

ASCA

Annual Conference February 3rd – February 7th, 2010

ROOMMATE QUESTIONNAIRE

Name: _____

Age: 20s ____ 30s ____ 40s ____ 50s ____ 60s ____ 70s ____

College/University affiliation: _____

Address: _____

E-mail address: _____

Cell phone number: _____

(Cell phone numbers will be given to assigned roommates as a primary source of contact)

Please complete the following questions (circle the option that best applies):

1) Do you smoke?

Yes No

2) Do you prefer to sleep with the lights on/off?

On Off

3) Do you prefer silence/background noise when going to bed?

Silence Background Noise

4) Do you go to bed late/early?

Late Early

5) How would you consider yourself?

Tidy

Somewhat tidy

What's tidy?

6) Would you consider yourself an extravert/introvert?

Introvert Extrovert

7) Are there any allergies or medical issues you'd like me to know about that would impact your roommate match?

Please describe here:

8) Is there anything else you would like us to know before a match is made?

PLEASE FAX TO CAT RILEY AT 517-563-9011. THANKS!!!