

Boss Development Housing Questionnaire

This questionnaire must be returned to Boss Development no later than 30 days prior to your start date.

First Name: _____ Last Name: _____

Start Date: _____ Program: _____

I. MEDICAL/PHYSICAL CONSIDERATIONS

Do you have any medical or physical condition, which may affect your residence? If yes, please list all conditions:

II. PERSONAL LIFESTYLE PREFERENCES

1. Do you smoke?
 Yes No

Do you prefer a roommate who does **not** smoke?
 Yes No

2. Do you generally?
 Stay up late at night (past 1 a.m.)
 Stay up somewhat late at night (past 11 p.m.)
 Go to bed early (11 p.m.)
 Sleep in (up before 10 a.m.)
 Rise early (before 8 a.m.)

3. Do you keep a neat room?
 Yes
 No
 Sometimes
 Only when I'm told

Do you prefer to room with someone who maintains a clean room?
 Yes
 No
 No Preference

4. When do you prefer to study?
 - Daytime
 - Evening
 - Late Evening

5. On Weekends, I prefer to:
 - Study
 - Catch up on sleep and homework
 - Go to parties
 - Volunteer or work
 - Go home
 - Go to school-sponsored activities

6. Please indicate your interest: (please check all that apply)
 - Sports
 - Outdoors
 - Reading
 - Movies
 - Volunteering
 - Music
 - Liberal politics
 - Theatre/drama
 - Religious activities
 - Environmental issues
 - Social activities
 - Other _____

7. Choose two favorite types of music:
 - Alternative
 - Rock
 - Techno
 - Rap
 - R & B
 - Jazz
 - Latin
 - Country
 - Retro
 - Classical

III. ROOM ENVIRONMENT

8. When you study, how do you prefer your environment?
 - Perfectly quiet
 - Mostly quiet
 - A little noisy
 - Very noisy

9. Will you have overnight guests?

- Yes
- No

Do you mind if your roommate has overnight guests?

- Yes
- No

10. Sleep issues. Do you experience any of the following?

Light sleeper/awaken easily?

- Yes
- No

Snoring?

- Yes
- No

IV. ROOMMATE CONSIDERATION

11. I'm always comfortable asserting my feelings and needs with others?

- Always
- Only when necessary
- Rarely

12. I prefer a roommate who is comfortable asserting their feelings and needs with others?

- Always
- Only when necessary
- Sometimes
- Rarely

13. List the name of any particular student you would like to room with?

First Name: _____

Last Name: _____

Start Date: _____