

.. ——— ♡ ——— My Favorite Things ——— ♡ ——— ..

Name: _____ Allergies: _____

Birthday: _____ Food Restrictions: _____

My Favorites

Food: _____
Cold Drink: _____
Hot Drink: _____
Snack: _____
Dessert: _____
Type of Cuisine: _____
Movie: _____
Book: _____
Band/Artist: _____
Song: _____
Music Genre: _____
Hobby: _____
Way to relax: _____
Vacation Spot: _____
Place to shop: _____
Pet/Animal: _____
Color: _____
Fast Food: _____
Sports: _____
Cake Flavor: _____
Ice Cream Flavor: _____
Anime: _____
Type of Coffee: _____
Season: _____
Holiday: _____
Plant/Flower: _____
Restaurant: _____
Pizza: _____
Podcast: _____
TV Show: _____
Scent: _____

This or That?

Pizza or Burger
Comedy or Horror
Text or Call
Ocean or Mountain
Morning Person or Night Owl
Chocolate or Ice Cream
Adventure or Staycation
Sweet or Salty
Dogs or Cats
Tea or Coffee
Sunrise or Sunset
Hot Coffee or Iced Coffee
Introvert or Extrovert

Preferences

Gift Cards?	Yes/No
Journals?	Yes/No
Candles?	Yes/No
Hugs?	Yes/No
Chocolate?	Yes/No
Lotion?	Yes/No
Handmade Gifts?	Yes/No
Socks?	Yes/No
Home Decor?	Yes/No

What I like:

What I don't want/need: