FORENSIC EVALUATION INTAKE FORM

Please Print Legibly and Complete Each Item

Date: _____

Client's Full Name _____ **Alias or Other Name**(s) I have used _____

Reason(s) for other name(s) I have used _____

Date of Birth _____ **Place of Birth** _____ **Social Security** _____

Race: I am __ Black __ Caucasian __ Asian **Citizenship**: I am a citizen of _____ I am also a citizen of _____

Sexuality: I am __ Male __ Female __ Transsexual __ Transgender __ Hermaphroditic

Sexual Orientation: I am __ Heterosexual __ Homosexual __ Bisexual __ Asexual __ Pan-sexual __ Other _____

Marital Status: __ Single __ Engaged __ Married __ Divorced __ Widowed __ Separated **# of Marriages**: ____

Additional Family Members: _____ Relationship: _____ Current Age: ____
_____ Relationship: _____ Current Age: ____
_____ Relationship: _____ Current Age: ____
_____ Relationship: _____ Current Age: ____
_____ Relationship: _____ Current Age: ____

Home Address: _____ City _____ Zip _____

Cell Phone: _____ **Work Phone**: _____

Leave Message at Home? Yes __ No __ **Leave Message at Work**? Yes __ No __ **Permission to Text?** Yes __ No __

In Case of Emergency Contact Name/Phone Number: _____

E-mail Address: _____ **Web-page**: _____

Social Media sites (e.g., Face Book,Twitter, Skype): _____

Referred by: _____ **Phone**: _____

Physician: _____ **Phone**: _____

Psychiatrist: _____ **Phone**: _____

Attorney: _____ **Phone**: _____

Probation Officer: _____ **Phone**: _____

Have you ever filed for **Bankruptcy**? ____ . . . been involved in a **Lawsuit**? ____ . . . been **Incarcerated**? ____

Current Weight: ____ **Height**: ____ **Eye Color**: ____ **Hair Color**: _____ ☐ Right Handed ☐ Left Handed ☐ Both

☐ **Tattoos #:** ___ ☐ **Body Modifications #:** ___ ☐ **Piercings #:** ___ ☐ **Scars #:** ___ ☐ **Prosthetics** (type)_____

Primary Language: _____ **Other Languages spoken**: _____

Education:

High School _____ Location _____ Year _____

Trade School _____ Location _____ Year _____ Certification _____

College/University _____ Location _____ Year _____ Major ____ Degree ___

_____ Location _____ Year _____ Major ____ Degree ___

_____ Location _____ Year _____ Major ____ Degree ___

I am currently enrolled at _____

My educational goal is _____

Previous Therapy? Yes __ No __ **Former Therapist**: _____ **Approximate Date**: _____

Previous Mental Health Evaluation: Yes __ No __ **Evaluator**: _____ **Date:** _____

I was raised primarily by:

☐ Biological Mother & Father ☐ Biological Father only ☐ Biological Mother only
☐ Father & Stepmother ☐ Mother & Stepfather ☐ Elder Sibling
☐ Maternal Grandparent(s) ☐ Paternal Grandparent(s) ☐ Aunt/Uncle
☐ Foster Parent(s) ☐ Adoptive Parent(s) ☐ Foster Parents in ___ homes

In my family of origin I was: ☐ first born/only child ☐ first born of ___ ☐ 2nd born of ___
☐ 3rd born of ___ ☐ 4th born of ___ ☐ other_____

My biological parents' names: Father _____ Mother (maiden name) _____

My biological parents' cultural origins or ethnicity: (e.g., Italian, English, German, Russian, French)

Father _____ Mother_____

My primary foster/adoptive parents' cultural origins were:

Father _____ Mother_____

The primary wage-earner(s) during my childhood was/were employed as:

☐ Father _____ ☐ Mother _____
☐ Stepfather_____ ☐ Stepmother _____
☐ Other person and occupation_____

Number of Children ___ Number of Stepchildren ___ Number of Dependents ___

Names of Children

_____ Date of birth _____
_____ Date of birth _____
_____ Date of birth _____
_____ Date of birth _____
_____ Date of birth _____

Names of Stepchildren

_____ Date of birth _____
_____ Date of birth _____
_____ Date of birth _____
_____ Date of birth _____
_____ Date of birth _____

My Current Marital Status is:

☐ Never been married and not living with anyone in a committed relationship
☐ Never been married, but in a committed relationship (at least two years) ☐ Engaged Date _____
☐ Married and living with my spouse (full name) _____
Spouse's age ___ Spouse's Occupation _____
☐ Separated and living alone How long? _____
☐ Separated, and living with someone in a committed relationship Date(s) _____
☐ Divorced(s) Number of marriages ___
Previous spouse's name _____ Length of marriage ____ Date of divorced _____
Previous spouse's name _____ Length of marriage ____ Date of divorced _____
Previous spouse's name _____ Length of marriage ____ Date of divorced _____
Previous spouse's name _____ Length of marriage ____ Date of divorced _____
☐ Widow/widowed, and living alone or with a family member _____Date spouse deceased _____

Religiously, I describe myself as:

___ Agnostic ("god" is unknown or unknowable)
___ Against a belief in in any "god" and/or any religion
___ Believing in a higher power, with no affiliation
___ Believing in a higher power, with affiliation to _____
___ Believing in God as described in the Bible
___ Believing in Allah as described in the Koran
___ Atheistic (there is no "god")
___ Theistic (there is a "detached god")
___ Other (explain)_____

Religious Background: _____

Church, Temple, Synagogue or Mosque currently attending: _____

Location: _____ **Clergy** or **Religious leader**: _____

My Military Experience was:

☐ I never served in the military

☐ I served ___ years in the (Branch of Service) _____

☐ I was discharged Type of discharge _____

☐ I am retired

☐ I served in combat ___ Number of tours ___ Where _____

My military specialty (MOS, NEC, AFSC) is/was _____ My highest rank is/was _____

☐ I received military reprimands Number ___ Article 15 ___ Article 32 ___ Court-Martial date _____

Places you previously lived:

City _____ **State/Country** _____ **Length of time** _____
City _____ **State/Country** _____ **Length of time** _____
City _____ **State/Country** _____ **Length of time** _____
City _____ **State/Country** _____ **Length of time** _____
City _____ **State/Country** _____ **Length of time** _____
City _____ **State/Country** _____ **Length of time** _____
City _____ **State/Country** _____ **Length of time** _____
City _____ **State/Country** _____ **Length of time** _____
City _____ **State/Country** _____ **Length of time** _____
City _____ **State/Country** _____ **Length of time** _____

My Income over the past 12 months (or 12 months prior to incarceration) was:

☐ less than $10,000
☐ $10,001 to $20,000
☐ $20,001 to $30,000
☐ $30,001 to $40,000
☐ $40,001 to $50,000
☐ $50,001 to $60,000
☐ $60,001 to $70,000
☐ $70,001 to $80,000
☐ $80.001 to $100,000
☐ $100,001 to $200,000
☐ more than $200,000
☐ Disability income of $_____
☐ Social Security Income $_____
☐ Other Income $_____

My Employment History:

☐ Unemployed ___ months/years

☐ Retired ___ years

☐ Employed ___ years

Employer's name: _____ Supervisor's name: _____

Employer's address: _____

Job Title: _____ Length of time employed: _____

My Criminal History:

☐ No criminal history, other than motor vehicle violations

☐ Misdemeanor(s) Number ___ Date _____ State ____ Reason _____

If more than one felony, provide dates and reason for each.

Date _____ State ____ Reason _____

Date _____ State ____ Reason _____

Date _____ State ____ Reason _____

☐ Felony(s) Number ___ Date _____ State ____ Reason _____

If more than one felony, provide dates and reason for each.

Date _____ State ____ Reason _____

Date _____ State ____ Reason _____

Date _____ State ____ Reason _____

Reason for this evaluation: _____

CONSENT TO EVALUATION

I, the undersigned, request and give consent to an evaluation by

Dr. Harry L. Morgan, Ph.D., LMHC, CCSOTS, CFMHE

Clinical & Forensic Mental Health Services
7458 North Tamiami Trail, Suite 5B, FL 34242

This consent authorizes Dr. Morgan to use psychometric, psychosexual, psychosocial instruments, personality assessments, intelligence tests, and other inventories necessary to provide a comprehensive evaluation that satisfies the professional and ethical standards of the American Psychological Association (APA), the American Counseling Association (ACA), the Association for the Treatment of Sexual Abusers (ATSA), and the forensic expectations of state, federal and military courts.

I have been informed of the nature and purposes of this service. I have been advised that this examination is confidential, in compliance with HIPAA, and that disclosure of information pertaining to this evaluation will not be released to anyone without my written consent. If a Forensic Mental Health Evaluation, Psychosexual or Risk Assessment has been prepared for an attorney or agency, the continued confidentiality of the evaluation will be contingent on the decisions that I and my attorney make regarding disclosure of the report or listing Dr. Morgan as an expert witness in this case. This contingency also applies to Safe Children's Coalition, Child Protective Services, state, federal or military courts, other official agencies, or any individual in an official capacity associated with or with whom I have granted authority with regard to my case.

I am informed of the statutory exceptions to confidentiality that include suicidal threats, homicidal threats, and disclosure of abuse of children or the elderly, or court subpoenas issued by a judge. I understand there is no guarantee that the findings will be favorable to my case, only that they will be objective and truthful.

I understand that Dr. Morgan may consult with his associate, Dr. Ronald Aung-Din, a neurologist and psychiatrist. I understand that the confidentiality expected of Dr. Morgan applies to those with whom he consults.

I further give consent for my clinical interviews with Dr. Morgan to be audio/video recorded for accuracy of information I submit to him during my clinical interview(s) and quality purposes of the forensic mental health evaluation.

_____ _____
Client's Signature *Date*

_____ _____
Evaluator's Signature *Date*

MEDICAL HISTORY

Please check (✔) all your current physical, neurological, and behavioral conditions.

General Physical	Neurological	Behavioral
__ Heart Problems	__ Brain Surgery	__ Weight Gain / Loss (circle which)
__ Liver Problems	__ Parkinson's Disease	__ Appetite Changes
__ Lung Problems	__ Brain Injury	__ Bulimia / Anorexia (circle which)
__ Allergies	__ Concussion	__ Food Cravings
__ Cancer	__ Stroke	__ Impotence
__ High Blood Pressure	__ Brain Tumor	__ Compulsive Sexual Activity
__ Bowel/Bladder	__ Hallucinations	__ Fatigue
__ Nausea/Vomiting	__ Seizures (including epilepsy)	__ Heat/cold sensitivity
__ Visual Problems	__ Headaches / Migraines	__ Speech Problems
__ Weakness	__ Neuropathic Pain	__ Alcohol Consumption
__ Problems Walking	__ Blackouts	(*Description/type* _____)
__ Unusual Hair Loss	__ Amnesia	(*Amount per week* _____)
__ Multiple Sclerosis	__ Headaches	__ Tobacco Usage
__ Menstrual Irregularities	__ Dizziness	__ Insomnia
__ Urinary / Kidney Problems	__ Sensory Distortion	__ Change in Sexual Drive
__ Thyroid Dysfunction	__ Loss of Consciousness	__ Personality Change
__ Diabetes	__ Memory Problems	__ Physical Change
__ Hypoglycemia	__ Episodic Disorientation	__ Constant Hunger
__ Rashes	__ Electro-Shock Therapy	__ Déjà vu
__ Tremors	__ Autism	__ ADD / ADHD
	__ Tourette's Syndrome	__ OCD

List all prescription and over-the-counter medications currently used:

Prescription Medication	Dosage	Prescription Medication	Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all non-prescription, over-the-counter medications and vitamin/mineral therapies currently used:

Non-Prescription Medication	Dosage	Non-Prescription Medication	Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL HISTORY / PROBLEM EVALUATION
BASIC PROBLEM IDENTIFICATION

Please check any of the follow symptoms or conditions you have had or are now experiencing.

CONDITION:	**PAST** *More than 6 months*	**PRESENT** *Less than 6 months*	**CONDITION**:	**PAST** *More than 6 months*	**PRESENT** *Less than 6 months*
Mood high & lows	_____	_____	Physical abuse from others	_____	_____
Irritability	_____	_____	Sexual abuse from others	_____	_____
Excessive stress	_____	_____	Excessive worries	_____	_____
Crying spells	_____	_____	Difficulty concentrating	_____	_____
Phobias or fears	_____	_____	Hearing unseen voices	_____	_____
Confusion	_____	_____	Frequent loss of temper	_____	_____
Low self-esteem	_____	_____	Acting out violence	_____	_____
Compulsive behaviors	_____	_____	Frequent residence changes	_____	_____
Depression	_____	_____	Frequent employment change	_____	_____
Extreme nervousness	_____	_____	Bed wetting past age 6	_____	_____
Lack of Motivation	_____	_____	Fire setting past age 6	_____	_____
Indecisiveness	_____	_____	Blaming others frequently	_____	_____
Loss of memory	_____	_____	Lack of sexual desire	_____	_____
Fantasizing	_____	_____	Compulsive Sexual Activity	_____	_____
Use of pornography	_____	_____	Spiritual confusion	_____	_____
Physical abuse of children	_____	_____	Thoughts of suicide	_____	_____
Sexual abuse of children	_____	_____	Difficulty reading	_____	_____
Physical abuse of others	_____	_____	Inability to comprehend math	_____	_____
Excessive sexual activity	_____	_____	Inability to express yourself	_____	_____
			Involvement with the occult	_____	_____

1. When (approximately) did you have a complete physical examination? _____ Where? _____

2. What physical disorders do you have, if any? _____
   _____
   _____

3. Describe your current relationship to God. _____
   _____
   _____
   _____

Describe your **family of origin's** (parents, siblings, aunts/uncles, grandparents, etc.) attitudes toward sex, and their sexual behaviors, as best you remember them, and how they have influenced your own attitudes and behaviors toward sex.

_____

_____

_____

_____

_____

_____

Describe how **religion or spirituality** influenced the development of you and your family of origin's attitudes and behaviors toward sex. How did these change during your lifespan and the lifespan of your family members?

_____

_____

_____

_____

_____

Describe how your **cultural and ethnic heritage** influenced the development of you and your family of origin's attitudes and behaviors toward sex. How did these change during your lifespan and the lifespan of your family members?

_____

_____

_____

_____

_____

Other major influences:

_____

_____

_____

_____

_____

SEXUAL THOUGHTS & BEHAVIORS

The three recurring sexual thoughts that are of most concern to me are:

1. _____
2. _____
3. _____

I overcome these thoughts by: _____

_____

The three sexual behaviors that I have the most difficulty controlling are:

1. _____
2. _____
3. _____

I overcome these behaviors by: _____

_____

The three situations that I must avoid in order not to risk reoffending are:

1. _____
2. _____
3. _____

I successfully avoid these situations by: _____

_____

_____

_____

_____

_____

SUBSTANCE USE/ABUSE/DEPENDENCE HISTORY

Describe your family of origin's use of alcohol, during your childhood, and how it affected you.

Relationship	***Description of use/abuse***	***Type of treatment***	***How it affected you***

Describe your own use of alcohol, throughout your lifespan, including any problems that the use/abuse of alcohol has caused, including your current use.

Age	***Type*** *(beer, wine, liquor)*	***Frequency***	***Amount***	***Reason for use***	***How it affected you***	***Last use***

Describe the use of illicit substances and abuse of prescription medications of the members of your family of origin, and how it affected you.

Age	***Type*** *(opioids, marijuana, hallucinogens, etc.)*	***Frequency***	***Amount***	***Reason for use***	***How it affected you***	***Last use***

MENTAL HEALTH HISTORY

Describe the history of mental health issues within your family of origin. ____none

Relationship	*Mental Health Issue*	*Treatment received*	*How their illness affected you & your family*

Describe mental health treatment that you have received. ____none

Age	*Diagnosis*	*Treating physician or mental health clinician*	*Type of treatment*	*Medications prescribed*

If I have committed or in accused of committing a sexual violation

I was ___ years of age when I *committed* my first sex-related offense, but did not get caught
I was ___ years of age when I was *caught/charged with* committing a sex offense
I was ___ years of age when I was *arrested* for my first sex-related offense
I was ___ years of age when I was *convicted* for my first sex-related offense
I have been charged ___ times and convicted ___ for a sex-related offense
I was incarcerated for ___ years for my sex offense(s)

The gender of my victim(s): _____ males only ___ females only _____ males & females

The age group of my victim(s):
☐ 1 to 5 years of age ☐ 6 to 10 years of age
☐ 11 to 15 years of age ☐ 16 to 20 years of age ☐ 21 to 25 years of age
☐ 26 to 49 years of age ☐ elderly (age 50 and over)

My relationship to my victim(s) was:
☐ strangers that were not related to me by blood or marriage
☐ a biological child ☐ a foster/adopted child ☐ a stepchild
☐ a grandchild, niece, or nephew ☐ a child left in my care/neighbor's care

SEXUAL BEHAVIOR CONSEQUENCES

(Check all that apply to you)

Emotional Consequences:

- ☐ suicidal thoughts or feelings (last time this occurred was _____)
- ☐ suicide attempt (when _____ by what method _____)
- ☐ homicidal thoughts or feelings
- ☐ extreme hopelessness or despair
- ☐ failed efforts to control sexual acting out
- ☐ loss of self esteem
- ☐ emotional instability (e.g., depression, paranoia, anxiety, etc.)
- ☐ feeling like I'm leading two lives
- ☐ acting against my values & beliefs
- ☐ strong feelings of guilt
- ☐ strong feelings of shame
- ☐ emotional exhaustion
- ☐ strong feelings of being isolated and lonely
- ☐ strong fears about my future
- ☐ rejection by family/friends

Physical Consequences:

- ☐ continued sexual behaviors despite the risk of disease or infection to myself/others
- ☐ venereal disease(s)
- ☐ AIDS or AIDS Related Complex
- ☐ risk of unwanted pregnancy due to inadequate use of birth control
- ☐ abortion as a means of birth control (self or partner) (when_____)
- ☐ physical injury to genitals, breasts, colon, etc.
- ☐ physical exhaustion
- ☐ extreme weight gain
- ☐ extreme weight loss
- ☐ eating disorder(s)
- ☐ ulcers
- ☐ high blood pressure
- ☐ other_____
- ☐ victim of rape (provide details in the "comments" section of this form)

Family & Partnership Consequences:

- ☐ rejection by some members of my family of origin
- ☐ rejection by my spouse/partner
- ☐ loss of respect from some members of my family of origin
- ☐ loss of respect from spouse/partner
- ☐ loss of respect from my child/ren
- ☐ marital/relationship problems
- ☐ jeopardizing the well-being of my family
- ☐ my children experiencing emotional and/or mental suffering
- ☐ unable to participate in family functions where minor children may be present
- ☐ unable to attend my children's school activities

Social Consequences:

- ☐ loss of important friendship(s)
- ☐ unable to pursue hobbies/activities
- ☐ arrest(s) for sex-related crimes
- ☐ arrest(s) for nonsexual-related crimes
- ☐ lawsuits/malpractice suits
- ☐ stealing/embezzling to support behavior
- ☐ financial distress
- ☐ loss of freedom (curfew, etc.)

Career/Educational Consequences:

- ☐ termination from job
- ☐ demotion at work
- ☐ passed over for promotion
- ☐ loss of respect from employer/co-workers
- ☐ decrease in productivity
- ☐ loss of opportunity to work in my chosen career field
- ☐ unable to secure employment due to my sex-related crime(s)
- ☐ forced to take a job below my capabilities, just to have an income
- ☐ forced to change my career
- ☐ formal investigation by a licensing board
- ☐ loss of licensure/certification needed to pursue my chosen career
- ☐ loss of vocational opportunities
- ☐ loss of educational opportunities
- ☐ loss of a business
- ☐ declared bankruptcy
- ☐ home was foreclosed on
- ☐ disciplinary action(s)_____

Spiritual Consequences:

- ☐ anger at God/higher power
- ☐ loss of faith in anything spiritual
- ☐ feeling disconnected from others
- ☐ feeling abandoned by God/higher power
- ☐ unable to attend the church of my choice
- ☐ being rejected by people that used to attend church with me

Other negative consequences that were not identified in this section include:

_____

_____

_____

_____

_____

_____

_____

_____

MAJOR LIFE EVENTS OF A SEXUAL NATURE

Include only those key items related to your sexuality such as traumatic events, most vivid memories, victimization, onset & frequency of masturbation, sexual experimentation, dating experiences, sexual fantasies, same-sex relationships, committed relationships & marriages (sexual compatibility), forms of sexual stimulation you have used (pornography, sex toys, etc.), frequency of visiting topless bars, frequency of sex with prostitutes, periods of sexual dysfunction, and other sexual patterns throughout your lifespan. Begin with your earliest memory of a sexual thought and first sexual behavior, and carry it forward to your current sexual thoughts and behaviors. Continue on a separate piece of paper if you fill this one up. (Place the age at the time of each event on the column to the left).

____ _____

____ _____

____ _____

____ _____

____ _____

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____ _____

____ _____

SELF-REFLECTION

My greatest personal losses, as the result of my sexual behaviors, have been:

1. _____
2. _____
3. _____
4. _____
5. _____

My sexual fantasies usually involve me thinking about:

1. _____
2. _____
3. _____
4. _____
5. _____

The following “triggers” make me want to repeat unhealthy sexual behaviors (people, places, events & situations that provoke an **unwanted** sexual arousal).

1. _____
2. _____
3. _____
4. _____

DETAILED SEXUAL HISTORY

Please read each statement carefully. If the statement reflects a behavior, feeling, or thought that has ever been part of your experience, click on the box in front of the statement. Next, for each statement that you check, use the scale provided to write the number in the FREQUENCY column, which indicates how often you experience that behavior, thought, or feeling. Finally, write the number in the POWER column which indicates the overall strength (influence, control) that the behavior, thought, or feeling had in your expression of sexuality.

Fre-quency:	*1 = one time*	*2 = seldom*	*3 = occasional*	*4 = often*	*5 = very often*
Power:	*1 = very low*	*2 = low*	*3 = moderate;*	*4 = high*	*5 = very high*

		FREQ	POWER
1. ☐	Thinking or obsessing about sex-related matters	___	___
2. ☐	Fantasizing about past or future sexual experiences	___	___
3. ☐	Neglecting responsibilities in order to prepare for an episode	___	___
4. ☐	Thinking that sex is love	___	___
5. ☐	Thinking "I'll find my lover next time, if I keep looking"	___	___
6. ☐	Thinking that having sex with someone gives me power	___	___
7. ☐	Feeling a need to be sexual, in order to feel good	___	___
8. ☐	Suppressing my sexual feelings for periods of time	___	___
9. ☐	Denying my sexuality	___	___
10☐	Deluded thoughts ("I need to masturbate in order to sleep"	___	___
11☐	Having sex even though I don't want to at the time	___	___
12☐	Feeling depressed following a sexual encounter	___	___
13☐	Feeling hopeless or unworthy following a sexual encounter	___	___
14☐	Feeling anxious between periods of sexual encounters	___	___
15☐	Using sex as a means to find love	___	___
16☐	Masturbating yourself (while alone)	___	___
17☐	Masturbating with an object (while alone)	___	___
18☐	Masturbating to the point of physical injury or infection	___	___
19☐	Masturbating in public places, without being seen	___	___
20☐	Masturbating in public places, hoping to be seen	___	___
21☐	Masturbating in a vehicle (while alone)	___	___
22☐	Masturbating in a vehicle, hoping to be seen	___	___
23☐	Masturbating with an electrical device (while alone)	___	___
24☐	Looking at sexually explicit magazines at home (while alone)	___	___
25☐	Looking at sexually explicit magazines at work (by yourself)	___	___

		FREQ	POWER
26☐	Watching sexually explicit videos or on-line porn (alone)	___	___
27☐	Making sexually explicit videos or photographs/sexting	___	___
28☐	Patronizing adult bookstores (alone, for personal pleasure)	___	___
29☐	Viewing child pornography (alone or with someone else)	___	___
30☐	Patronizing topless bars for sexual stimulation	___	___
31☐	Patronizing massage parlors for sexual stimulation	___	___
32☐	Being sexually stimulated by advertisements that are not intended to be sexually explicit	___	___
33☐	Looking for sexually suggestive moments on TV or films	___	___
34☐	Maintaining a collection of pornographic materials	___	___
35☐	Paying someone to perform a sexual activity	___	___
36☐	Patronizing phone sex services	___	___
37☐	Patronizing an escort service	___	___
38☐	Receiving money in exchange for sexual activity	___	___
39☐	Receiving gifts in exchange for sexual activity	___	___
40☐	Pimping others for sexual activity	___	___
41☐	Spending money on someone to get sex	___	___
42☐	Giving sexual favors because someone spends money on you	___	___
43☐	Having many sexual relationships at the same time	___	___
44☐	Having one-night stand	___	___
45☐	Having sexual affairs outside your primary relationship	___	___
46☐	Engaging in sex with an anonymous partner	___	___
47☐	Swapping sexual partners	___	___
48☐	Urging your partner to have sex with others	___	___
49☐	Participating in group sex	___	___
50☐	Cruising beaches, parking lots, etc. for sexual arousal	___	___
51☐	Experimental sex with a same-sex partner	___	___
52☐	Exposing yourself from a vehicle	___	___
53☐	Exposing yourself from a stage or for hire	___	___
54☐	Exposing yourself from your home	___	___
55☐	Exposing yourself through your choice of clothing	___	___
56☐	Exposing yourself in showers, locker rooms, restrooms	___	___
57☐	Watching people through windows of their house/apartment	___	___
58☐	Using binoculars/telescopes to watch people	___	___
59☐	Hiding in secret places in order to listen to/watch people	___	___

60☐	Asking strangers inappropriate personal sexual data	___	___
61☐	Sexualizing others you see in public places	___	___
62☐	Sexualizing others in health clubs, locker rooms, etc.	___	___
63☐	Touching or fondling people inappropriately	___	___
64☐	Bringing sexualized humor into our conversation	___	___
65☐	Using flirtatious or seductive behavior to gain attention	___	___
66☐	Making inappropriate sexual advances toward others	___	___
67☐	Making unwanted sexual advances toward others	___	___
68☐	Touching people, but acting as if it was an accident	___	___
69☐	Forcing sexual activity on a child outside of your family	___	___
70☐	Forcing sexual activity on your spouse/partner	___	___
71☐	Forcing sexual activity on a member of your family (brother, sister, etc.)	___	___
72☐	Forcing sexual activity on an acquaintance	___	___
73☐	Forcing sexual activity on a person you do not know	___	___
74☐	Engaging in sexual activity with a consenting minor	___	___
75☐	Exposing children to sexual activities	___	___
76☐	Sharing inappropriate sexual information with a child	___	___
77☐	Using a power position to gain sex from another person (teacher, employer, supervisor, etc.)	___	___
78☐	Administering drugs to someone to gain sex	___	___
79☐	Using alcohol to take advantage of someone else	___	___
80☐	Cross-dressing (when alone)	___	___
81☐	Engaging in sexual activities with animals	___	___
82☐	Using illicit substances to enhance your sexual experience	___	___
83☐	Receiving physical harm/pain during sexual activity in order to intensify your sexual pleasure	___	___
84☐	Causing physical harm/pain to intensity your pleasure	___	___
85☐	Seeking humiliating/degrading experiences as part of sex	___	___
86☐	Having sex with a corpse	___	___

Describe any other sexual activities that have not already been covered.

_____

_____

_____

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