1. What Gender do you most identify with?
   1. Male
   2. Female
   3. Other
2. How old are you? \_\_\_\_\_\_\_\_\_\_\_
3. What major are you in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What year of school are you in?
   1. Freshman
   2. Sophomore
   3. Junior
   4. Senior
5. Are you a resident or commuter?
   1. Resident
   2. Commuter
6. If you are a resident, what resident hall do you reside in? (More on the next page)
   1. Elmwood Hall
   2. Maple Ridge Hall
   3. Chestnut Hall
   4. Pine Dale Hall
   5. Oak Glen Hall
   6. Evergreen Hall
   7. Hickory Hall
   8. Birch Hall
   9. Willow Hall
   10. Aspen Hall
   11. Ivy Hall
   12. Cedar Dell Village south
   13. Cedar Dell west
   14. Non Applicable
7. Do you use the gym on campus or play any sports?
   1. Yes
   2. No
8. Do you shower at the gym/other places besides your resident hall?
   1. Yes
   2. No
9. On average how many showers would you say you take a week? \_\_\_\_\_\_\_\_\_\_
10. How long would you say your average shower is? \_\_\_\_\_\_\_\_\_\_\_ minutes
11. Are there circumstances where you take longer than the time stated above?(i.e. sickness, long day, etc.)
    1. Yes
    2. No

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?

|  |
| --- |
|  |