



Your Name: _____ Male ☐ Female ☐ 2015/16
 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.

- If you already have a roommate, please indicate name(s): _____
- Do you smoke? Yes ☐ No ☐ Would you mind living with someone who does smoke? Yes ☐ No ☐
- Do you keep your room neat and orderly? Yes ☐ No ☐
 Would you mind living with someone who isn't neat and orderly?
 Yes ☐ No ☐
- How many people are in your family: ____
- Will you be working while attending PCA&D? Yes ☐ No ☐ Not Sure ☐
- 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 ☐
- How much of your free time do you spend listening to music?
 Most of the time ☐ Occasionally ☐ Rarely ☐
- What are your musical preferences? (i.e. ska, punk, rock, etc)

- 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:

- 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: _____