

# Roommate Questionnaire

Please keep in mind that it is in your best interest to complete this questionnaire as accurately as possible.

Name: \_\_\_\_\_

Class Year: \_\_\_\_\_

Cell/ Room Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Sleep Habits:

1. I generally wake up at \_\_\_\_\_ on weekdays. I generally wake up at \_\_\_\_\_ on weekends.
2. I generally go to bed at \_\_\_\_\_ on weekdays. I generally go to bed at \_\_\_\_\_ on weekends.
3. I am not able to sleep in this type of environment:

## Study Time:

1. My academic major is:
2. The bulk of my studying occurs in the morning/ afternoon/ evening/late evening hours.
3. The bulk of my studying takes place in my room/ the library/computer room, etc.
4. I am not able to study in this type of environment...

## Room Environment:

1. I would characterize myself as neat and clean/ messy person/somewhere in the middle.
2. I enjoy this type of music...
3. How do you feel about borrowing or sharing things (refrigerator, stereo, television, etc)

## Friends and Privacy:

1. How often do you have overnight male/female guests? How often and how late do you have friends over?
2. How comfortable are you with men in the room?
3. How much time do you expect to be alone in the room?

Alcohol/Drugs/Smoking:

1. I would like to opt for a Substance Free living. Y N (please circle)

***Substance Free Living*** is defined as a room with a higher standard of living free from the use or impact from the use of alcohol, tobacco, illegal drugs, and misuse of over the counter and prescribed medicines. Residents would also agree to refrain from the glamorization or celebration of the use of substances in decoration (posters), apparel, and paraphernalia. Use includes use in or out of the residence halls (i.e. you could not come back to the residence hall after drinking). Room residents agree to their guest(s) adherence to this standard while in the room. (i.e. you would not allow your guest to come back to the room under the influence).

Breach of this substance free living agreement may result in housing reassignment in addition to outcomes connected with violations of the campus smoking, alcohol, and drug policies.

2. This is how I feel about alcohol use in the room....
3. This is how I feel about drug use in the room....
4. I am a smoker/non-smoker. This is how I feel about smoke in the room...

Telephone and Computer Use:

1. When do you feel it is too late to receive calls at night – what is too early in the morning?
2. How much time a day do you spend on the telephone/computer?

Expectations:

1. This is what I expect from my roommate...
2. This is the type of social life I am expecting in the room and on campus....
3. When conflict arises with my roommate, this is how I deal with it...
4. My roommate should know this about me.....

Anything else?

Please feel free to make any other comments that you think might be important to someone making a decision about moving in with you.

Thank you for your cooperation.