

My Favorite Things List

NAME: _____

DATE: _____

1. Favorite color? _____
2. Favorite flower? _____
3. Favorite hot beverage? _____
4. Favorite cold beverage? _____
5. Favorite snack item? _____
6. Favorite candy? _____
7. Favorite hobby/things to do outside of work? _____
8. Favorite website(s): _____
9. Favorite magazine, author, and/or type of book?

10. Favorite movie/type of movie? _____
11. Favorite music/singing artist? _____
12. Favorite local restaurant? _____
13. Favorite place to shop? _____
14. Other favorites (please add anything else you want to on back of this page)
15. Birthdate and other significant dates (month and day only): _____
16. Spouse's name: _____
17. Children's name(s): _____
18. Type of pets/names: _____