Are you satisfied with the dashboard (feedback screens) functionality?	1	2	3	4	5
Do you have any other comments regarding your general feeling?					

**Part 2: Thermal comfort**

1=not at all

5=Extremely

<b>Q11:</b> How do you rate you're immediate thermal sensation:	Cold	Slightly cool	Neutral	Slightly warm	Hot
<b>Q12:</b> How do you perceive this temperature	1	2	3	4	5
<b>Q13:</b> Are you satisfied with the temperature in general?	1	2	3	4	5
Do you have any other comments regarding thermal comfort?					

**Part 3: Acoustic comfort**

1=not at all

5=Extremely

<b>Q14:</b> The noise associated with the movement of facade disturb you:	1	2	3	4	5
<b>Q15:</b> The noise associated with working in an open office disturb you:					

Do you have any other comments regarding the survey in general?					
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