1. What Gender do you most identify with?
   1. Male
   2. Female
   3. Prefer not to answer
2. How old are you?

\_\_\_\_\_\_\_\_\_\_\_

1. What major are you apart of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a resident or commuter?
   1. Resident
   2. Commuter
2. If you are a resident, what resident hall are you reside in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you partake in physical activities such as sports or exercising at the gym?
   1. Yes
   2. No
2. Do you shower at the gym/other places besides your resident hall?
   1. Yes
   2. No
3. How many showers would you say you take a week?

\_\_\_\_\_\_\_\_\_\_

1. How long would you say your average shower is?

\_\_\_\_\_\_\_\_\_\_\_ minutes

Post-Survey Feedback (Optional)

After the completion of the survey, we would like to ask one more thing of you. To complete a brief assessment of our survey.

How did you feel about the content of the survey?

Highly Dissatisfied

Dissatisfied

Neutral

Satisfied

Highly Satisfied

**Why?**

How did you feel about the formatting of the survey ?

Highly Dissatisfied

Dissatisfied

Neutral

Satisfied

Highly Satisfied

**Why?**

Is there anything we should change or include?

|  |
| --- |
|  |