

Room Number: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

## I. THIS CLASSROOM

1. For reading and writing, the amount of light is (select one):

- too bright
- bright
- a little bright
- just right
- a little dark
- dark
- too dark

2. Right now, I feel (select one):

- cold
- cool
- a little cool
- just right
- a little warm
- warm
- hot

3. The air quality in this classroom is (select one):

- very stuffy
- stuffy
- a little stuffy
- neutral
- a little fresh
- fresh
- very fresh

## II. ENVIRONMENTAL QUALITY

1. What is the best environmental quality about this classroom? Why?

2. If you could change anything about this classroom, what would you change? Why?

3. What is your favorite place in this school? Why?

4. Is there anything else you would like to say about the environmental conditions in this classroom that has not been covered by this survey?

5. Is there anything else you would like to say about the environmental conditions in this school that has not been covered by this survey?

6. Overall, the design of the school is (select one):

- excellent
- good
- fair
- poor
- failing

### III. ABOUT YOU

Age: \_\_\_\_\_ years  
Gender:  male  female

**THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY!**