**Shared Housing roommate survey**

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

Gender­­­­­­­\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age/Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer to live with: (Circle) **Same Sex Only Opposite Sex CO-ED**

Will you have a vehicle? **YES NO**

Do you have any special allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Rate how you prefer your shared living area: (**Neat & Clean) 1 2 3 4 5 (Messy & Disorganized)**

2. How do you typically clean: **Clean right away** **Clean before I go to bed**  **I** **wait a few days**

3. Do you consider yourself: (**Shy) 1 2 3 4 5 (Outgoing)**

4. I will probably be at my apartment: **A majority of the time, I may be gone most weekends,**

**I will hardly be home, Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5. Describe your alcohol use: **Never, A few times a month, 1-2 times week, 3-5 days week,**

**6-7 days week**

6. Do you mind if your roommates drink? (Circle) **Yes**  **No**

 7. Do you smoke? **YES NO**

a. Do you mind if your roommates are smokers? **YES NO**

8. Do you currently use illegal substances (including Marijuana) **Yes NO**

a. Do you mind if your roommates use illegal substances? **YES NO**

9. Are you currently on Parole or Probation? **YES NO**

10. How often do you plan on having guests in the apartment? **Never, A few times a month, 1-2 times week, 3-5 days week, 6-7 days week**

11. How often may your roommates have guests in the apartment? **Never, A few times a month, 1-2 times week, 3-5 days week, 6-7 days week**

12. If I cause a problem I prefer it’s communicated to me: In a note, Talk to me directly, Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. When do you start your day? (Circle the time that applies)

**7 am or earlier 8-9 am 10-11 am Noon or later 9 pm 10pm 11pm Midnight 1 am or later**

14. When do you typically go to bed? (Circle the time that applies)

**7 am or earlier 8-9 am 10-11 am Noon or later 9 pm 10pm 11pm Midnight 1 am or later**

15. Do you have a pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you mind if your roommate has a pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle your top 3-5 concerns about your future roommates:**

Obnoxious Behavior

 Not picking up after themselves

Parties/FriendsOver too Much

 Boy/Girlfriends over all the time

 Loud Music/TV

Messy Living

 Eating my food

Being loud when I study/sleep

 Friendliness

Respect for my Privacy

Drug Use

Prefer someone with strong faith

Open-minded/Not prejudice

 Close to my age

Prefer quiet roommates

Likes to cook

No live-in guests

 Chores are Shared

 Bad Personal Hygiene

Using my things without asking

**Additional information (comments, questions, concerns)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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