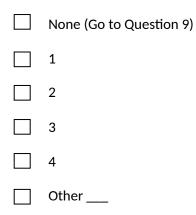
RESIDENCE HALL STUDY

- 1. What is your name? Print name below
 - Last Name

	First Name MI
2.	What is your current residence hall address? Please complete all that apply
	Room Number Apartment Number
	Street Address Number Street Name
	City State
	Zip Code
3	What is your sex? <i>Mark ONE box</i> .
	Male Female
4	What is your age, and what is your date of birth? Print numbers in boxes below.
т.	AgeMonthDayYear of Birth
5.	Are you of Hispanic, Latino or Spanish origin?
	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
	Yes, Puerto Rican
	Yes, Cuban
	Yes, another Hispanic, , Latino, or Spanish origin – Print origin, for example Argentinean, Colombian Dominican, Nicaraguan, Salvadoran, Spaniard, and so on

6.	Wha	at is your race? Mark one or	more	boxes.		
		White				
		Black, African Am., or Negro	,			
		Mexican, Mexican Am., Chic	ano			
	American Indian or Alaska Native – Print the name of enrolled or principal tribe.				principal tribe.	
		Asian Indian		Japanese		Native Hawaiian
		Chinese		Korean		Guamanian or Chamorro
		Filipino		Vietnamese		Samoan
		Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.				Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
		Some other race or origin –	Print	 race or origin. [[]		
7.	Do y	you live or stay in this resider Yes 🗌 No	ice ha	II MOST OF TH	E TIME? Mark O	NE box.
8.	On A	April 1, 2010, were you living or staying in this residence hall? <i>Mark ONE box</i> .				
9.	On	n April 1, 2010, what type of place did you live or stay at? <i>Mark</i> one box.				
		 House/Apartment /Mobile Is this the hor College Dorm /Residence Fraternity House /Sorority Military Barracks/ Military Correctional Facility Group home Other - Specify 	me of Hall 7 Hous 7 Ship	one of your pai se/Greek House	rents, guardians	or relatives? Yes

10. Other than you, how many other residents live in this room?



11. Besides this facility, what is the full address of another place where you sometimes live or stay? Please complete all that apply

Street Address Number Street Name

Apartment Number

Rural route address

City

County

State or foreign country

Zip Code

12. Is the address you provided in Question 11 the home of one of your parents, guardians or relatives?

🗌 Yes

13. In case we need to contact you again, please provide the following contact information:

Primary Phone:				
Secondary phone:				
E-mail Address:				
Other way of contact – Please specify.				

14. What did you think the word 'facility' was referring to in all the above questions?

15. Overall, would you say the survey questions were easy or difficult to respond to? Easy



- 16. Which questions do you think some people would find difficult? Why?
- 17. Which questions do you think some people would find sensitive? Why?
- 18. Do you have any final comments or any questions?