

## MEDICAL STUDENT HOUSING APARTMENT CHECK-IN SURVEY

STUDENT NAME: \_\_\_\_\_

APARTMENT #: \_\_\_\_\_ CHECK-IN DATE: \_\_\_\_\_

1. Please rate your apartment **CHECK-IN EXPERIENCE**:

☐ 5 (EXCELLENT)    ☐ 4 (GOOD)    ☐ 3 (NEUTRAL)    ☐ 2 (NEGATIVE)    ☐ 1 (POOR)

**Comments:**

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2. Please rate the **CLEANLINESS** of the apartment at check-in:

☐ 5 (EXCELLENT)    ☐ 4 (GOOD)    ☐ 3 (NEUTRAL)    ☐ 2 (NEGATIVE)    ☐ 1 (POOR)

**Comments:**

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3. Please rate the **OVERALL CONDITION** of the apartment and furnishings:

☐ 5 (EXCELLENT)    ☐ 4 (GOOD)    ☐ 3 (NEUTRAL)    ☐ 2 (NEGATIVE)    ☐ 1 (POOR)

**Comments:**

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