



## Get to Know You Quiz

This quiz is designed to help potential host families get to know you, so they are thoroughly prepared to accept you into their home.

This information may be shared with several families if a potential host family feels they can no longer accept a host student.

This quiz is meant to give everyone a clear understanding of who you are. There are no right or wrong answers.

Please be fully honest throughout this quiz so that we find the perfect family for every student.

### Section 1: Basic Information

1. Full Name: \_\_\_\_\_
  2. How old are you? \_\_\_\_\_
  3. Do you have a nickname? If so, what is it? \_\_\_\_\_
  4. Have you ever lived outside your home country? \_\_\_\_\_
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**Section 2: Family Structure and Background**

1. Who is in your immediate family? (*List all family members and their relationship to you, such as parents, siblings, etc.*)

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2. What is your relationship like with your family? (*Good, strained, complicated, etc.*)

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3. Do you live with both of your parents? If not, why?

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4. Do you have any pets? What kind of pets?

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5. Do you have a step-parent or step-siblings? How is the relationship with them?

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6. Do you have any extended family members (grandparents, aunts, uncles) involved in your life?

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**Section 3: Daily Routine and Lifestyle**

1. What time do you typically wake up/go to bed during the week?

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2. What is your morning routine like?

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3. How much time do you typically spend on homework each day?

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4. What are your responsibilities at home?

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5. Do you have after-school activities? If so, what are they?

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6. How do you usually spend your weekends?

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7. What's your preferred method of communication? (Text, phone calls, social media, etc.)

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**Section 4: Interests and Hobbies**

1. What are your favorite hobbies or activities?

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2. What are your top three favorite TV shows, movies, or genres?

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3. What types of music do you listen to most often? Do you have a favorite band or artist?

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4. What kinds of books, if any, do you like to read?

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5. Are you into gaming? If so, what's your favorite game?

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6. Do you enjoy sports or physical activities? Which ones?

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7. Do you have a favorite social media platform?

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8. Do you enjoy creating content (e.g., writing, making videos, drawing)?

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9. Do you have any genres of movies, music, books, games you dislike?

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10. Check the boxes for what interests you the most.

SPORTS

- |   |                                       |  |                                       |
|---|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> badminton      | <input type="checkbox"/> cheerleading | <input type="checkbox"/> hunting       | <input type="checkbox"/> soccer       |
| <input type="checkbox"/> baseball       | <input type="checkbox"/> dance        | <input type="checkbox"/> ice hockey    | <input type="checkbox"/> swimming     |
| <input type="checkbox"/> basketball     | <input type="checkbox"/> fishing      | <input type="checkbox"/> ice skating   | <input type="checkbox"/> tennis       |
| <input type="checkbox"/> bicycling      | <input type="checkbox"/> football     | <input type="checkbox"/> martial arts  | <input type="checkbox"/> track        |
| <input type="checkbox"/> bowling        | <input type="checkbox"/> gymnastic    | <input type="checkbox"/> rollerblading | <input type="checkbox"/> volleyball   |
| <input type="checkbox"/> camping/hiking | <input type="checkbox"/> horse riding | <input type="checkbox"/> snow skiing   | <input type="checkbox"/> water skiing |

ENTERTAINMENT

- |  |   |                                      |                                   |
|--|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> ballet          | <input type="checkbox"/> drama/theater      | <input type="checkbox"/> museums     | <input type="checkbox"/> singing  |
| <input type="checkbox"/> board games     | <input type="checkbox"/> drawing/painting   | <input type="checkbox"/> instruments | <input type="checkbox"/> symphony |
| <input type="checkbox"/> classical music | <input type="checkbox"/> listening to music | <input type="checkbox"/> reading     | <input type="checkbox"/> theater  |

INTERESTS & HOBBIES

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|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> cooking   | <input type="checkbox"/> handicrafts | <input type="checkbox"/> sewing/knitting |
| <input type="checkbox"/> gardening | <input type="checkbox"/> programming | <input type="checkbox"/> traveling       |



**Section 5: Personal Preferences and Values**

1. What is your preferred style of clothing?

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2. Are you vegetarian, vegan, or have any dietary preferences or restrictions?

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3. What are your favorite foods and drinks?

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4. Are there any foods you dislike or cannot eat?

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5. Do you have any allergies (food, environmental, etc.)?

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6. How do you feel about household chores? What chores do you not mind doing, and which ones do you dislike?

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7. Are there any house rules that are important to you (e.g., curfews, privacy, noise levels)?

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8. How do you feel about sharing your space and belongings with others?

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9. Do you have any strong beliefs or opinions on social issues (e.g., social rights, politics, religion)?

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10. Do you go to church? If so, how often?

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11. Describe your openness to learning about Christianity (e.g., taking religion class, going to chapel, going to church).

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12. What are some religious boundaries you have in place?

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**Section 6: Social and Emotional Life**

1. How would you describe your relationship with your friends?

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2. Do you prefer having a few close friends or a larger social circle?

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3. What's your social life like? Do you hang out with friends often?

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4. How do you usually deal with stress or difficult emotions?

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5. Do you prefer to have alone time or be around others when you're feeling down?

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6. Are there any topics or issues that make you uncomfortable to talk about?

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7. Do you have any personal goals for the near future (e.g., career, relationships, hobbies)?

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**Section 7: Technology and Screen Time**

1. How much time do you typically spend on your phone/computer each day?

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2. What types of apps or websites do you use the most?

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3. Do you have access to a private device, or do you share one with family members?

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4. How do you feel about screen time limits or rules?

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5. Do you use social media? If so, what platforms do you use, and how often?

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**Section 8: School and Academic Life**

1. What's your favorite subject in school?

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2. What subject do you find the most challenging?

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3. Are you involved in any school clubs or extracurricular activities?

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4. How do you feel about school in general (love it, like it, indifferent, dislike it)?

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5. Do you prefer group work or individual assignments? Why?

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6. What's your best way of studying or learning?

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7. Do you have any academic or career aspirations?

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**Section 9: Health and Wellness**

1. Do you follow any specific exercise routine or stay active in a particular way?

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2. Do you have any specific mental health needs or concerns (e.g., anxiety, depression)?

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3. How do you feel about sleep (do you have a regular sleep routine or struggle with sleep)?

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4. Do you have any specific health conditions or medications we should be aware of?

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5. Do you have any regular doctor or therapy appointments?

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6. How do you feel about physical appearance and body image?

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**Section 10: Future Plans and Long-Term Goals**

1. What are your short-term goals (next 1-2 years)?

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2. What are your long-term goals (e.g., college, career, personal growth)?

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3. Are there any particular careers or fields you are interested in?

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4. Where do you see yourself in five years?

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5. Do you have a vision of what kind of adult you want to be?

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6. What do others appreciate most about you?

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**Section 11: Communication and Conflict Resolution**

1. What's the best way to approach you if something is bothering you?

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2. How do you feel about conflict (e.g., avoiding it, addressing it directly, needing time to cool down)?

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3. How do you prefer to handle disagreements with family members or friends?

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4. Do you like to discuss problems right away or take time to think things through first?

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**Section 12: Miscellaneous**

1. Is there anything you'd like the person you're living with to know that hasn't been covered in this quiz?

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2. Is there anything you're nervous or excited about in this living situation?

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3. Are there any hobbies or activities you'd like to try that you haven't yet?

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4. Do you have any specific concerns about the living arrangement?

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