

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? *Mark ONE box.*

Male

Female

4. What is your age, and what is your date of birth? *Print numbers in boxes below.*

Age

Month

Day

Year 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. What is your race? **Mark one or more boxes.**

White

Black, African Am., or Negro

Mexican, Mexican Am., Chicano

American Indian or Alaska Native - *Print the name of enrolled or 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 you live or stay in this residence hall MOST OF THE TIME? **Mark ONE box.**

Yes

No


8. On April 1, 2010, were you living or staying in this residence hall? **Mark ONE box.**

Yes  (skip to Question 10)

No

9. On April 1, 2010, what type of place did you live or stay at? **Mark one box.**

House/Apartment /Mobile Home/ Condo/Townhouse

 Is this the home of one of your parents, guardians or relatives?

Yes

No

College Dorm /Residence Hall

Fraternity House /Sorority House/Greek House

Military Barracks/ Military Ship

Correctional Facility

Group home

Other - Specify _____

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

- None (Go to Question 9)
- 1
- 2
- 3
- 4
- Other ____

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

No

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

Difficult

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?