## Paul Smith's College HEOP Summer Prefreshmen Program Roommate Selection Questionnaire

Name:	Date:	
In order to assist us in questionnaire below.	pairing you with a compatible roommate, please complete the	
1. Are you a cigarette	smoker?	
2. Do you mind rooming with a cigarette smoker? (No smoking is permitted in the residence hall, but some people may not want to room with a person who smokes cigarettes)		
3. How many hours of A) Less than 7 hours B) 7-8 hours per nig C) More than 8 hours	ght	
4. On week nights who A) 9:30-10:00 B) 10:00-11:00 C) 11:00-12:00 D) After midnight	en do you generally go to sleep?	
5. What time would you get up in the morning on weekends?		
6. While you sleep, do you prefer to have some noise (fan, radio playing) or quiet?		
7. What types of music do you like to listen to?		
8. Which of the follow A) quiet and reserv B) talkative and ou		
A) very neat and w	ized, but often times have stuff all over my room	
10. What qualities would you like in a roommate?		

Swimming	Canoeing	
Watching movies	Talking to other students	
Playing pool	Fishing (need license)	
Walking	Sleeping	
Playing tennis	Listening to music	
Playing basketball	Mountain hiking	
Playing video games	Using the computer/games/chatting on line	
Running	Reading	
Watching television	Using the fitness center or weight lifting	
Other sports (write below)	Going on trips off the campus	
pairing you with a roommate. Everyone	ckground information which you feel can assist us with the has habits and interests which can be fun or annoying! sything else that we should know. Thank you!	

11. Circle the activities below that you would enjoy during your free time this summer.

Return by mail, email or fax:

HEOP Office Paul Smith's College Paul Smiths, NY 12970 heop@paulsmiths.edu (f) 518-327-6369 Attn: HEOP

Summer;"roommate"