

Supplementary Material S1

Subjective questionnaires

Date:_____ Time:_____ Test location:_____ Hometown:_____
Length of time living locally:_____ Biological sex: ☐ Male ☐ Female
Age:_____ Height:_____ Weight:_____
Environment: ☐ Under the sun ☐ Under the shadow

“This project is a research project of Beijing Institute of Technology, School of Design & Art. We guarantee that your personal information will not be disclosed by any means or in any form. Please answer the questions as honestly as possible. There is no right or wrong answer. Thank you for your cooperation.”

1. Please tick the clothing combination you are wearing at this moment:

Upper Body: ☐ Sleeveless Vest T-shirt: (☐ Short-sleeve T-shirt ☐ Long-sleeve T-shirt ☐ Jacket/Coat

Lower Body: ☐ Shorts ☐ Straight trousers(thin) Skirts:(☐ Short skirts ☐ Long skirts) Dress:(☐ Short-sleeve dress ☐ Long-sleeve dress)

Feet: ☐ Shoes ☐ Boots ☐ Socks

Others: ☐ Hat

If you wear other clothes, please specify:_____

2. Please describe the temperature you currently feel: (Voting instructions: Please vote according to actual feeling at this moment, and mark on the corresponding scale, as shown in the figure below.)

Very cold (-2) Neutral Very hot (2)
-2 -1 0 1 2

3. Please describe the humidity you currently feel: (Voting instructions: Please vote according to actual feeling at this moment, and mark on the corresponding scale, as shown in the figure below.)

Very dry (-2) Neutral Very wet (2)
-2 -1 0 1 2

4. Please describe the wind you currently feel: (Voting instructions: Please vote according to actual feeling at this moment, and mark on the corresponding scale, as shown in the figure below.)

Very small (-2) Neutral Very large (2)
-2 -1 0 1 2

5. Please describe the sunlight you currently feel: (Voting instructions: Please vote according to actual feeling at this moment, and mark on the corresponding scale, as shown in the figure below.)

| | | | | |
|------------------|----|---------|---|-------------------|
| No sunlight (-2) | | Neutral | | Very sunburnt (2) |
| -2 | -1 | 0 | 1 | 2 |

6. Please describe the loudness of the sound you are currently experiencing:
 (Voting instructions: Please vote according to actual feeling at this moment, and mark on the corresponding scale, as shown in the figure below.)

| | | | | |
|----------------|----|---------|---|----------------|
| Very loud (-2) | | Neutral | | Very Quiet (2) |
| -2 | -1 | 0 | 1 | 2 |

7. Please describe the loudness of the smell you are currently experiencing:
 (Voting instructions: Please vote according to actual feeling at this moment, and mark on the corresponding scale, as shown in the figure below.)

| | | | | |
|----------------------|----|---------|---|---------------------|
| Very unpleasant (-2) | | Neutral | | Very good smell (2) |
| -2 | -1 | 0 | 1 | 2 |

8. Please describe the range of your current line of sight: (Voting instructions: Please vote according to actual feeling at this moment, and mark on the corresponding scale, as shown in the figure below.)

| | | | | |
|------------------|----|---------|---|---------------|
| very narrow (-2) | | Neutral | | Very open (2) |
| -2 | -1 | 0 | 1 | 2 |

9. Please describe the air quality you currently feel: (Voting instructions: Please vote according to actual feeling at this moment, and mark on the corresponding scale, as shown in the figure below.)

| | | | | |
|----------------|----|---------|---|---------------|
| Very poor (-2) | | Neutral | | Very good (2) |
| -2 | -1 | 0 | 1 | 2 |

10. What do you currently think is the comfort level of the sound environment here: (Voting instructions: Please vote according to actual feeling at this moment, and mark on the corresponding scale, as shown in the figure below.)

| | | | | |
|-------------------------|----|---------|---|----------------------|
| Very uncomfortable (-2) | | Neutral | | Very comfortable (2) |
| -2 | -1 | 0 | 1 | 2 |

11. What do you currently think is the overall comfort level here: (Voting instructions: Please vote according to actual feeling at this moment, and mark on the corresponding scale, as shown in the figure below.)

| | | | | |
|-------------------------|----|---------|---|----------------------|
| Very uncomfortable (-2) | | Neutral | | Very comfortable (2) |
| -2 | -1 | 0 | 1 | 2 |