

Sentence Completion Form

Mail or E-mail when completed

Your Name:	Email Address:
Today's Date:	Complete the following sentences. Do not think too long, typically what comes to mind first will suffice.
1.	I get nervous when:
2.	I hate people who:
3.	I could be happy if:
4.	When I was a child I could never:
5.	The thing that upsets me most is:
6.	I wish I could lose my fear of:
7.	I feel that my father is:
8.	I feel that my mother is:
9.	My sex life is:
10.	My parents always expected me to:
11.	If I were younger:
12.	My ambition in life is to:
13.	When I grow older:
14.	I know it is silly, but I'm afraid to:
15.	My greatest weakness is:
16.	I wish I could:
17.	I get mad when:
18.	My clearest childhood memory is:
19.	I like to pretend that:
20.	What I like least about women is:
21.	What I like least about men is:
22.	What I like least about myself is:
23.	What I like most about myself is:
24.	I feel that my mind is:
25.	I am deeply interested in:
26.	The happiest time for me was when:
27.	The opposite sex finds me:
28.	My greatest strength is:
29.	I find myself out of control when:
30.	I really feel great about:
31.	I often wonder why:
32.	It embarrasses me to:
33.	I cannot decide:
34.	I laugh when I think about: