# Secret Santa Questionnaire

NAME _____ GROUP _____

GIFT LIMIT _____ EXCHANGE DATE _____

| QUESTION | MY ANSWER |
|---|---|
| Favorite color | |
| Favorite snack or treat | |
| Favorite hot or cold drink | |
| Hobbies and interests | |
| Favorite store or shop | |
| Books, movies or shows I like | |
| Sports team or game I follow | |
| Scents I like or dislike | |
| Something I collect | |
| Shirt or sweater size (optional) | |
| Sock or glove size (optional) | |
| Food allergies or dietary needs | |
| Things I would rather not get | |
| Something I could use at work or home | |
| Wish list idea 1 (within the limit) | |
| Wish list idea 2 (within the limit) | |

Tip: answer every line, even with a few words, so your Secret Santa has ideas to work from.