

Office use only Date rec'd	use only
Counselor	

Your Name:	$lue$ Male $\Box$	Female $\Box$	2017/18
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 $\square$ No $\square$ Would you mind living with someone who does smoke? Yes $\square$ No $\square$
3.	Do you keep your room neat and orderly? Yes \( \square\) No \( \square\) Would you mind living with someone who isn't neat and orderly?
	Yes No 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
	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 $\square$ Occasionally $\square$ Rarely $\square$
8.	What are your musical preferences? (i.e. ska, punk, rock, etc)
	<del></del> '
9.	How much time do you spend watching television each day?
	Rarely $\square$ 1-3 hours $\square$ 3-5 hours $\square$ 5-8 hours $\square$
	Give examples of your favorite TV shows and movies:
10.	What are your food preferences?

	Are you a vegetarian? Yes No No
	Do you have any food allergies? Yes $\square$ No $\square$ If yes, please list:
11.	Do you have any special conditions that would affect your housing assignment?
	(Ex: allergies, limitation of mobility, etc.) Yes $\square$ No $\square$
	If yes, please explain:
12.	Please check all that describe your study habits:
	Perfectionist $\square$ I like to do what I need to get by $\square$ Organized $\square$ Disorganized $\square$
	Last-minute, stay up all night $\square$ Plan ahead $\square$ Like to study at night $\square$ Like to study during the day $\square$
	Like to study with music $\square$ Like to study in complete silence $\square$ Like to study in groups $\square$
	Prefer to study alone  Other:
13.	What are some of your extracurricular interests?
14.	How do you feel about parties?
	I love them! $\square$ Once in a while, as long as they don't get out of hand $\square$ Not interested $\square$
	Ok, but not in my apartment  Other:
15.	How do you feel about alcohol & other substances?
	Fine $\square$ Ok for other people, but not for me $\square$ Never! $\square$ Other:
16.	How do you feel about overnight guests in your apartment?
	Friends of the same sex are ok $\square$ Only during the weekend $\square$ Anytime during the week $\square$
	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.):
17.	Describe your personanty (ex. macpendent, private, outgoing, etc.).
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18.	What are you looking for in a roommate?
10.	what are you looking for in a foornmate:
Anz	additional comments, questions, or concerns:
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