**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?

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? __________________________________________________________

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

   Office use only
   Date rec’d _________
   Counselor _________
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: ________________________________

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