

Description

History

Significant Detail: _____
 Significant Detail: _____
 Significant Detail: _____

Significant History: _____
 Significant History: _____
 Significant History: _____

Tatoos: _____
 Piercings: _____
 Scars: _____
 Birthmarks: _____

Oddities: _____
 Allergies: _____
 Health: _____
 Fitness: _____

Hometown: _____
 Greatest Success: _____
 Greatest Failure: _____
 First Job: _____
 First lover: _____

Details about your...
 First Kiss: _____
 Losing your virginity: _____
 First loss of a loved one: _____
 First kill: _____

Complex Details

Tastes

Physical: _____

Food & Drink: _____

Clothing: _____

Art & Architecture: _____

Lifestyle: _____

Entertainment: _____

Home Furnishings: _____

The Opposite Sex: _____

Home Life: _____

Colors: _____

Hobbies: _____

Favorite Places: _____

Collections: _____

Other: _____

Habits: _____

Eccentricities: _____

Complex Details

Childhood: _____

Scholastic: _____

Professional: _____

Romantic: _____

Accomplishments & Awards: _____

Have you ever...

Committed a crime?: _____
 Been in jail?: _____
 Saved someone's life?: _____
 Owned a pet?: _____

Momentous Occasions

Jovial: _____

Tragic: _____

Inspirational or Life Changing: _____

Attitudes

Motivations

Significant Attitude: _____
 Significant Attitude: _____
 Significant Attitude: _____

Significant Motivation: _____
 Significant Motivation: _____
 Significant Motivation: _____

General Mood and Alignment

Introverted	○ ○ ○ ○ ○	Extroverted
Selfish	○ ○ ○ ○ ○	Charitable
Individualist	○ ○ ○ ○ ○	Collectivist
Emotional	○ ○ ○ ○ ○	Rational
Gentle	○ ○ ○ ○ ○	Abrasive
Leader	○ ○ ○ ○ ○	Follower
Libertarian	○ ○ ○ ○ ○	Authoritarian

Handling Emotions

Anger: _____

Depression: _____

Envy: _____

Fear: _____

Joy: _____

Lust: _____

Pervasive Emotional State: _____

Emotional Triggers

Anger: _____

Depression: _____

Envy: _____

Fear: _____

Joy: _____

Lust: _____

Character Goals

Personal: _____

Career: _____

Projects: _____

Family: _____

Relationships: _____

Situational Personalities

Party Members: _____

Family: _____

Close Friends: _____

Lovers: _____

Groups: _____

Alone: _____

Dangerous Situations: _____

Professional Situations: _____

Unfamiliar Situations: _____

Handling Life

Handling Stress: _____

Handling Loss: _____

Handling Guilt: _____

Fears and Insecurities

Phobias: _____

General Fears: _____

Insecurities: _____

Belief Systems

Religion: _____

Philosophies: _____

Political Views: _____

Superstitions: _____

Loves and Passions

Callings: _____

Interests: _____

Obsessions: _____

Pet Peeves: _____

Vices: _____

Personal Quote

Parents

Father's Name: _____

Mother's Name: _____

Location: _____

Location: _____

Description: _____

Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Spouses

Spouse's Name: _____

Ex-Spouse's Name: _____

Location: _____

Location: _____

Description: _____

Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Siblings

Name: _____

Name: _____

Location: _____

Location: _____

Description: _____

Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Children

Name: _____

Name: _____

Location: _____

Location: _____

Description: _____

Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Name: _____

Name: _____

Location: _____

Location: _____

Description: _____

Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Name: _____

Name: _____

Location: _____

Location: _____

Description: _____

Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Other Immediate Family Members

Name: _____

Name: _____

Location: _____

Location: _____

Description: _____

Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Other Immediate Family Members

Name: _____

Name: _____

Location: _____

Location: _____

Description: _____

Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Other Relationships

Name: _____
Location: _____
Description: _____

Name: _____
Location: _____
Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Name: _____
Location: _____
Description: _____

Name: _____
Location: _____
Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Name: _____
Location: _____
Description: _____

Name: _____
Location: _____
Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Name: _____
Location: _____
Description: _____

Name: _____
Location: _____
Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Other Relationships

Name: _____
Location: _____
Description: _____

Name: _____
Location: _____
Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Name: _____
Location: _____
Description: _____

Name: _____
Location: _____
Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Name: _____
Location: _____
Description: _____

Name: _____
Location: _____
Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

Name: _____
Location: _____
Description: _____

Name: _____
Location: _____
Description: _____

Relationship / Opinions: _____

Relationship / Opinions: _____

