

Relationship evaluation form

The purpose of this evaluation form is to learn of your opinions on, and experiences of, our previous relationship; both to improve the quality of my future relationships and also so that we can compare our thoughts on the one we had. Answer the questions by crossing the checkbox that most closely corresponds to your opinion; the questions without checkboxes are open-ended and you can write whatever answer you like to those questions (if your answer does not fit, use the back of the page). If there is a question you do not wish to answer you can leave it blank.

1) What attracted you to me before we were together?

2) What do you think attracted me to you?

3a) Did you try to alter yourself to gain my appreciation before our relationship? yes no

3b) If yes, what did you try to alter?

4) Who initiated the relationship, according to you? you I both

5a) How long did the relationship last according to you?

5b) How long did you think the relationship would last?

5c) How long did you friends think the relationship would last?

6) How have your friends affected your relationship with me?
 negatively not at all positively

7a) Who initiated the break-up? you I both

7b) If you did, did you give me the real reason why? yes no

7c) If I did, do you think I gave you the real reason why? yes no

7d) Did our relationship end the way you thought it would? yes no

8) Do you miss me? no sometimes yes

9a) Have you consciously tried to change me during our relationship? yes no

9b) If yes, what did you try to change?

<input type="checkbox"/> Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Political views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Taste in music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Taste in clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9c) Did you succeed? no some totally

10) How did our differences in the following categories affect our relationship?

	negatively		not at all		positively
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste in music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste in clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11a) Were you ever in love with me? yes no

11b) Do you think that I was ever in love with you? yes no

11c) Did you ever think that I was "the one"? yes no

11d) Do you think that I ever thought you were "the one"? yes no

12a) Were you looking for other possible relationships during our relationship? yes no

12b) Do you think that I was? yes no

13a) Did you tell me any big lies during our relationship? yes no

13b) Do you think that I did? yes no

14) Was our sexual life predictable? yes no

15) How am I as a lover compared to your previous experiences?
poor okey wonderful

16a) Do you regret something sexual that we did? yes no

16b) If yes, what?

17a) Do you regret anything sexual that we didn't do? yes no

17a) If yes, what?

18) Was one of us the sexually more dominant? you I none

19a) Were you ever afraid of me sexually?
no occasionally always

19b) Did I ever force you into having sex?
no occasionally always

19c) Do you think that you ever forced me into having sex?
no occasionally always

20) How was our sexual life according to the following criteria?
poor okey wonderful

	poor	okey	wonderful
Spontaneity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experimentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dominance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21) Did you ever fake orgasm during sex? yes no

22a) What turned you on the most about me?

22b) What turned you off the most about me?

22c) What do you think turned me on about you?

23a) Did you fantasize about others when we had sex? no occasionally always

23b) Do you think that I did? no occasionally always

24a) Did you consider having sex with others during our relationship? yes no

24b) Did you have sex with others during our relationship? yes no

24c) If yes, on how many occasions? 1 2 3 4 5<

And with how many persons totally? 1 2 3 4 5<

24d) How was that sex compared to our sex? worse same better

24e) How did the sex affect our relationship? negatively not at all positively

25) Do you think that I had sex with other people during our relationship? yes no

26) How do you judge my intimate hygiene?
poor okey perfect

27) How do you judge the taste of my semen/vaginal juices?
repulsive okey tasty

this form is made by mateusz pozar. contact info: mateusz@pozar.com

28) How do you judge my different bodyparts?					29) During sex, how much attention did I pay to the different parts of your body?						
	ugly	okay	beautiful		too little	enough	too much		too little	enough	too much
Eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Torso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Torso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Nipples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Butt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Genitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thanks for your co-operation; I promise to better myself before my next relationship.