

Roommate Compatibility Questionnaire

The purpose of this questionnaire is to aid you in selecting compatible roommates. The more you know about each other's personalities and preferences, the easier it is for you to make decisions about living together. So comment freely and honestly and share this form with your potential roommates. Keep in mind communication about your expectations is key to coexistence.

Name _____ Nickname _____

Date of Birth _____ Sex: Male _____ Female _____ Transgender _____

Hometown _____ E-Mail Address _____ Phone (____) _____

Faculty Program: _____ Transfer student _____ Yes _____ No

Personal Characteristics

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> Day Person | <input type="checkbox"/> Night Person | <input type="checkbox"/> Neither |
| 2. <input type="checkbox"/> Prefer warm room | <input type="checkbox"/> Prefer cool room | <input type="checkbox"/> Neither |
| 3. <input type="checkbox"/> Outgoing | <input type="checkbox"/> Quiet | <input type="checkbox"/> Neither |
| 4. <input type="checkbox"/> I like loud music | <input type="checkbox"/> I like lower volume music | <input type="checkbox"/> I prefer no music playing |
| 5. <input type="checkbox"/> Heavy sleeper | <input type="checkbox"/> Light sleeper | <input type="checkbox"/> Neither |
| 6. <input type="checkbox"/> Omnivore | <input type="checkbox"/> Vegetarian/Vegan | <input type="checkbox"/> Will not room w/omnivore |
| 7. <input type="checkbox"/> Drinker | <input type="checkbox"/> Non-drinker | <input type="checkbox"/> Will not room w/drinker |
| 8. <input type="checkbox"/> Smoker* | <input type="checkbox"/> Non-smoker | <input type="checkbox"/> Will not room w/smoker |

*All Varsity Properties are smoke-free.

Room Characteristics

9. How important is it to you that your home be kept neat and orderly? not important 1 2 3 4 5 very important
10. When/if you study in your home, will music or activity bother you? a little 1 2 3 4 5 a lot
11. Do you expect your home to be a place where people gather to relax? a little 1 2 3 4 5 a lot
12. What time do you expect to go to sleep on weeknights? 10 p.m. 11 p.m. 12 a.m. 1 a.m. 2 a.m. after 2 a.m.
13. Are you be interested in drug-free housing? YES / NO / MAYBE

Privacy/Personal Boundaries

14. How comfortable are you with others' nakedness (Your housemate showering with the door open, changing in the room, sleeping naked, etc)? very uncomfortable 1 2 3 4 5 very comfortable
15. How comfortable will you be with having a roommate's significant other or friends sleeping over? very uncomfortable 1 2 3 4 5 very comfortable
16. How comfortable are you with the idea of sharing belongings (microwave, clothes, food, toiletries, etc)? very uncomfortable 1 2 3 4 5 very comfortable

17. In what kinds of extra-curricular activities do you anticipate participating?

Student Government Social Service/Volunteer Service, Social Justice Music, Dance, Drama Newspaper
 Biking, Sailing, other sports Gardening, Environmental organizations Other _____

18. List three things that you are hoping to take advantage of at Queen's University next year.