

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 your 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? yes sometimes no

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
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

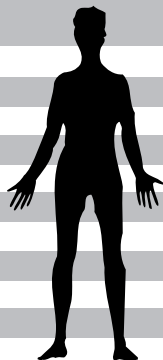
27) How do you judge the taste of my semen/vaginal juices?

 repulsive okey tasty

28) How do you judge my different bodyparts?

 ugly okay beautiful

Eyes
Nose
Mouth
Torso
Arms
Hands
Butt
Genitals
Legs
Feet



29) During sex, how much attention did I
pay to the different parts of your body?

 too little enough too much

Head
Neck
Torso
Nipples
Arms
Hands
Butt
Genitals
Legs
Feet

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

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