



# Residence Hall Questionnaire

Please answer these questions to the best of your ability.

Name: \_\_\_\_\_ Degree of Interest: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please circle your answers.**

1. Do you consider yourself:                      Messy                      Neat
2. Do you want a roommate who is:                      Messy                      Neat
3. How often do you study?                      Very often                      Often                      Not that often
4. When do you prefer to study?                      Morning                      Afternoon                      Night
5. Where do you prefer to study?                      Room                      Library                      Other
6. What temperature do you prefer the room?                      Warmer                      Colder                      Doesn't matter
7. Do you consider yourself:                      Loud                      Quiet
8. Do you want a roommate who is: \_\_\_\_\_                      Loud                      Quiet
9. Do you want the area around your room to be:                      Loud                      Quiet
10. When do you go to bed?                      Before midnight                      After midnight                      Varies
11. Do you smoke?                      Yes                      No
12. Would you be willing to room with a smoker?                      Yes                      No                      Doesn't matter
13. I do not mind if my roommate's significant other spends time in the room:                      Agree                      Disagree
14. I do not mind if other people socialize in my room:                      Agree                      Disagree
15. I do not mind if my roommate borrows my belongings:                      Agree                      Disagree

**Please use the space to fill out your answers. If you need more space, please use a separate piece of paper and attach to this application.**

1. What type of music do you listen to? \_\_\_\_\_

2. What are some of your hobbies? \_\_\_\_\_

3. How would you react to someone on your floor playing loud music at 4:00 am?  
\_\_\_\_\_

4. How would you handle a conflict with your roommate?  
\_\_\_\_\_