

Metro Crossing
"FIND A ROOMMATE" QUESTIONNAIRE

NAME: _____

AGE: _____ **GENDER:** M / F **STUDENT:** Y / N **(IF YES):** UWEC / CVTC / GLOBE

PHONE: _____ **EMAIL:** _____

DO YOU HAVE A JOB? Y / N IF YES, WHERE: _____

JOB TITLE: _____

HOW IMPORTANT IS CLEANLINESS TO YOU?

VERY IMPORTANT

SOMEWHAT IMPORTANT

NOT IMPORTANT

WHAT NOISE LEVELS ARE YOU ACCUSTOMED TO?

NO NOISE

MODERATE NOISE

LOUD NOISE

DO YOU HAVE FRIENDS/BOYFRIEND/GIRLFRIEND THAT WILL VISIT OFTEN?

NO

YES

IF YES, HOW OFTEN? _____

DO YOU SMOKE?

NO

YES

HOW OFTEN DO YOU DRINK?

DAILY

3-6 DAYS A WEEK

1-3 DAYS A WEEK

TWICE A MONTH

ONCE A MONTH

SPECIAL OCCASIONS ONLY

I DON'T DRINK

EXPLAIN A TYPICAL DAY FOR YOU:

EXPLAIN YOUR HOBBIES/INTERESTS:

HAVE YOU HAD ROOMMATE(S) BEFORE? IF SO, WHAT DID THEY DO THAT IRRITATED YOU?

PLEASE ANSWER THE FOLLOWING QUESTIONS BASED ON YOUR IDEAL ROOMMATE:

GENDER: M / F

AGE: BETWEEN _____ & _____

STUDENT: Y / N / DOESN'T MATTER

CAN WE GIVE YOUR INFO TO OTHERS: Y / N