

Housemate Survey

Name _____ Age _____ Date _____

These questions may help find a housemate for you with similar interests. If you cannot answer the questions yourself, someone who knows you well can help. If someone helps you, the following information should be supplied:

Assistance provided by _____ *Phone* _____

Relationship _____ *E-mail* _____

General Information					
1.	I would like to live in the following location? (If there is a specific location, list it.) <input type="checkbox"/> City _____ <input type="checkbox"/> Small Town _____ <input type="checkbox"/> In the Country _____				
2.	I already know someone I'd like to have for a housemate. That person's name is _____				
3.	I communicate by _____				
4.	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none; vertical-align: top;"> My gender is: <input type="checkbox"/> Male <input type="checkbox"/> Female </td> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> I would rather live with people who are of the same gender. <input type="checkbox"/> The gender of my housemate doesn't matter to me. </td> </tr> </table>	My gender is: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> I would rather live with people who are of the same gender. <input type="checkbox"/> The gender of my housemate doesn't matter to me.		
My gender is: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> I would rather live with people who are of the same gender. <input type="checkbox"/> The gender of my housemate doesn't matter to me.				
5.	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none; vertical-align: top;"> A housemate would need to know this about my lifestyle: _____ _____ _____ </td> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> I could not live with someone who is: _____ _____ _____ </td> </tr> </table>	A housemate would need to know this about my lifestyle: _____ _____ _____	<input type="checkbox"/> I could not live with someone who is: _____ _____ _____		
A housemate would need to know this about my lifestyle: _____ _____ _____	<input type="checkbox"/> I could not live with someone who is: _____ _____ _____				
6.	<input type="checkbox"/> I prefer to live with someone whose age is close to mine. <input type="checkbox"/> The age of my house-mate doesn't matter to me.				
7.	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none; vertical-align: top;"> I would like a pet in the house. </td> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> Yes If yes, what kind of pet? _____ _____ </td> </tr> <tr> <td style="border: none; vertical-align: top;"></td> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> No If no, are certain pets ok (I.E. fish) _____ _____ </td> </tr> </table>	I would like a pet in the house.	<input type="checkbox"/> Yes If yes, what kind of pet? _____ _____		<input type="checkbox"/> No If no, are certain pets ok (I.E. fish) _____ _____
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	<input type="checkbox"/> No If no, are certain pets ok (I.E. fish) _____ _____				
8.	<input type="checkbox"/> I smoke. <input type="checkbox"/> I could live with someone who smokes as long as they did it outside. <input type="checkbox"/> I would not want to live with someone who smokes. <input type="checkbox"/> I do not care if my housemate smokes				

9.	I have the following health/physical issues that may impact the person I live with : _____ _____ _____
10.	I have the following allergies (include food, medications or sensitivities [smells, perfumes, etc.]) : _____ _____ _____

Additional Comments:

Personal Traits & Behaviors		Additional Comments:
1.	Mark the words that describe you: <input type="checkbox"/> Friendly <input type="checkbox"/> Shy <input type="checkbox"/> Loud <input type="checkbox"/> Happy <input type="checkbox"/> Sad <input type="checkbox"/> Quiet	
2.	<input type="checkbox"/> I enjoy hugs from: _____ _____	
3.	<input type="checkbox"/> I am very concerned about cleanliness of my home/housemate. <input type="checkbox"/> Having a clean home/housemate is not that important to me.	
4.	<input type="checkbox"/> I will share household responsibilities with my housemate. The chores I prefer to do are: _____ _____	
5.	When I get upset, I _____ _____ _____	
6.	<input type="checkbox"/> My feelings get hurt easily.	
7.	<input type="checkbox"/> I like to help others.	
8.	<input type="checkbox"/> I like to share my belongings with others.	
9.	<input type="checkbox"/> I borrow things from others often.	
10.	<input type="checkbox"/> I am bothered by profanity and cursing.	
11.	I would want these rules in my home: _____ _____ _____	
12.	My temperature preference is: <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Don't Care	

Additional Comments:

Activities & Interests		Additional Comments:
1.	<input type="checkbox"/> I enjoy playing video games.	
2.	<input type="checkbox"/> I enjoy watching movies. If so, what type(s)? _____ (comedy, animation/Disney, scary, etc.)	
3.	<input type="checkbox"/> I enjoy watching television. If so, what shows? _____	
4.	<input type="checkbox"/> I am bothered by scary or violent movies, television shows, or video games.	
5.	<input type="checkbox"/> I like to listen to music. If so, what type? _____	
6.	<input type="checkbox"/> I like to play music loudly.	
7.	<input type="checkbox"/> I like to participate in sports. If so, what type(s)? _____	
8.	<input type="checkbox"/> I like to play games. If so, what type? _____	
9.	<input type="checkbox"/> I enjoy spending time outdoors. If so, what outdoor activities? _____	
10.	<input type="checkbox"/> Other hobbies I enjoy are _____	
11.	<input type="checkbox"/> I usually stay at home during the day. <input type="checkbox"/> I usually spend the day away from home (Describe what you do) _____ _____ _____	

Additional Comments:

Eating Habits		Additional Comments:
1.	<input type="checkbox"/> I can cook my own food.	
2.	<input type="checkbox"/> I am willing to cook for my housemate.	
3.	<input type="checkbox"/> I like to share food.	
4.	<input type="checkbox"/> I do not like to share food.	
5.	<input type="checkbox"/> I require a special diet. (Describe it): <hr/> <hr/> <hr/>	

Additional Comments:

Sleeping Habits		Additional Comments:
1.	On week days (M-F) I generally like to wake up at _____.	
2.	On week days I like to be in bed by _____.	
3.	On weekends I generally like to wake up at _____.	
4.	On weekends I generally like to be in bed by _____.	
5.	<input type="checkbox"/> I get up during the night.	
6.	<input type="checkbox"/> I snore.	
7.	<input type="checkbox"/> I like to take naps.	

Additional Comments:

Socialization		Additional Comments:
1.	<p> I enjoy having guests visit in my home:</p> <p><input type="checkbox"/> Every day.</p> <p><input type="checkbox"/> Once a week.</p> <p><input type="checkbox"/> A couple of times a week.</p> <p><input type="checkbox"/> I prefer not having a lot of guests.</p>	
2.	<p><input type="checkbox"/> I like to attend religious services.</p> <p>If so, what religion? _____</p> <p>How often do you like to attend religious activities?</p> <p>_____</p> <p>_____</p>	
3.	<p><input type="checkbox"/> I would like to spend time with my housemate.</p>	
4.	<p><input type="checkbox"/> I would rather go out in the community for activities than stay home.</p> <p><input type="checkbox"/> I would rather stay home than go out into the community for activities.</p>	
5.	<p><input type="checkbox"/> When I go out , I like to:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Additional Comments: