

Secret Santa

Questionnaire



Name: _____

Favourites

About Me

Color: _____

Shoes Size: _____

Food: _____

Shirt Size: _____

Snack: _____

Allergies: _____

Store: _____

I Like: _____

Brand: _____

Things I Don't Like: _____

Scent: _____

Movie: _____

Show: _____

Restaurant: _____

Toy: _____

Candy: _____

Hobby: _____

Notes

Secret Santa Questionnaire

Name: _____



Favourites

Color: _____

Food: _____

Snack: _____

Store: _____

Brand: _____

Scent: _____

Movie: _____

Show: _____

Restaurant: _____

Toy: _____

Candy: _____

Hobby: _____

About Me

Shoes Size: _____

Shirt Size: _____

Allergies: _____

I Like: _____

Things I Don't Like: _____

Notes



Secret Santa Questionnaire

Name: _____

My Favorite Things

Color: _____
Food: _____
Snack: _____
Store: _____
Brand: _____
Scent: _____
Movie: _____
Show: _____
Restaurant: _____
Toy: _____
Candy: _____
Hobby: _____
Sport: _____

Preferences

	Yes	No
GIFT CARDS	<input type="checkbox"/>	<input type="checkbox"/>
CHOCOLATE	<input type="checkbox"/>	<input type="checkbox"/>
HOME DECOR	<input type="checkbox"/>	<input type="checkbox"/>
ALCOHOLIC	<input type="checkbox"/>	<input type="checkbox"/>
CLOTHING	<input type="checkbox"/>	<input type="checkbox"/>
CANDLES	<input type="checkbox"/>	<input type="checkbox"/>
JEWELRY	<input type="checkbox"/>	<input type="checkbox"/>
BATH ITEMS	<input type="checkbox"/>	<input type="checkbox"/>
SOCKS	<input type="checkbox"/>	<input type="checkbox"/>
GLOVES	<input type="checkbox"/>	<input type="checkbox"/>
GAMES	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRONICS	<input type="checkbox"/>	<input type="checkbox"/>
BLANKET	<input type="checkbox"/>	<input type="checkbox"/>
PERSONALIZED	<input type="checkbox"/>	<input type="checkbox"/>

About Me

Sizes: _____ Allergic To: _____

Don't Want: _____ Don't Need: _____



SECRET SANTA

Questionnaire

Name: _____

Favorites

Color: _____

Food: _____

Snack: _____

Store: _____

Brand: _____

Scent: _____

Movie: _____

Show: _____

Restaurant: _____

Toy: _____

Candy: _____

Hobby: _____

This or That

Coffee **or** Tea

Books **or** Movies

Handmade **or** Store Bought

Salty **or** Sweet

Chocolate **or** Candy

Alcohol **or** Non-Alcoholic

Go Out **or** Stay In

Shopping Online **or** In Store

About Me

Shoes Size: _____

Shirt Size: _____

Allergies: _____

I Like: _____

Things I Don't Like: _____



Secret Santa

Questionnaire



Name: _____

Favourites

About Me

Color: _____

Shoes Size: _____

Food: _____

Shirt Size: _____

Snack: _____

Allergies: _____

Store: _____

I Like: _____

Brand: _____

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Scent: _____

Movie: _____

Show: _____

Restaurant: _____

Toy: _____

Candy: _____

Hobby: _____

Notes



SECRET SANTA

STUDENT QUESTIONNAIRE

Our class is going to play Secret Santa! But first, we would like to know a bit about you.
This information will help your Secret Santa choose the best holiday present for you.

Name: _____

Hobbies: _____

Food: _____

Drinks: _____

Snacks: _____

Sweets: _____

Colors: _____

Sports: _____

Books: _____

Movies: _____

Dislikes: _____

Allergies: _____



Secret Santa



QUESTIONNAIRE

NAME: _____

FAVORITE THINGS

Color: _____

Candy or snacks: _____

Drinks: _____

Scents: _____

Places to shop: _____

Restaurants: _____

Hobbies or interests: _____

Music/artists: _____

Sports team: _____

Travel destinations: _____

TV shows or movies: _____

Books or authors: _____

Wild card (anything!) _____

PRACTICALITIES

Allergies or sensitivities? _____

Clothing and shoe size: _____

Don't want/need: _____

PREFERENCES

	Y	N
Coffee	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>
Movie tickets	<input type="checkbox"/>	<input type="checkbox"/>
Books	<input type="checkbox"/>	<input type="checkbox"/>
Home decor	<input type="checkbox"/>	<input type="checkbox"/>
Candles	<input type="checkbox"/>	<input type="checkbox"/>
Bath products	<input type="checkbox"/>	<input type="checkbox"/>
Sweet	<input type="checkbox"/>	<input type="checkbox"/>
Savory	<input type="checkbox"/>	<input type="checkbox"/>
Baked goods	<input type="checkbox"/>	<input type="checkbox"/>
Indoor activities	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor activities	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>

WISH LIST

1. _____

2. _____

3. _____