

PLEASE TURN IN THIS  
FORM TO UTCOM  
DURING ORIENTATION

**APARTMENT REVIEW/QUESTIONNAIRE**  
**BY MEDICAL STUDENT**

Date of Check-In: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

NAME OF MEDICAL STUDENT: \_\_\_\_\_

**CHECK-IN**

Please rate your apartment check-in experience:

Please check the one that applies:

\_\_\_\_\_ (5)          \_\_\_\_\_ (4)          \_\_\_\_\_ (3)          \_\_\_\_\_ (2)          \_\_\_\_\_ (1)  
Excellent          Good          Neutral          Negative          Poor

If you wish to provide any details please list below:

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**APARTMENT CLEANLINESS**

Please rate the cleanliness of your apartment upon check-in?

Please check the one that applies:

\_\_\_\_\_ (5)          \_\_\_\_\_ (4)          \_\_\_\_\_ (3)          \_\_\_\_\_ (2)          \_\_\_\_\_ (1)  
Excellent          Good          Neutral          Negative          Poor

If you wish to provide any details please list below:

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**APARTMENT CONDITION**

Overall, please rate the condition of your apartment and/or furnishings?

Please check the one that applies:

\_\_\_\_\_ (5)          \_\_\_\_\_ (4)          \_\_\_\_\_ (3)          \_\_\_\_\_ (2)          \_\_\_\_\_ (1)  
Excellent          Good          Neutral          Somewhat Flawed          Insufficient/Poor

If you wish to provide any details please list below:

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