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Roommate Interview Questionnaire

Name: _____ Email: _____ Date of Interview: _____

1. What is your typical schedule?

2. Are you a morning or a night person?

3. How often do you travel?

4. Is this your first time having a roommate? ☐ Yes ☐ No (If no, how was your experience?)

5. Do you mind sharing household supplies? ☐ Yes ☐ No (If yes, list any restrictions.)

6. How often do you cook at home?

7. What are your cleaning habits?

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8. How often do you have guests over?

9. Do you have any health concerns or allergies I should know about? ☐ Yes ☐ No (If yes, list any.)

10. Do you drink, smoke, or use drugs?

11. Are you still friends with your past roommates? ☐ Yes ☐ No

12. Do you expect to have a lot of out of town visitors? ☐ Yes ☐ No

13. Do you have any pets? ☐ Yes ☐ No (If yes, what is the type and weight?)

14. Can you put down a deposit? ☐ Yes ☐ No (If yes, how much?)

15. What are your expectations for someone you live with?

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Roommate Ratings

Likeability ☐1 ☐2 ☐3 ☐4 ☐5

Explain your rating.

Communication ☐1 ☐2 ☐3 ☐4 ☐5

Explain your rating.

Compatibility ☐1 ☐2 ☐3 ☐4 ☐5

Explain your rating.

Responsible ☐1 ☐2 ☐3 ☐4 ☐5

Explain your rating.