



Office use only
Date rec'd _____
Counselor _____

Your Name: _____ Male Female 2016/17
 E-mail: _____ Phone #: _____

ROOMMATE QUESTIONNAIRE

Do NOT fill out this form if you do NOT want a roommate!

This questionnaire will aid our effort to help you find a compatible roommate.
 Please answer all questions honestly. Feel free to add explanatory comments whenever necessary.

1. If you already have a roommate, please indicate name(s): _____
2. Do you smoke? Yes No Would you mind living with someone who does smoke? Yes No
3. Do you keep your room neat and orderly? Yes No
 Would you mind living with someone who isn't neat and orderly?
 Yes No
4. How many people are in your family: _____
5. Will you be working while attending PCA&D? Yes No Not Sure
6. What time do you generally go to bed?
 Before 11 pm 11 pm-12 midnight 12 - 1 am After 1 am
 What time do you generally wake up?
 Before 7 am 7 - 8 am 8 - 9 am After 9 am
7. How much of your free time do you spend listening to music?
 Most of the time Occasionally Rarely
8. What are your musical preferences? (i.e. ska, punk, rock, etc)

9. How much time do you spend watching television each day?
 Rarely 1-3 hours 3-5 hours 5-8 hours
 Give examples of your favorite TV shows and movies:

10. What are your food preferences? _____

Are you a vegetarian? Yes No

Do you have any food allergies? Yes No If yes, please list: _____

11. Do you have any special conditions that would affect your housing assignment?

(Ex: allergies, limitation of mobility, etc.) Yes No

If yes, please explain: _____

12. Please check all that describe your study habits:

Perfectionist I like to do what I need to get by Organized Disorganized

Last-minute, stay up all night Plan ahead Like to study at night Like to study during the day

Like to study with music Like to study in complete silence Like to study in groups

Prefer to study alone Other: _____

13. What are some of your extracurricular interests?

14. How do you feel about parties?

I love them! Once in a while, as long as they don't get out of hand Not interested

Ok, but not in my apartment Other: _____

15. How do you feel about alcohol & other substances?

Fine Ok for other people, but not for me Never! Other: _____

16. How do you feel about overnight guests in your apartment?

Friends of the same sex are ok Only during the weekend Anytime during the week

Boyfriends and/or girlfriends are ok As long as it's not all the time Other: _____

17. Describe your personality (ex: independent, private, outgoing, etc.):

18. What are you looking for in a roommate?

Any additional comments, questions, or concerns: _____