

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. This is how I feel about alcohol use in the room....
2. This is how I feel about drug use in the room....
3. 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...



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.