

Character Name: \_\_\_\_\_

Core Issue: \_\_\_\_\_

Areas: \_\_\_\_\_

About the Character:



RELATIONSHIPS:

*Partner*

*Best Friend*

*Friend*

*New Flame*

CHARACTER NAME

CONNECTIONS:

Player Name

*Intimacy*

☐ ☐ ☐☒ ☒ ☒☐ ☐ ☐☐ ☐ ☐

*Passion*

☐ ☐ ☐☒ ☒ ☒

*Commitment*

☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

*Lines*

mine  
have sex

my partner's  
have sex

_____	_____
_____	_____
_____	_____

TABLETOP ONLY: friend's lines

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TABLETOP ONLY

*Desires:* have sex

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

About the Relationships:

TABLETOP VERSION ONLY: INSIGHT

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____

TABLETOP VERSION ONLY: DRAMA

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____

*Under my Skin*

*Character Sheet*