

# The Relationship Resume®

**Instructions:** Answer the following questions and give the Relationships Resume to someone you are interested in. Ask the potential interest to fill out a Relationships Resume as well, and use it as a way for the individual to get to know you, for you to get to know him or her and to explore what you have in common. For beginning dating purposes be sure to keep the conversation light and focused on positives things, so that you can see the best of each other. Do not burden a potential partner with your problems or issues at this stage. However, if you find that there is potential for a more permanent relationships or marriage, your issues should be discussed at a later date. Remember to *respect your differences* and if you find that the individual is not someone you would like to have a relationships with, he or she might serve some other purpose in your life.

## I Would Like to Explore Some Possibilities With You

Name: \_\_\_\_\_ Age \_\_\_\_\_  
Phone \_\_\_\_\_ E:mail \_\_\_\_\_  
Current Residence: City \_\_\_\_\_ State \_\_\_\_\_  
Marital Status  Single  Married  Cohabiting  
 Separated  Divorced  Widowed  
Currently in a Committed Relationship:  Yes  No  Uncertain  
Currently Dating:  Yes  No

**Personality Characteristics:** Check the boxes for the five characteristics that best describes you.

- Spiritual  Religious  Honest  Sincere
- Conscientious  Dependable  Loyal  Committed
- Articulate  Intelligent  Hardworking  Tenacious
- Goal-oriented  Business-minded  Responsible  Sensitive
- Good sense of humor  Funny  Compassionate  Warm
- Loving  Caring  Affectionate  Kind  Serious
- Interesting  Social/Outgoing  Communicative  Stimulating
- Interactive  Quiet  Reserved  Flexible  Open-minded
- Easy Going  Like to have fun  Don't take things too serious
- Other \_\_\_\_\_  Other \_\_\_\_\_

**Values:** Check the seven things that are most important to you.

- Spirituality  Practice religion  Living a meaningful life
- African Global struggle  African American history/culture
- Doing the right thing  Having a strong sense of purpose
- Willingness to change for the better  Pursue interest/ hobbies
- Autonomy/ Independence  Time to self  Emotionally satisfying work  High-paying job  High-status job
- Recognition  High Status  Education  Making a difference  Helping Others  Safe & clean environment
- Relationship with family of origin  Relationship with friends
- Someone to share life with  Other \_\_\_\_\_

**General Goals:** Check the five goals that are most important to you.

- Practice religion  Become strong in spiritual/ religious practice
- Financial independence  Starting/building a business
- Exploratory travel  Vacations  Purchasing a home
- Purchasing/building dream home  Purchasing dream car
- Pursue education  Making more money  Buying things
- Pursuing a career/profession  Becoming more successful in career/profession  Becoming more involved in community helping/others  Other \_\_\_\_\_  Other \_\_\_\_\_

Overall what are your dreams? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education & Occupation:** Answer the questions as they apply to you.

- Less than high School  Some College
- High School  College Graduate
- Some College:  Degree(s) \_\_\_\_\_

Occupation: \_\_\_\_\_

How you feel about your work:

- Love it  Like it  A mechanism to make a living
- Don't like it  Looking for a career change

What would you like to be doing? \_\_\_\_\_

**Your General Way of Being:** Put a check by the characteristics that generally describe your way of being.

- Happy  Cheerful  Excited  Hyped  Extroverted
- Laid Back  Low Key  Depressed  Withdrawn
- Introverted  Optimistic  Pessimistic  Moody
- Anxious  Worry  Organized  Extremely Organized
- Perfectionist  Disorganized  Emotionally close
- Emotionally distant  Talkative  Quiet  Critical
- Analytical  Easy to get along with  Hard to get along

**Religious Practice:** Check the boxes that apply to you.

- Christian  Islam  Traditional African  Draw from several  No specific practice  Other
- How You Practice*  
 Pray  Meditate  Spiritual Readings  Educational Meetings  Other \_\_\_\_\_

Number of times attend religious service

- Less than once a week  Once a week
- Twice a week  Three times a week or more

**Relationship, Marriage & Family Goals:** Check the boxes that apply to your goals for relationships, marriage and family.

- Split with current partner  Separate from current spouse  Divorce current spouse  Live with future partner  Marry future partner  Stay single
- Children:*  
 Have children# \_\_\_\_\_  
 Foster children  
 Adopt children

Your Ideas about Roles:

Men should:  Take care of house & children  Work  Both  
Women should:  Take care of house & children  Work  Both  
Express your ideas \_\_\_\_\_  
\_\_\_\_\_

—Continue on Back—

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**Hobbies/Interests & Things you Like to do:** Answer the questions as they apply to your hobbies & interests, who you like doing them with, who you like spending your time with and the amount of time you like to spend with them.

Like Doing:	Alone	With partner % of Time	Other
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Who you like spending your time with:

	Daily	Once A week	Twice a week	3 Times a week	More than 3 times a week
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family of Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<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"/>

**Emotional/Affection Needs & Sex:** Check the box that applies to your emotional needs, affection & ideas about sex.

	A little	Sometimes	A lot
Affectionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to be close to partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to talk to partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need space from partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex should happen:	<input type="checkbox"/> After Marriage <input type="checkbox"/> Depends on Situation		
HIV Tested	<input type="checkbox"/> Yes <input type="checkbox"/> No Latest Test Date _____		
Willing to show a copy of Test:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Finances:** Check the boxes as they apply to your relationship with money including your goals and your money values.

Your Relationships with Money

	A little	Moderately	A lot	Is a Goal
Spend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Save	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Money is important to me for:

<input type="checkbox"/> Status	<input type="checkbox"/> Security
<input type="checkbox"/> Enjoyment	<input type="checkbox"/> Control
<input type="checkbox"/> Independence	<input type="checkbox"/> Other _____

**Credit History & Legal Background:** Check the boxes that correspond to your situation.

Credit History

- Excellent Credit
- Good Credit
- Fair
- Needs Repair

Legal Background

- Felon
- Misdemeanor
- Probation
- Parole

Briefly describe yourself, the most significant attributes and challenges you bring to a relationship and the most significant things you need from a partner. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family Background:** Answer the questions as they apply to you and your family.

Place of Origin: City \_\_\_\_\_ State \_\_\_\_\_

Raised by:  Single parent  Two parents  Other relatives

Parent's/Caregiver Level of Education: Mother/Female \_\_\_\_\_ Father/Male \_\_\_\_\_

Occupation: \_\_\_\_\_

Kind of Neighborhood You lived in:  Low income  Moderate income  High income  Mixed Income

Kind of School you attended:  Public  Private  Other \_\_\_\_\_ (Specify)

Issues with	Resolved	Working through	Unresolved
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self (esteem or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood traumas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your Children & Relationships:** Answer the questions as they apply to your children your & your relationships.

Children No. \_\_\_\_\_ Ages \_\_\_\_\_

No. of children parent(s) \_\_\_\_\_ Custodial Parent:  Yes  No

How often do you get your children \_\_\_\_\_

Relationship with Children:  Good  Fair  Troubled

Relationship with Children's parent(s):  Good  Fair  Troubled

Feelings about past relationships  Resolved  Working through

**People & Things that Worry/Concern you:** Check the boxes for the people and things that worry or concern you.

- Children  Ex-partner  Other \_\_\_\_\_
- Family of origin  Friends  Other \_\_\_\_\_

Personal

- Not having enough finances  Not finding someone to share my life with
- Transportation/Driver's License  Other \_\_\_\_\_ (Specify)
- Health  Other \_\_\_\_\_ (Specify)
- Substance Abuse
- Finding a job
- Incarceration

**Communication & Conflict:** Check the responses that applies to you. If improving aspects of how you communicate is a goal check that box as well.

When something is bothering me, I usually:

- Need to talk about it until I work it out
- Need time and space to work through it before talking about it

When there is conflict I usually:

	Not Often	Sometimes	Often	Is a Goal
Become Defensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Become Offensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Become Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try to listen to my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try to show understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Let my partner express him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>