

IAIA RESIDENCE CENTER ROOMMATE SURVEY

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_

When people share the same space, issues arise. This survey will help you to identify your preferences and expectations, prior to your arrival on campus, about living with a roommate. The Roommate Survey is intended to assist us in assigning a roommate with expectations similar to yours. However, our on-campus population is quite diverse, and we cannot guarantee that all students will be placed with roommates who are always an exact fit.

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| I am… ( ) a morning person or ( ) a night owl |

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| Music and TV…  Type of music I listen to |

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| When it comes to my roommate borrowing/loaning personal possessions…  My roommate can expect of me:  I expect of my roommate: |

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| When it comes to privacy and having visitors in the room…  My roommate can expect of me:  I expect of my roommate: |

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| When it comes to having a refrigerator and sharing food…  My roommate can expect of me:  I expect of my roommate: |

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| Regarding the use of alcohol/drugs (prohibited on campus) and smoking (prohibited in on-campus buildings)…  My roommate can expect of me:  I expect of my roommate: |

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| If conflicts arise between us…  My roommate can expect of me:  I expect of my roommate: |

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| Other issues or requests: |

RESIDENTIAL LIFE SURVEY

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| In addition to assisting in your roommate selection, this survey is designed to help Student Life identify and provide support services to IAIA students. Please circle the appropriate answer.  1. Do you plan to have a vehicle on campus? \_\_\_\_\_\_ Yes No\_\_\_\_\_\_\_\_\_\_  2. Would you prefer a roommate with the same major? Yes No\_\_\_\_\_\_\_\_\_\_  3. In general, what do you prefer your room temperature to be? \_\_\_ Cold Average Warm \_ Hot\_\_  4. Do you smoke tobacco?\_\_\_\_\_\_\_\_ Yes No\_\_\_\_\_\_\_\_\_\_  Do you prefer a roommate who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Smokes Doesn’t smoke No preference  5. Do you drink alcohol?\_\_\_ Yes No\_\_\_\_\_\_\_\_\_  Do you prefer a roommate who \_\_\_\_\_\_\_\_ Drinks Doesn’t drink No preference  6. Are you in recovery for drugs or alcohol? Yes No\_\_\_\_\_\_\_\_\_  If yes, would you prefer a roommate who is also in recovery? \_\_\_ Yes No \_ No preference   |  | | --- | | Please check the following enrichment activities you might be interested in attending:  \_\_\_\_\_Cultural events such as powwows, feast days  \_\_\_\_\_Study Groups  \_\_\_\_\_Guest artists/speakers  \_\_\_\_\_Personal safety training  \_\_\_\_\_Community service projects  \_\_\_\_\_Associated Student Government |  |  | | --- | | Please number the following activities from your  favorite (1) to your least favorite (12)  \_\_\_\_\_playing or watching \_\_\_\_\_shopping  sports \_\_\_\_\_skateboarding, biking  \_\_\_\_\_video games \_\_\_\_\_music, play or listen to  \_\_\_\_\_watching movies \_\_\_\_\_indoor table games  \_\_\_\_\_your art work \_\_\_\_\_hiking, camping, etc.  \_\_\_\_\_travelling (sightseeing) \_\_\_\_\_outdoor sports  \_\_\_\_\_writing Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |