Sexual History Questionnaire

All questions in this booklet regarding your behavior relate only to activities that occurred before the date of your last conviction for a sexual offense. All questions exclude this last offense or any offenses that occurred since your last conviction. It is a summary of your sexual history prior to your current offense. It is important that you understand we are not interested in Right or Wrong. We are evaluating you on your ability to tell the examiner the truth. If you cannot tell the examiner the truth, then, you cannot be trusted. You will be asked to take a polygraph examination to verify the complete truthfulness of your answers on this form. We will review each of the questions in the Sexual History Disclosure Questionnaire. If you need to change an answer or expand the information provided you can do so without concern. It is the final product that determines your ability to tell the truth. You should be very careful not to withhold or falsify anything about your sexual history. You will be asked questions about victims of sexual offenses that you have committed. You will not be asked to give identifying information about these victims. Should you report identifying information about these victims anyway, this information will be reported to child protective services as required by state law. The decision to pass or fail this test is yours. You will be given every opportunity to provide true and complete information. Because you and the examiner will discuss the information you provide, and your test questions are based upon that information, there can only be two (2) problems; Wrong questions and Wrong answers. Both problems are your fault. If you have questions with this booklet, consult with your treatment provider. If you need more space for any question, use additional paper or the back page of the question.

**Sexual History Questionnaire**

Full Name: _____________________________ Date of Birth: ________________________

Street Address: __________________________ City/State: ________________________

Family Background: Mother’s name: ____________________________ Is she alive? Yes No
Father’s name: _____________________________ Is he alive? Yes No
When did you last have contact with them? __________________
What type of contact was it? __________________________________________
________________________________________________________________________
Are they supportive of you? Yes No Describe:
________________________________________________________________________

Did either one abuse you when you were growing up? Yes No Describe:
________________________________________________________________________

Brothers and Sisters: List brothers and sisters from oldest to youngest. Include age and when you last saw them.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Did you get along as a family growing up? Yes No Describe:
________________________________________________________________________
________________________________________________________________________

**Sexual History Questionnaire**

RESIDENTIAL (If currently in custody, skip to Domestic History) How long have you lived at your current address? ________________ Do you live alone? Yes No
Are your neighbors aware of your offense? Yes No
How far is the nearest church from your home? ________________
How far is the nearest day care center from your home? ________________
List the names and ages of everyone living with you. ____________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are you living with any of the victims in your current case? Yes No
Are you living with anyone you have sexually touched (exclude spouse)? Yes No
List the names and ages of everyone who has lived with you during the past 12 months.
________________________________________________________________________
________________________________________________________________________

DOMESTIC HISTORY
Have you ever been married? Yes No
How many times? ______________
Are you currently living with your spouse? Yes No
List the names of all your spouses:
Spouse 1: ___________________________
Spouse 2: ___________________________
Spouse’s age at time of marriage: ______
Spouse’s age at time of marriage: ______
Children ____________________________
Children ____________________________
Step Children _________________________
Step Children _________________________

Do you have contact with your children? Yes No
Describe: ____________________________________________________________
_________________________________________________________________________

If you are divorced or separated, what was the cause? ________________________________
____________________________________________________________________________

Sexual History Questionnaire
Have you ever lived with a lover who was not your husband/wife? Yes No
List the names and ages of all romantic partners you have lived with. ____________________
________________________________________________________________________

Are you currently or have you dated anyone since your case was filed? Yes No
Do any of these people have children? Yes No
Do you own or have access to a personal computer? Yes No
What is your E-mail address? ___________________________

EMPLOYMENT
Are you currently employed? Yes No
Where? ________________________________
What do you do at work? __________________________
Is your employer aware of your legal status? Yes No
Is your employer aware of your offense? Yes No
Do you come into contact with the public while working? Yes No
Do you have any other source of income (National Guard, etc.)? Yes No
Have you been a member of the Armed Forces? Yes No
Did you receive any disciplinary actions while in the service? Yes No

EDUCATION
Are you currently attending school? Yes No
What is the highest level of education? ____________________
Were you ever suspended or expelled? Yes No
Describe: ____________________________________________________________
__________________________________________________________________________

Did you participate in extra curricular activities at school? Yes No
Describe: ____________________________________________________________
__________________________________________________________________________

Describe who you associated with at school: _______________________________________
___________________________________________________________________________
___________________________________________________________________________

Sexual History Questionnaire

ALCOHOL AND DRUGS
How old were you the first time you consumed an alcoholic beverage? ________________
How old were you the first time you were intoxicated? ________________
When was the last time you consumed an alcoholic beverage? ________________
Was alcohol a factor in your offense? Yes No
Describe any addictions or problems you might have had with alcohol? ________________
____________________________________________________________________________
____________________________________________________________________________

Do you consider yourself an alcoholic Yes No Is anyone in your family an alcoholic? Yes No
Describe: ____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How old were you the first time you utilized an illegal drug? ________________
When was the last time you utilized an illegal drug? ________________
Were illegal drugs a factor in your offense? Yes No
Describe any addictions or problems you might have had with illegal drugs? ________________
____________________________________________________________________________
____________________________________________________________________________

Do you consider yourself a drug addict? Yes No
List all of the illegal drugs you have tried at least once: _______________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What was your drug of choice? ________________
How often did you use narcotics? ________________
How much at a time? ________________
What was the longest amount of time were you “strung out” ___________________________
Is anyone in your family a drug addict? Yes No
Describe: __________________________________________________________________

Have you ever used a prescription drug that was not in your name? Yes No
Describe: __________________________________________________________________

Sexual History Questionnaire

LEGAL STATUS Briefly describe the offense that resulted in your current conviction?
__________________________
____________________________________________________________________________

____________________________________________________________________________
Your age at time of offense? __________
Victim’s age at time of offense? __________
Victim’s relationship to you? _________________________________
Are you currently on: Probation Yes No
Parole Yes No
Awaiting Sentence Yes No
Charges Pending Yes No Under Investigation Yes No
What was your sentence? ________________________________________
Were you guilty of the original charge? Yes No
Who is your probation/parole officer? ___________________________
Are you currently living at the address on file with parole/probation? Yes No
What are the conditions of your probation/parole? ________________________________
Prior to this case, had you been arrested? Yes No
If yes, describe all prior arrests: _______________________________________
Describe the criminal violations you have committed for which you were not caught: ______

Sexual History Questionnaire
Have you been in prison, County Jail, Brig or military jail? Yes No
Other than the current case, have you been accused of sexual misconduct? Yes No
If yes, describe when, where and what you did ___________________________
Prior to the current case, have you ever been in sex offender treatment? Yes No
When and Where? ___________________________________________________
Are you required to register with law enforcement as a sex offender? Yes No
Are you living at the address given to law enforcement? Yes No
Have you ever been investigated by a Social Service Agency? Yes No
If yes, describe ___________________________________________________

SEXUAL HISTORY
Were you molested as a child? Yes No
If yes, describe by whom _________________________________
How old were you the first time you engaged in masturbation? ________________
How did you learn? ___________________________________________________
How often did you masturbate per day? _____ per week? _____ per month? _____
How old were you the first time you engaged in sexual contact? ________________
How old were you the first time you had sexual intercourse? ________________
Was bed wetting ever a problem? Yes No How was this resolved and at what age? ____________________________________________

Have you ever had a sexually transmitted disease? Yes No Did you expose someone else without their knowledge? Yes No

Explain: ____________________________________________________________

Did you ever intentionally start a fire or play with matches? Yes No

What kind of damage did you cause? ____________________________________

**Sexual Partners**

How many sexual intercourse partners have you had? ___________________

What is your sexual preference? (circle all that apply) Adults Minors Male Female

**Sexual History Questionnaire**

THE FOLLOWING QUESTIONS RELATE TO BEHAVIOR THAT OCCURRED PRIOR TO THE DATE OF CONVICTION FOR YOUR LAST OFFENSE. DO NOT INCLUDE THAT OFFENSE OR SUBSEQUENT OFFENSES Section A PART 1 SEXUAL CONTACT WITH A MINOR WHILE YOU WERE A MINOR Definitions: Minor: Anyone under the age of 18 years. Sexual Contact: The sexual touching of the breasts, buttock, vagina or penis both under and over the clothing. *If you need more room, use a separate sheet or write on the back of this page.*

Victim’s relation to you (Circle one) Family Acquaintance Stranger
Victim’s age at First Sexual Contact ________________

Your age at first sexual contact _________________

Victim’s gender (circle one) Male Female

Type of Sex Acts _________________________________________________________

_____________________________________________________________________

If force, fear, manipulation or coercion was used, describe: ________________________

Frequency of sexual contact ________________

Duration of Sex Contact _________________

Victim’s relation to you (Circle one) Family Acquaintance Stranger
Victim’s age at First Sexual Contact ________________

Your age at first sexual contact ________________

Victim’s gender (circle one) Male Female

Type of Sex Acts _________________________________________________________

_____________________________________________________________________

If force, fear, manipulation or coercion was used, describe: ________________________

Frequency of sexual contact ________________

Duration of Sex Contact _________________

Victim’s relation to you (Circle one) Family Acquaintance Stranger
Victim’s age at First Sexual Contact ________________

Your age at first sexual contact ________________

Victim’s gender (circle one) Male Female

Type of Sex Acts _________________________________________________________

_____________________________________________________________________

If force, fear, manipulation or coercion was used, describe: ________________________

Frequency of sexual contact ________________

Duration of Sex Contact _________________

Victim’s relation to you (Circle one) Family Acquaintance Stranger
Victim’s age at First Sexual Contact ________________

Your age at first sexual contact ________________

Victim’s gender (circle one) Male Female

Type of Sex Acts _________________________________________________________

_____________________________________________________________________

If force, fear, manipulation or coercion was used, describe: ________________________
**Sexual History Questionnaire**

PRIOR TO THE DATE OF YOUR LAST CONVICTION:
Victim’s relation to you (Circle one) Family Acquaintance Stranger
Victim’s age at First Sexual Contact ________________
Your age at first sexual contact ________________
Victim’s gender (circle one) Male Female
Type of Sex Acts _________________________________________________________

Type of force/manipulation/coercion ________________________________________

PART 2 SEXUAL CONTACT WITH A MINOR WHILE YOU WERE AN ADULT
Definitions: Minor: Anyone under the age of 18 years.
Sexual Contact: The sexual touching of the breasts, buttock, vagina or penis both under and over the clothing.

If you need more room, use a separate sheet or write on the back of this page.
Victim’s relation to you (Circle one) Family Acquaintance Stranger
Victim’s age at First Sexual Contact ________________
Your age at first sexual contact ________________
Victim’s gender (circle one) Male Female Type of Sex Acts ___________________________________________________________

If force, fear, manipulation or coercion was used, describe: ________________________

Frequency of sexual contact ________________
Duration of Sex Contact ________________
Victim’s relation to you (Circle one) Family Acquaintance Stranger
Victim’s age at First Sexual Contact ________________
Your age at first sexual contact ________________
Victim’s gender (circle one) Male Female Type of Sex Acts ___________________________________________________________

If force, fear, manipulation or coercion was used, describe: ________________________

Frequency of sexual contact ________________
Duration of Sex Contact ________________
Victim’s relation to you (Circle one) Family Acquaintance Stranger
Victim’s age at First Sexual Contact ________________
Your age at first sexual contact ________________
Victim’s gender (circle one) Male Female Type of Sex Acts ___________________________________________________________

If force, fear, manipulation or coercion was used, describe: ________________________

Frequency of sexual contact ________________
Duration of Sex Contact ________________
Victim’s relation to you (Circle one) Family Acquaintance Stranger
Victim’s age at First Sexual Contact ________________
Your age at first sexual contact ________________
Victim’s gender (circle one) Male Female Type of Sex Acts ___________________________________________________________

If force, fear, manipulation or coercion was used, describe: ________________________
Frequency of sexual contact __________________ Duration of Sex Contact __________________

**Sexual History Questionnaire**

PRIOR TO THE DATE OF YOUR LAST CONVICTION:

Victim’s relation to you (Circle one) Family Acquaintance Stranger

Victim’s age at First Sexual Contact __________________

Your age at first sexual contact __________________

Victim’s gender (circle one) Male Female

Type of Sex Acts _________________________________________________________

If force, fear, manipulation or coercion was used, describe: ________________________

Frequency of sexual contact __________________

Duration of Sex Contact __________________

**Sexual History Questionnaire**

PRIOR TO THE DATE OF YOUR LAST CONVICTION: Did you ever sexually molest a natural or step child? Yes No

How many children have you groomed for sexual activities? ____________________

Describe technique: _________________________________________________________

How many children have you threatened to gain sexual favor? ____________________

Describe threat: __________________________________________________________

How many children did you force into sexual activity? _________________________

Describe force: __________________________________________________________

How many children did you force into sexual activity by using a weapon? __________

Describe weapon: _________________________________________________________

Did you ever share pornography with a minor? Yes No

What did you show them? _________________________________________________

How many times have you made child pornography (e.g., take picture, videotapes, films, etc., of nude children or children engage in sex acts)? _______________________

Describe: ______________________________________________________________

Have you visited a nudist colony or similar place in which clothing was optional? Yes No

How many times did you have sexual contact with children at any type of nudist club or other facility where you did not have to wear clothes? _______________________

How many times were you involved with sex rings with adults and children? __________

Describe: ______________________________________________________________

How many times did you tell someone else that you had sexually touched a minor? __________

Who did you tell? ________________________________________________________

Have you ever belonged to NAMBLA or any group that approves of sex between adults and children? Yes No

Have you watched other adults have sexual contact with children? Yes No

Describe: ______________________________________________________________

**Sexual History Questionnaire**

PRIOR TO THE DATE OF YOUR LAST CONVICTION: Have you had sexual contact with children while adults were present? Yes No
Describe: ____________________________________________________________
Have you had sexual contact with minors outside of the U.S.? Yes No Describe:
___________________________________________________________________________

Have you had fantasies about sexual contact with children? Yes No Did you masturbate to sexual
fantasies of children? Yes No
Describe fantasy: ______________________________________________________
___________________________________________________________________________

CHILD PORNOGRAPHY
Have you ever possessed, owned, looked at or touched child pornography? Yes No
Describe: ____________________________________________________________
___________________________________________________________________________
When was the first time you saw child pornography? ______________________
When was the last time you saw child pornography? ______________________
How many times did you buy child pornography? ______________________
How many times did you sell or trade child pornography? ______________________
How did you obtain the child pornography? _______________________________________
___________________________________________________________________________
Have you ever attempted to acquire child pornography? Yes No Did you ever take nude pictures of
anyone under the age of 18? Yes No
What did the pictures depict? ____________________________________________
How old was the person? ______________________
What sex was the person Male Female Where are the photos now?
___________________________________________________________________________
Were you ever present when someone else took nude pictures of a minor? Yes No
Describe: _____________________________________________________________
____________________________________________________________________________
Did you ever download child pornography? Yes No Did you store it? Yes No
Did you ever masturbate to child pornography? Yes No

Sexual History Questionnaire
PRIOR TO THE DATE OF YOUR LAST CONVICTION: Section B
OTHER SEXUALLY DEVIAN'T BEHAVIOR
Paying for Sexual Favors: How many times have you paid someone for sexual favors? ___________
Females _________ Males ______________
What types of sex acts did you engage in?
Vaginal ____ Anal ____ Oral _______ Masochistic ____ Sadomasochistic ________ Other _______
How many times have you been paid for sexual favors? ___________
Females _________ Males ______________
How many times have you exchanged sexual favors for something other than money? ________
Describe items exchanged: __________________________________________________
____________________________________________________________________________

Sex with Animals:
How many times have you had sexual contact with an animal? ______________________
Type of animal Number of Contacts Age at contact Type of Sex Acts

Fetish Burglary
How many times did you steal or borrow an item of clothing for sexual pleasure? ___________
What clothing? __________________________________________________________
Where did you steal it from (bedroom, bathroom)? ______________________________
Why __________________________________________
What did you do with the clothing when you were done with it? ___________________
_____________________________________________________________________________
How many times did you masturbate using stolen/borrowed clothing? ___________________
When was the first time? ___________________
When was the last time? ___________________

Sexual History Questionnaire
Have you ever crossed dress? Yes No
Describe: _____________________________________________________________
PRIOR TO THE DATE OF YOUR LAST CONVICTION:
Obscene Phone Calls
How old were you when you made your first obscene phone call? ___________________
How many have you made? ___________________
What did you say? _________________________________________________________
How did you select your victims? ___________________________________________
Who were you targeting? _________________________________________________
Have you sent obscene emails? Yes No
Describe: _____________________________________________________________
How many times have you made sex phone calls (900 numbers)? _________________

Peeping Tom Activities
How old were you on your first “peeping tom” activity? (To include but not limited to spying on
someone by looking in a window, shower, open door, bedroom, bathroom urinal etc.) ______
What did you do? _________________________________________________________
What did you want to see? _________________________________________________
When was the last time? _________________________________________________
How many times did you peep on boys? _______ girls _______
How did you select your victims? ___________________________________________
Did you masturbate during or after these acts? Yes No
Exhibitionism How old were you when you first exposed yourself to someone other than a consensual
sexual partner? (To include but not limited to dropping your pants, leaving your bathrobe open,
leaving the bathroom or bedroom door ajar, leaving the curtains or shower curtain open, etc.)
________
What did you do? _________________________________________________________
____________________________________________________________________________
Who were you hoping would see you? _______________________________________
When was the last time you sexually exposed yourself? _________________________
How many times did you sexually expose yourself to adults? _____________________
How many times did you sexually expose yourself to children? _____________________
When was the first time you had sex in public? ______________________________
When was the last time you had sex in public? ______________________________

Sexual History Questionnaire
In which public locations have you had sex and when? _________________________
____________________________________________________________________________
PRIOR TO THE DATE OF YOUR LAST CONVICTION:
Masturbation
How did you learn about masturbation? _________________________________________
Check each place listed below where you have masturbated.
_____In the neighborhood
_____Nursing home
_____Parks
_____Amusement Park
How often did you masturbate? _________ Per day _____ Per week _______ Per Month ______
What foreign objects were used when you did masturbate? _______________________________
Did you masturbate in front of someone other than an adult consensual partner? Yes No
Explain who and circumstances:________________________________________________________
__________________________________________________________________________________
Did you masturbate in public hoping to be seen by someone? Yes No
Describe: __________________________________________________________________________
__________________________________________________________________________________
What did you fantasize about when you masturbated? __________________________________
__________________________________________________________________________________
Brushing against or Bumping into People Sexually
How old were you when you first intentionally bumped into someone sexually? ___________
How many times did you do this? ___________ Per day ____________________
How many victims in each of the following groups?
Adult Females ________________
Adult Males ________________________
Teenage Females ______________
Teenage Males ______________________
Girls under age 12 _____________
Boys under age 12 ___________________
Did you masturbate after this? ______________________
Where did you masturbate after this? ______________________

Sexual History Questionnaire
Did you believe the person knew your intent? Yes No
Did you ever get caught? Yes No
PRIOR TO THE DATE OF YOUR LAST CONVICTION:
Pornography and Internet
How old were you when you first saw pornography?
____________________
What type of pornography was it? ____________________
What did the pornography depict? ____________________
How often did you view pornography? ____________________
What is your preferred type of pornography? ____________________
How frequently did you masturbate to pornography? ____________________
Have you ever made your own pornography? Yes No
Describe: ____________________________________________________________
Did you ever subscribed to pornography? Yes No
Have you viewed sexually explicit material on the internet? Yes No
Have you ever received sexual files, photos or videos over the internet? Yes No
Have you ever transmitted nude or sexual material over the internet? Yes No
Do you currently have sexual material you received from the internet? Yes No
Have you participated in chat rooms? Yes No
Have you concealed your identity while on the internet? Yes No
Do you have your own website or web space? Yes No
What is the address? _____________________________________________
Did you ever post pornography on a website or send it as email? Yes No
How often did you view pornography online? ____________________
Did you visit sexually related chat rooms? Yes No
Did you visit chat rooms intended for minors? Yes No
What did you do? ______________________________________________________
Did you ever depict yourself as a child on the internet? Yes No
Did you ever depict yourself as the opposite sex? Yes No
Did you ever ask someone that you met online for sex? Yes No

Sexual History Questionnaire

PRIOR TO THE DATE OF YOUR LAST CONVICTION:
Homosexual Activities Have you ever had sex with a member of the same sex? Yes No
How old were you the first time? ____________________
How old was your partner? ____________________
Did you visit an establishment for the purpose of having sex? Yes No
Were the contacts consensual? Yes No
Have you had anonymous sex in public with someone you did not know? Yes No
Describe: ____________________________________________________________

Have you had thoughts of wanting to be the opposite sex? Yes No

Adult Sex Clubs
How many times have you visited an adult entertainment establishment e.g. strip clubs, exotic dance
clubs, or any other sexual adult entertainment locations? ________________
When was the first time? ________________
When was the last time? ________________
Was there any sexual contact between you and anyone else? Yes No
Describe: ____________________________________________________________
Have you ever visited an adult novelty store? Yes No
What did you purchase? _________________________________________________

Did you have sexual contact while in the store? Yes No
Describe: ____________________________________________________________

Have you visited a massage parlor, adult modeling studio or other similar establishments in which you received sexual favors? Yes No
Describe: ____________________________________________________________

Have you visited any bath houses, peep shows or other establishments for the purpose of sexual contact with a stranger? Yes No
Describe: ____________________________________________________________

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Sexual History Questionnaire

PRIOR TO THE DATE OF YOUR LAST CONVICTION:

Multiple Partners Have you had sex with more than one sexual partner at the same time? Yes No
Describe ____________________________________________________________

Have you had sex with a partner while someone else watched? Yes No
Describe ____________________________________________________________

Have you watched your partner have sex with someone else? Yes No
Describe ____________________________________________________________

Have you committed adultery? Yes No Describe when and with whom
___________________________________________

Sex Ads Did you ever place an ad to meet a sexual partner? Yes No
Describe: ____________________________________________________________

Did you ever respond to ad to meet a sexual partner Yes No Describe:
____________________________________________________________

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Human Waste

How many times have you urinated on someone for sexual pleasure? ___________________
How many times have you been urinated on for sexual pleasure? ___________________
How many times have you placed feces on someone for sexual pleasure? ________________
How many times has feces been placed on you for sexual pleasure? ___________________
Have you ever put semen, feces or urine in food? Yes No
Describe: ____________________________________________________________

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Sexual Behavior while in Custody

Have you had sexual contact with anyone while in custody? Yes No
If yes, describe ________________________________________________________

Has anyone had sexual contact with you while in custody? Yes No

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Sexual History Questionnaire

PRIOR TO THE DATE OF YOUR LAST CONVICTION: Section C

Sex with Adults without their Consent
Forced sex includes all of the following: 1. Incidents where a person said “no” to having sex with you (whether or not you think he or she really wanted to have sex with you despite saying “no.”) 2. Incidents where you place any kind of weapon within sight of the person (including ropes and ligatures) even if you did not directly threaten to use them. 3. Include all incidents where you blocked someone’s exit or otherwise interfered with his or her ability to leave (for example, taking a victim somewhere alone in a car where the person did not agree to go.) 4. Include all incidents where you implied a threat (such as curling your hand into a fist in sight of someone you had previously beaten up when she/he refused to do what you wanted) In short, include all incidents where a person did not actively agree to sexual activity of his or her own free will without threats, show of force or actual physical force of any kind prior to the date of your last conviction.

Number of times you forced sex with adults: ________________________

Fill out the following information about these adult victims:

- **Sex of Victim**
- **Age of Victim**
- **Your age**
- **Type of Sex act**
- **Type of force or threat**

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**Sexual History Questionnaire**

PRIOR TO THE DATE OF YOUR LAST CONVICTION:

How many times did you have sexual contact with someone who was drunk? __________
Describe: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

How many times did you have sexual contact with someone who was unconscious? _____
Describe: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

How many times did you have sexual contact with someone who was sleeping? ______
Describe: ____________________________________________________________
________________________________________________________________________

How many times did you have sexual contact with someone who was bedridden? ______
Describe: ____________________________________________________________

How many times did you have sexual contact with someone who was hospitalized? _____
Describe: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

How many times did you have sexual contact with someone who was disabled? ________
Describe: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

How many times did you have sexual contact with your employee (s)? _______________
Describe: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

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Did you ever have sexual contact with someone when you were in a position of trust? e.g. baby sitter, teacher, coach, a Boy Scout leader, or a minister? Yes No
Describe: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

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PRIOR TO THE DATE OF YOUR LAST CONVICTION: Section D Sex and Pain
How many times did you torture animals? ____________________
How old were you? ____________________
Describe what you did to the animals: _____________________________________
__________________________________________________________________________
__________________________________________________________________________
How many times did you have sex with dead animals? ____________________
Did you kill animals to have sex with them? Yes No Describe
______________________________
_____________________________________________________________
___________________________________________________________________________
How old were you when you first caused pain or deliberately hurt a person during sex? ____
What did you do? __________________________________________________________________
How many times did you hurt a person during a sex act? ____________________
Describe: _____________________________________________________________________
How many times did you beat a person during a sex act? ____________________
Describe Injuries: __________________________________________________________________
How many times did you tie someone up during a sex act? ____________________
What did you do? __________________________________________________________________
Was this consensual? Yes No How many times did you torture someone during a sex act?
_____________________________________________________________
What did you do? __________________________________________________________________

**Sexual History Questionnaire**

Did you ever humiliate someone during sex? Yes No
Describe: _____________________________________________________________________

PRIOR TO THE DATE OF YOUR LAST CONVICTION:
What was the worst thing you did to another person to hurt them during sex? ____________
___________________________________________________________________________
Did you ever kill someone during or after sex? Yes No
Describe what you did __________________________________________________________________
Did you ever have sex with a dead person? Yes No
Describe what you did __________________________________________________________________
Did you ever start a fire for sexual pleasure? Yes No
Describe what you did __________________________________________________________________
Have you inserted any objects into one’s anus or vagina to cause pain? Yes No
Describe: _____________________________________________________________________
Have you inserted any objects into your anus or vagina to cause pain? Yes No
Describe: _____________________________________________________________________
How many times did you want to receive pain during a sex act? _____________________
How many times did you want to be tortured during a sex act? _____________________
How many times did you want to be tied up during a sex act? _____________________
Have you had sexual contact with a relative? Yes No
Describe: _____________________________________________________________

Have you ever used medication as a sexual enhancer? Yes No
Describe: _____________________________________________________________

**Sexual History Questionnaire**

Have you ever had sex with someone who did not know your true identity? Yes No
Explain: ______________________________________________________________

PRIOR TO THE DATE OF YOUR LAST CONVICTION:
Section E Sexual Fantasies, Thoughts and Images
What is the most exciting sexual thought or fantasy that you have daydreamed about, but never acted out? ______________________________________________________________________
___________________________________________________________________________
Where did you masturbate after this? _____________________
Was this a re-occurring fantasy? Yes No How often _____________________
How many times did you masturbate to thoughts or fantasies of holding someone captive and/or torturing him or her? _____________________
Describe ______________________________________________________________
___________________________________________________________________________
How many times did you masturbate to thoughts or fantasies of cutting off someone’s air supply or choking or strangling them? _____________________
Describe ______________________________________________________________
___________________________________________________________________________
How many times did you masturbate to thoughts or fantasies of killing someone? ______
Describe ______________________________________________________________
____________________________________________________________________________
What is your strongest sexual obsession? e.g. breasts, buttocks, feet _____________________
____________________________________________________________________________
Do you have any strong attraction to any other inanimate object? Yes No
Describe: ______________________________________________________________
__________________________________________________________________________

**Sexual History Questionnaire**

Have you masturbated to these obsessions? Yes No
Have you been sexually aroused by diapers or enemas? Yes No
Describe: __________________________________________________________________

PRIOR TO THE DATE OF YOUR LAST CONVICTION:
Section F Other Please describe any and all other sexually deviant or sexually inappropriate behavior that you have engaged in which has not been covered by this questionnaire. This refers to activity that occurred before the date of your last conviction.
__________________________________________________________________________
__________________________________________________________________________
I certify all the answers given to the preceding questions are the truth. I understand if I have lied to the examiner I will fail the test.

_________________________________ ________________________ Signature of Examinee
Date _________________________________ _________________________

Signature of Polygraph Examiner

Date