

**1. Air temperature:**  
 - Being dressed as you are at the moment, how do you assess your current thermal sensation:

|                     |                     |                              |                       |                              |                     |                    |
|---------------------|---------------------|------------------------------|-----------------------|------------------------------|---------------------|--------------------|
| <i>cold</i><br>(-3) | <i>cool</i><br>(-2) | <i>slightly cool</i><br>(-1) | <i>neutral</i><br>(0) | <i>slightly warm</i><br>(+1) | <i>warm</i><br>(+2) | <i>hot</i><br>(+3) |
|---------------------|---------------------|------------------------------|-----------------------|------------------------------|---------------------|--------------------|

- Would you prefer it to be:

|                       |                         |                       |
|-----------------------|-------------------------|-----------------------|
| <i>cooler</i><br>(-1) | <i>unchanged</i><br>(0) | <i>warmer</i><br>(+1) |
|-----------------------|-------------------------|-----------------------|

**2. Wind:**  
 - Would you like the wind to blow:

|                       |                              |                       |
|-----------------------|------------------------------|-----------------------|
| <i>weaker</i><br>(-1) | <i>stay unchanged</i><br>(0) | <i>harder</i><br>(+1) |
|-----------------------|------------------------------|-----------------------|

**3. Sun:**  
 - Would you like the sun to shine:

|                               |                              |                               |
|-------------------------------|------------------------------|-------------------------------|
| <i>less intensive</i><br>(-1) | <i>stay unchanged</i><br>(0) | <i>more intensive</i><br>(+1) |
|-------------------------------|------------------------------|-------------------------------|

**4. Cloudiness:**  
 - Would you prefer now the sky to be:

|                         |   |                                  |
|-------------------------|---|----------------------------------|
| <i>cloudless</i><br>(0) | <i>covered with a few clouds</i><br>(1) | <i>completely clouded</i><br>(2) |
|-------------------------|---|----------------------------------|

**5. Humidity:**  
 - Would you like the humidity to be:

|                      |                         |                       |
|----------------------|-------------------------|-----------------------|
| <i>lower</i><br>(-1) | <i>unchanged</i><br>(0) | <i>higher</i><br>(+1) |
|----------------------|-------------------------|-----------------------|

**6. Clothing:**  
 - Choose the clothes you are wearing now:

|   |  |  |                         |
|---|--|--|-------------------------|
| <i>T-shirt / top / shirt with short sleeves /<br/>shirt / blouse with long sleeves / vest /<br/>sweatshirt / jumper / cardigan / turtleneck /</i> | <i>shorts / short skirt /<br/>trousers / long skirt /<br/>¾ trousers /</i> | <i>socks / leg warmers /<br/>tights / leggings /</i> | <i>scarf / gloves /</i> |
|---|--|--|-------------------------|

outer layer:  
*1-layer jacket / 1-layer trench coat / quilted jacket / woollen coat /  
down vest / leather jacket / fleece jacket / other overcoat  
(what?) .....*

|   |   |
|---|---|
| <i>shoes / trainers / boots /<br/>ankle boots / Wellingtons /<br/>sandals</i> | <u>headdress: yes / no</u><br><i>hat / cap / head shawl /<br/>hood / headband /</i> |
|---|---|

- Does any of your clothing elements have special thermal properties (gore-tex, hydrotex, polartec etc.)? .....

**7. Recent physical activity:**  
 - Where have you been before coming here (last 30 minutes):

|                 |   |  |                   |
|-----------------|---|--|-------------------|
| <i>outdoors</i> | <i>indoors</i><br>(with / without air conditioning) | <i>in the vehicle</i><br>(with / without air conditioning) | <i>other.....</i> |
|-----------------|---|--|-------------------|

- During last 30 minutes your main activity was:

|                |                 |                |                    |
|----------------|-----------------|----------------|--------------------|
| <i>sitting</i> | <i>standing</i> | <i>walking</i> | <i>other .....</i> |
|----------------|-----------------|----------------|--------------------|

**8. Reason of being in this place :**  
 - Are you in this place for the tourist / recreational reason:      Yes / No

**9. Personal information:**  
 - Age: *below 15 / 15-29 / 30-44 / 45-65 / over 65*                      - Sex:      *male / female*  
 - Where do you live (country and city): .....  
 - For how long have you been in Warsaw or its surroundings (number of days): .....  
 - Do you suffer from any of diseases mentioned below:  
*hypertension / coronary (heart) disease / rheumatic disease / respiratory system disease (including asthma and allergy) /  
chronic gastric ulcer disease /*