



Office use only
Date rec'd _____
Counselor _____

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.

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: \_\_\_\_\_