1. **BACKGROUND**
	1. How many people are currently living in your unit?

1

2

3

other:

Please indicate your building number:

Please indicate your unit number:

When did you move into your present unit?

* 1. Please specify ages of all people living your unit (including yourself): Yourself

|  |
| --- |
|  |
|  |
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|  |

Person 1 <18

Person 2 <18

Person 3 <18

Person 4 <18

* 1. Which seasons have you or a household member experienced at your unit? winter Please check all that apply.

18-30

18-30

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18-30

18-30

18-30

spring

31-50

31-50

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|  |

31-50

31-50

31-50

summer

over 50

over 50

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|  |
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|  |

over 50

over 50

over 50 fall

* 1. When is the unit usually occupied by yourself and/or other people?

most of the time

evenings and weekends only

other:

* 1. During the course of the day, which areas of the suite are typically used by yourself and/or other people? (Do not check if not in unit)

**Night (11:00 PM to 7:00 AM)**

Living/family room Kitchen Bedrooms

Common building areas

Other, specify:

**Evening (7:00 PM to 11:00 PM)**

Living/family room Kitchen Bedrooms

Common building areas

Other, specify:

**Weekend (days not at work) Day (7:00 AM to 7:00 PM)**

Living/family room

Kitchen Bedrooms

Common building areas

Other, specify:

**Night (11:00 PM to 7:00 AM)**

Living/family room Kitchen Bedrooms

Common building areas

Other, specify:

**Evening (7:00 PM to 11:00 PM)**

Living/family room Kitchen Bedrooms

Common building areas Other, specify:

**Weekday**

**Day (7:00 AM to 7:00 PM)**

Living/family room Kitchen Bedrooms

Common building areas

Other, specify:

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* 1. Please describe any previous problems or repairs in your unit?

###  2. AIR AND TEMPERATURE

The questions in this section are about your satisfaction with temperature, humidity and quality of air (including smells and ventilation) in your unit during different seasons. Your ability to control air and temperature is also addressed.

* 1. Do you get any smells in your unit? yes no don't know

└ Go to question 2.2 └ Go to question 2.3 └ Go to question 2.3

* 1. Do you get any of the following smells in your unit? Check only the ones that apply, and for those selected, indicate how often you experience the smell.

Cooking smells from adjacent units continuously sometimes, please specify: Tobacco smoke from adjacent spaces continuously sometimes, please specify: Plumbing smells in your unit continuously sometimes, please specify: Garbage smells from adjacent spaces continuously sometimes, please specify: Moldy or musty smells in your unit continuously sometimes, please specify: Other: continuously sometimes, please specify:

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* 1. Please indicate if you have the following items and whether you use them. Please check all that apply.

Have Use Have Use

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in-suite thermostat central air-conditioning other, please specify:

portable heater portable fan

in-suite heating system ceiling fan plug-in air-conditioning unit fireplace (alternative type) in window or wall

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

* 1. How would you rate your ability to control the following: Heating no control

Cooling no control

Ventilation no control

full control don’t know

full control don’t know

|  |
| --- |
|  |
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full control don’t know

* 1. Does your unit get dusty more quickly than you would expect?
	2. Do any of the member of your household smoke **in the unit**?
	3. Do you have any pets?

often

yes yes

sometimes

no no

never

don’t know

└ Specify type and quantity:

## On average, how much time is spent cooking in the kitchen? most of the time on evenings and weekends 3-4 times a week almost never

* 1. Please rate the following for **both winter and summer conditions.**

If you have not experienced a season in this building, please leave questions for that season blank.

**WINTER**

**SUMMER**

too humid

1

7 too dry

don’t know

too humid

1

7 too dry

don’t know

not enough

1

7 too much

don’t know

not enough

1

7 too much

don’t know

unsatisfied

1 2

7 satisfied

don’t know

unsatisfied

1 2

7 satisfied

don’t know

too hot

1

7 too cold

don’t know

too hot

1

7 too cold

don’t know

stable

1 2

7 varies

don’t know

stable

1 2

7 varies

don’t know

daily

sometimes

never

don’t know

daily

sometimes

never

don’t know

daily

sometimes

never

don’t know

daily

sometimes

never

don’t know

daily

sometimes

never

don’t know

daily

sometimes

never

don’t know

daily

sometimes

never

don’t know

daily

sometimes

never

don’t know

unsatisfied

satisfied

don’t know unsatisfied

satisfied

don’t know

1. Humidity / Dryness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2 | 3 | 4 | 5 | 6 |  |  |
|  |  |  |  |  |  |  |
| 2 | 3 | 4 | 5 | 6 |  |  |
|  |  |  |  |  |  |  |
|  |  | 3 | 4 | 5 | 6 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 2 | 3 | 4 | 5 | 6 |  |  |
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| 2 | 3 | 4 | 5 | 6 |  |  |
|  |  |  |  |  |  |  |
|  |  | 3 | 4 | 5 | 6 |  |

1. Ventilation air flow
2. Overall satisfaction with air quality
3. Overall temperature levels

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2 | 3 | 4 | 5 | 6 |  |  |
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|  |  | 3 | 4 | 5 | 6 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 2 | 3 | 4 | 5 | 6 |  |  |
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|  |  | 3 | 4 | 5 | 6 |  |
|  |  |  |  |  |  |  |

1. Variations in temperature throughout the day?
2. Room(s) that are hotter/colder than the rest of the unit
3. Extremely warm surfaces (e.g. walls, floors)
4. Extremely cold surfaces (e.g. walls, floors)
5. How often do you open or close windows to adjust temperature in your unit?
6. Overall satisfaction with temperature

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

* 1. Do you have a problem with any of the above in spring or fall? If yes, please specify by the appropriate Letter (a to j) from above.

|  |  |  |  |
| --- | --- | --- | --- |
| SPRING |  | FALL |  |
| no | yes└ Specify Letter (a to j):  | no | yes└ Specify Letter (a to j):  |

### . NOISE

This section addresses any problems with noise in your unit from a variety of possible sources.

* 1. Do you get any noise in your unit from other spaces? yes no
	2. Please rate the noise levels from the following sources. If present, please describe the nature of the sound from each source, and when it usually occurs. If you don’t know, please leave the boxes blank.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of Sound** | **Noise Level** | **When** |
| a) | From neighboring units and | voices/music/television | none | too | much | morning | day | evening |
|  | corridors, stairwells etc. | or other sounds |  |  |  |  | night | all the time |
|  |  | impact noise from | none | too | much | morning | day | evening |
|  |  | above (e.g. footsteps) |  |  |  |  | night | all the time |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

* 1. Noise from any other sources?

b) From traffic

morning

c)

From heating, cooling and

ventilation equipment

morning

d) From plumbing

morning

e) From garbage chutes

(e.g. slamming, rattling)

morning

f)

From elevators

(e.g. slamming, rattling, scraping, squeaking)

morning

no yes →

→

specify source (e.g. rooftop equipment):

unknown source

* 1. Overall, what is the overall Level of Privacy within unit (when there is 2 or more people present) Level of Privacy?
	2. Overall, what is the overall Level of Privacy within common area (like corridor or yard)?
	3. Noise annoyance during activities:

a) While Sleeping

morning

b)

While Reading/Studying

c)

While Having Discussions with Others (Communication)

morning

d) While Relaxing

(e.g. movie, gaming, yoga, etc.)

morning

 morning

7

6

5

4

3

2

1

unsatisifed

unsatisifed

satisifed

satisifed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |

don’t know

don’t know

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |  |  |  |
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

* 1. Overall, how would you rate your satisfaction with acoustic quality in your unit? unsatisfied
	2. Overall, how would you rate your satisfaction with acoustic quality in common area? unsatisfied

satisfied

satisfied

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

don’t know

don’t know

###  4. LIGHTING

The questions in this section are about your satisfaction with lighting levels in different rooms in your unit, ability to control overall lighting levels, and any problems with glare.

* 1. Do you need to turn lights on during the day? daily sometimes never don’t know

└ Specify which rooms:

* 1. Do you have problems with glare from sun and/or sky?

daily

sometimes

never

don’t know

└ Specify which rooms:

* 1. How would you rate lighting levels in your **kitchen**? Consider artificial lighting. too low

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

* 1. How would you rate lighting levels in your bathroom? Consider artificial lighting. too low

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

If you have more than one bathroom, answer for the main bathroom.

too high too high

don’t know don’t know

* 1. Do you have problems with glare from permanent light fixtures?

daily

sometimes

never

don’t know

(e.g. ceiling lights) └ Specify which rooms:

* 1. Please indicate if you have the following items and whether Have Use

you use them. Please check all that apply. light dimmers other, specify:

task lights

* 1. Overall, how would you rate your satisfaction with lighting in your unit? unsatisfied

Consider both natural and artificial lighting.

* 1. Overall, how would you rate your satisfaction with acoustic quality in common area? unsatisfied

satisfied

satisfied

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

don’t know

don’t know

### . WALLS AND WINDOWS

This section addresses possible problems with exterior elements of you unit, including windows, sliding doors, exterior walls, and roofs.

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* 1. In winter, do you get condensation on the surface of your: windows?

skylight? walls? ceilings?

Yes, when? no Yes, when? no Yes, when? no Yes, when? no

don’t know don’t know don’t know don’t know

* 1. Do you keep a humidifier on in cold weather?
	2. Do you keep a dehumidifier on in hot weather?
	3. How often is range hood used in the unit?
	4. How often are bathroom fans used in the unit?

continuously continuously

every time stove is used

after every shower

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sometimes sometimes sometimes

sometimes

never never never

never

N/A N/A N/A

N/A

* 1. Do you have any evidence of water leakage at your windows or sliding doors?

(e.g. staining, bubbling of paint, water accumulation) walls or ceiling?

interior walls?

Yes, when? no Yes, when? no Yes, when? no

don’t know don’t know don’t know

# POST-OCCUPANCY EVALUATION OCCUPANT SATISFACTION SURVEY page 7 of 7

* 1. Do you have any drafts?

yes

└ specify sliding doors

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

source: windows

no don’t know

walls around electrical outlets bottom of the walls

don’t know

* 1. Have you observed any staining or Windows or sliding doors mold growth on the following surfaces? Exterior walls

Ceilings

Other:

* 1. Have you observed any cracks in walls or ceilings?

yes yes yes yes

yes

|  |
| --- |
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no don’t know

no don’t know

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no don’t know

no don’t know

no don’t know

* 1. Have you observed any vertical staining patterns on walls or grid pattern on ceilings? (ghost marking)

yes

no don’t know

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###  6. COMMON AREAS

For the following common spaces, please indicate how satisfied you are with the following performance areas:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6.1 | Corridor on | your | floor | Temperature Levels | unsatisfied | satisfied |  | don’t know |
|  |
|  |  |  |  | Noise Levels | unsatisfied | satisfied | don’t know |
|  |
|  |  |  |  | Privacy Levels | unsatisfied | satisfied |  | don’t know |
|  |  |  |  | Smells | unsatisfied | satisfied |  | don’t know |
|  |  |  |  | Lighting Levels | unsatisfied | satisfied |  | don’t’ know |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6.2 | Entrance lobby | Noise Levels | unsatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfied |  | don’t know |
|  |  | Privacy Levels | unsatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfied |  | don’t know |
|  |  | Smells | unsatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfied |  | don’t know |
|  |  | Lighting Levels | unsatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfied |  | don’t know |
| 6.3 | Other – Please Specify | Temperature Levels | unsatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfied |  | don’t know |
|  | e.g. fitness room | Humidity Levels | unsatisfied | satisfied | don’t know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |
|  | swimming pool | Ventilation air flow | unsatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfied |  | don’t know |
|  |  | Noise Levels | unsatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfied |  | don’t know |
|  |  | Privacy Levels | unsatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfied |  | don’t know |
|  |  | Smells | unsatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfied |  | don’t know |
|  |  | Lighting Levels | unsatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfied |  | don’t know |

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