



## ADULT EVALUATION QUESTIONNAIRE

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone number: \_\_\_\_\_

Current address:

\_\_\_\_\_  
\_\_\_\_\_

Who else lives at this address with you (List names and their relationship to you)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anyone else who lives there or sleeps there (even if just occasionally)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Family Background

1. Where were you born and raised? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Are either of your parents deceased? \_\_\_\_\_





3. If your parents are still alive, how often are you in contact and where are they currently?

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4. Please list all siblings including step-siblings.

Name	Age	Where do they live?	Do they have kids (ages)	How often do you see them
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. What jobs did your parents have?

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6. Were your parents ever separated or divorced? Yes No

If yes, when? \_\_\_\_\_

Why did they divorce or separate? \_\_\_\_\_

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Was there a custody agreement? If yes, please describe arrangement. \_\_\_\_\_

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7. Describe what it was like living in your family growing up? \_\_\_\_\_

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8. How would you describe your relationship with your mother/stepmother as a child?



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9. Has the relationship with your mother changed as an adult?\_\_\_\_\_If yes, describe.

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10. How would you describe your relationship with your father/stepfather as a child?

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11. Has the relationship with your father changed as an adult?\_\_\_\_\_If yes, describe.

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12. Did your parents have a *favorite* child?\_\_\_\_\_If yes, please describe.

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13. How frequently did you fight with your parents growing up? Please explain what type of fights? For example, were the fights physical? Was there a great deal of yelling, etc.?

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14. Were you physically abused by either parent growing up?\_\_\_\_\_If yes, please explain/describe.

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15. Were you emotional abused by either parent growing up?\_\_\_\_\_If yes, please explain/describe.

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16. Were you verbally abused by either parent growing up? If yes, please explain/describe.

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17. How were you disciplined?

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18. If you were spanked, what were you spanked with? (hand, belt, etc.) If so how often?

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19. How often did your parents fight growing up? \_\_\_\_\_

20. What type of fighting \_\_\_\_\_

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**Developmental History**

21. Did your parents plan to become pregnant with you? \_\_\_\_\_

22. Did your mother receive prenatal care? \_\_\_\_\_

23. Did she smoke, drink or use substances during her pregnancy? Yes No

If yes, please explain. \_\_\_\_\_

24. Were you born on time; were you born premature? \_\_\_\_\_

If so, how many weeks early were you born? \_\_\_\_\_

25. How old were you when you began talking? \_\_\_\_\_ Walking? \_\_\_\_\_

26. Who took care of you when you were a baby? \_\_\_\_\_

27. Did you attend day care? \_\_\_\_\_

28. Who took care of you when your parents were not around? \_\_\_\_\_

29. Was there ever a time when you did not live with your parents? \_\_\_\_\_

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30. Please list any other caregivers, foster homes, and/or treatment centers that you resided in as a child or adolescent.

Name of person or center	Your age at the time	Reason not with parent(s)
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**Childhood History (before age 13)**

31. How would you describe yourself as a child?

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32. How often did you have temper tantrums as a child? Explain and describe how often.

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33. How often did you hit your parents, siblings, or teachers growing up? Explain.

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34. Describe any fights you had at school or with the neighborhood kids? \_\_\_\_\_

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35. Describe any times that you initiated the fights? \_\_\_\_\_

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36. Describe any times when you used weapons in fights and tell us what types of weapons you used. \_\_\_\_\_

\_\_\_\_\_

37. Describe any times when you have had arguments with parents or teachers? Give some examples of what the fights were about and what happened as a result.

\_\_\_\_\_

\_\_\_\_\_

38. How often did you hurt your pets or other animals as a child? Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

39. Give an example of a time you played with matches or started fires? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

40. Describe any times that you deliberately set fires to cause damage? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

41. Describe any times when you deliberately destroyed other's property (other than fire setting)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

42. How often did you lie to get away with things? \_\_\_\_\_

43. What did you lie about? Give an example \_\_\_\_\_

\_\_\_\_\_



44. Describe any sexual activity you had prior to age 13. \_\_\_\_\_

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45. How often did you cheat in school? Describe the circumstances \_\_\_\_\_

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46. Describe some times when you stole something as a child. \_\_\_\_\_

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47. Approximately how many times did you steal something? \_\_\_\_\_

48. What was the most expensive thing you ever stole? \_\_\_\_\_

49. Describe a time when you broke into someone's house, building, or car? \_\_\_\_\_

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50. How many times did this occur? \_\_\_\_\_

51. Did you get caught? If so, what happened? \_\_\_\_\_

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52. How many times did you shoplift growing up? Describe \_\_\_\_\_

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53. What was the most expensive thing you ever shoplifted? \_\_\_\_\_

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54. Did you ever runaway and stay away from home overnight? Explain. \_\_\_\_\_

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55. How often were you sent to the principal's office? Explain \_\_\_\_\_

\_\_\_\_\_

56. How often did you cut class? Explain \_\_\_\_\_

\_\_\_\_\_

**Education and School Adjustment**

57. Provide your average grades in:

Elementary _____	School: _____	# of years attended: _____
Junior High _____	School: _____	# of years attended: _____
High School _____	School: _____	# of years attended: _____

58. Did you graduate high school?      Yes   No   Year graduated: \_\_\_\_\_

59. Did you receive a GED?    Yes   No   Date: \_\_\_\_\_

60. Did you leave any educational program prior to completion?      Yes   No  
If yes, give details:

\_\_\_\_\_

61. College?    Yes   No   If yes, dates: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree: _____	School: _____	Dates Attended: _____
Degree: _____	School: _____	Dates Attended: _____

62. Have you taken any vocational courses?      Yes   No  
If yes, please describe: \_\_\_\_\_

63. Did you receive any special educational services?      Yes   No  
If yes, give details:

\_\_\_\_\_

64. Did you ever fail a grade?      Yes   No  
If yes, why?      At what age(s)?

\_\_\_\_\_

\_\_\_\_\_

65. What did you like about school \_\_\_\_\_

\_\_\_\_\_





66. What did you like/dislike about it? \_\_\_\_\_  
\_\_\_\_\_

67. What did you find boring about school? \_\_\_\_\_  
\_\_\_\_\_

68. Did you have any trouble paying attention? Yes No  
If yes, why? \_\_\_\_\_  
\_\_\_\_\_

69. How would your teachers have described you (day-dreamer, hyper, etc.)?  
\_\_\_\_\_

70. Did you ever have trouble sitting still in class or paying attention? Yes No  
If yes, why? \_\_\_\_\_

71. Were you ever diagnosed as hyperactive? Yes No  
If yes, why did they say that? \_\_\_\_\_  
\_\_\_\_\_

Did you take medications to calm you down? \_\_\_\_\_

What medications did you take \_\_\_\_\_

72. How did you get along with other kids at school?  
\_\_\_\_\_

73. Did you have close friends? \_\_\_\_\_

**Marital/Relationship History**

74. How old were you when you began dating? \_\_\_\_\_

75. Approximately how many dating relationships have you had? \_\_\_\_\_

76. What is your longest dating relationship? \_\_\_\_\_

77. On average how long did your dating relationships last? \_\_\_\_\_

78. Have you ever shoved or hit your partner? If yes, explain. \_\_\_\_\_  
\_\_\_\_\_



79. List marriages (including common-law and civil unions):

#1 Name \_\_\_\_\_

What year did you get married? \_\_\_\_\_

How old were you when you married? \_\_\_\_\_ How old was your partner? \_\_\_\_\_

Where/How did you meet him/her? \_\_\_\_\_

Any domestic violence with your partner? \_\_\_\_\_ If yes, explain

Why did the relationship end?

List any children	Age	How often do you have contact?	Child Support?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#2 Name \_\_\_\_\_

What year did you get married? \_\_\_\_\_

How old were you when you married? \_\_\_\_\_ How old was your partner? \_\_\_\_\_

Where/How did you meet him/her? \_\_\_\_\_

Any domestic violence with your partner? \_\_\_\_\_ If yes, explain

Why did the relationship end?

List any children	Age	How often do you have contact?	Child Support?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#3 Name \_\_\_\_\_

What year did you get married? \_\_\_\_\_

How old were you when you married? \_\_\_\_\_ How old was your partner? \_\_\_\_\_

Where/How did you meet him/her? \_\_\_\_\_

Any domestic violence with your partner? \_\_\_\_\_ If yes, explain

Why did the relationship end?

List any children	Age	How often do you have contact?	Child Support?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



80. List any live-in relationship lasting over four weeks?

#1 Name \_\_\_\_\_

How long were you living together? \_\_\_\_\_

How old were you when you married? \_\_\_\_\_ How old was your partner? \_\_\_\_\_

Where/How did you meet him/her? \_\_\_\_\_

Any domestic violence with your partner? \_\_\_\_\_ If yes, explain

Why did the relationship end?

List any children	Age	How often do you have contact?	Child Support?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#2 Name \_\_\_\_\_

How long were you living together? \_\_\_\_\_

How old were you when you married? \_\_\_\_\_ How old was your partner? \_\_\_\_\_

Where/How did you meet him/her? \_\_\_\_\_

Any domestic violence with your partner? \_\_\_\_\_ If yes, explain

Why did the relationship end?

List any children	Age	How often do you have contact?	Child Support?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#3 Name \_\_\_\_\_

How long were you living together? \_\_\_\_\_

How old were you when you married? \_\_\_\_\_ How old was your partner? \_\_\_\_\_

Where/How did you meet him/her? \_\_\_\_\_

Any domestic violence with your partner? \_\_\_\_\_ If yes, explain

Why did the relationship end?

List any children	Age	How often do you have contact?	Child Support?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



81. Any other children that are not named above? If so, please give name, ages, etc?

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**Support System**

82. Please list people in your support system. [Please check the final line if you have told this person about your offense]

Names	Age	Relationship to you	Length of relationship?
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

83. Who are you closest to in your support system? Why?

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84. Has anyone close to you died? If yes, please explain.

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85. Have family members or friends ever helped you out in tough times? Explain

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86. Ever live with family or friends while you were working? Explain

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87. Did you help out with expenses? \_\_\_\_\_  
What did you contribute? \_\_\_\_\_ Did you pay for food and rent? \_\_\_\_\_

88. Ever borrow money from family members or friends and not pay it back? Explain

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89. Have you ever stolen money from them? If so, please explain the circumstances and what resulted.

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90. Have you ever borrowed money from anybody? If so, please explain

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91. Did you pay it back? \_\_\_\_\_

**Religion/Spirituality**

92. What church did you attend as a child? \_\_\_\_\_

93. As an adult, what church do you attend? \_\_\_\_\_

94. On a scale between 1 and 7 (1=not at all, 7=highly) please answer the following questions:

How would you rate your level of religious commitment? \_\_\_\_\_

How would you rate the importance of religion in your life? \_\_\_\_\_

How would you rate your level of spirituality? \_\_\_\_\_

How would you rate the importance of spirituality in your life? \_\_\_\_\_

95. Explain what religion means to you? \_\_\_\_\_

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96. Explain what spirituality means to you? \_\_\_\_\_

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**Medical History**

97. Please list current and/or past health problems?

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98. Do you have any medical diagnoses? If yes, please list.

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99. Are you currently on any prescribed medication for your medical problems (including over-the-counter and herbal supplements)? Yes No

If yes, provide name of medication, dosage, reason prescribed, name of treating physician (if needed also sign release for contact):

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100. List dates and reasons for any hospitalizations.

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101. List any major surgeries that you have had and when the procedure was done?

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102. Any physical limitations? If yes, please describe

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103. Have you ever had:            Coma            Seizures            Head injuries  
If so, explain:

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**Military Service**

104. Are you now or have you ever been in military service?    Yes    No    If yes, please provide the following information:

Rank: \_\_\_\_\_

Type of work: \_\_\_\_\_

Deployments: \_\_\_\_\_

Honors: \_\_\_\_\_

Disciplinary Actions: \_\_\_\_\_

Court Martial: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employment History**

105. List your jobs and length of employment from your earliest job until now.

<b>Name of company</b>	<b>What you did there</b>	<b>Dates employed</b>	<b>Reason you left</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

106. Where do you plan to be in 5 years? \_\_\_\_\_  
10 years? \_\_\_\_\_

107. What careers are you interested in? \_\_\_\_\_

108. What kind of worker are you? \_\_\_\_\_



- 109. Ever worked and been paid cash (unreported, “under the table”)? \_\_\_\_\_
- 110. When you are not working how do you get your money? \_\_\_\_\_
- 111. Ever receive unemployment, AFDC, welfare, food stamps, SSI, veteran’s benefits or disability benefits? \_\_\_\_\_

**Mental Health History**

112. List any counselors, mental health workers, or therapists that you have seen.

Name of therapist	Where	Dates Seen	Why you were in treatment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

113. Have you ever been in a residential or outpatient treatment facility? If so, please tell us where, the dates, and why you were there. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

114. As a child, did you ever see a psychologist, therapist, school counselor, or any other mental health workers that you did not mention above? If so, please list the dates you saw him/her and why you were in treatment. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

115. Have you taken any medications in the past for any mental health issues (including hyperactivity or attentional problems)? If so, please list the medications and indicate how long you took them. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

116. Are you currently taking any medications for mental health issues? If so, please list and explain why they are prescribed. \_\_\_\_\_

\_\_\_\_\_





117. Please list any mental health diagnoses (with approximate dates) that you have been given by a medical doctor or mental health worker.

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118. Please list any learning disability diagnoses you may have been given and give approximate dates of diagnosis. \_\_\_\_\_

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119. Have you ever been hospitalized for mental or emotional difficulties? Yes No  
If yes, give dates, names of hospitals, and reasons for hospitalization:

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120. Have you ever received treatment for drugs or alcohol? If so, please list the name of the treatment provider, the dates, the level of treatment, and why you were in treatment. \_\_\_\_\_

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121. Have you ever been involved with any 12-Step programs such as AA or NA? If so, please list, give dates of involvement, and explain why you were attending?

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122. Have you ever had treatment or taken classes for Domestic Violence or Anger Management? If so, please list the name of the treatment provider, the dates, what the treatment involved, and why you were in treatment.

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123. Have you ever received treatment as a result of a sex offense? Yes No  
If yes, provide the names of treatment providers, dates, and what level of treatment you completed:

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124. Have you ever dropped out of sex offender treatment? Yes No  
If yes, what were the circumstances?

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**Criminal History**

125. Please list any criminal charges or convictions that you have received as an adult **and** as a juvenile.

<u>Date</u>	<u>What you were arrested for?</u>	<u>What were you charged with?</u>	<u>Final outcome?</u>	<u>Sentence</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

126. Please list any allegations, accusations, or findings from Social Services or Department of Human Services.

<u>Date</u>	<u>Incident</u>	<u>Outcome</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

127. Please list any arrests or convictions that your **family members** may have had as a juvenile or a child?

<u>Date</u>	<u>Arrests/Convictions</u>	<u>Outcome</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



128. Please list any social service investigations, allegations, or accusations involving family members.

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129. Any other criminal history not listed above?

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130. Approximately how many traffic tickets have you had? Explain.

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131. Any other tickets? If so, what were they for and when did they happen?

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132. Please describe any times that you have violated parole or probation. Explain and list the dates that this happened?

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**Index Offense (reason you have to complete this evaluation)**

133. What are you being charged with?

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134. When did this happen?

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135. Where are you currently at in the criminal process?

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136. Please describe your offense below. Be sure to include dates, victims, and any other individuals involved in the offense.

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**General Information**

137. On a self-esteem scale from 1 (low) to 10 (high), how would you rate yourself?

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138. Have you ever thought that you are better than others? \_\_\_\_\_



- 139. Do you ever find other people stupid or boring? \_\_\_\_\_
- 140. Are you the type of person who is easily bored? Yes No  
If yes, why do you say that?  
\_\_\_\_\_
- 141. Have you done illegal things when you are bored? \_\_\_\_\_
- 142. Have you done dangerous things just for the thrill or rush of it? \_\_\_\_\_
- 143. Was part of the reason for the drug use, sex, and/or quitting jobs boredom? \_\_\_\_\_
- 144. Are you a good liar when you have to be? \_\_\_\_\_
- 145. What would be the biggest lie you ever told? \_\_\_\_\_  
\_\_\_\_\_
  
- 146. Do you get anxious when you tell a lie? \_\_\_\_\_
- 147. Do you have credit? \_\_\_\_\_ What is your approximate credit rating? \_\_\_\_\_
- 148. Ever had a checking account and bounced checks? \_\_\_\_\_
- 149. Ever had the electricity or phone turned off? \_\_\_\_\_
- 150. Ever get evicted for not paying rent? \_\_\_\_\_
- 151. Ever forge checks or use stolen credit cards? \_\_\_\_\_
- 152. Ever do any hustles or cons on the street to get by? \_\_\_\_\_
- 153. Ever sold bogus drugs or cut drugs with another substance? \_\_\_\_\_
- 154. Ever use a false ID? \_\_\_\_\_
- 155. Ever use aliases? \_\_\_\_\_
- 156. Ever use phony information on a resume? \_\_\_\_\_
- 157. Ever eat in a restaurant or stay in a hotel and not pay? \_\_\_\_\_
- 158. Do you tend to do things on the spur of the moment? \_\_\_\_\_
- 159. Has that ever gotten you in trouble? \_\_\_\_\_



160. Ever gone on a trip without a destination? \_\_\_\_\_

161. Were your crimes impulsive or planned out? \_\_\_\_\_

162. Are you more planned or spontaneous? \_\_\_\_\_

163. Ever do something stupid without thinking about what might happen? \_\_\_\_\_

164. Ever get caught up in the moment and forget to use protection while having sex? \_\_\_\_\_

165. Ever drive while you were drunk or high? \_\_\_\_\_

166. Has anyone ever had to depend on you and you've let them down? \_\_\_\_\_

167. When you look back over your life, who or what do you blame for the way it has turned out?  
\_\_\_\_\_

168. Do you ever blame yourself? \_\_\_\_\_

169. Has anyone ever been hurt by anything you have done? \_\_\_\_\_  
Physically or mentally? \_\_\_\_\_

170. Have you ever tricked someone? \_\_\_\_\_

171. How did you feel about tricking that person after it happened? \_\_\_\_\_  
\_\_\_\_\_

172. Is there anything you have felt sorry about? Yes No

If yes, what and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

173. Looking back on your life so far, do you have any regrets? \_\_\_\_\_

174. How will you stay away from crime? \_\_\_\_\_

Alcohol? \_\_\_\_\_

Drugs? \_\_\_\_\_



**Description of Sex Offense**

175. Victim Identification:

Name \_\_\_\_\_

Age \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

Is there a restraining order? \_\_\_\_\_

176. How did you meet? \_\_\_\_\_

177. How long did you know each other? \_\_\_\_\_

178. How did you choose this person? \_\_\_\_\_

179. Describe your relationship (what did you normally do together?) \_\_\_\_\_

\_\_\_\_\_

180. Did you have parenting responsibilities for the victim? \_\_\_\_\_

181. What events led up to you becoming sexually involved with the victim?

\_\_\_\_\_

\_\_\_\_\_

182. When did the sexual activity begin? \_\_\_\_\_

183. Describe your offense in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



184. What effect did your crimes have on your victims?

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185. Was the victim partially responsible for what happened? \_\_\_\_\_ If yes, please explain.

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186. How do you think your victim feels about you now?

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187. What would you say to the victim if you saw him/her now?

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188. Who would you say has suffered the most, your victim(s) or you? \_\_\_\_\_

189. Were you judged unfairly? \_\_\_\_\_

190. Do you think your sentences have generally been fair, lenient, or harsh?

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191. What kind of job did your lawyers do? \_\_\_\_\_

192. How did your lawyer handle your case? \_\_\_\_\_

193. Do you have other victims? Yes No  
If yes, list on the back of this sheet.

## Sexual History

### SECTION 1

194. Have you ever played sex games as a child? (please explain)

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195. What types of sexual games did you play and with whom?

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196. Were you ever the victim of sexual abuse? (If yes, please explain)

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197. Were you ever punished for sexual behavior as a child? \_\_\_\_\_ If yes, please explain.

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198. Did you ever have any sexual contact with other children when you were a child (i.e. playing doctor, comparing genitals, etc.)? \_\_\_\_\_  
If yes, please describe. \_\_\_\_\_

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199. When you were a child, did you ever have sexual contact with an adult? \_\_\_\_\_  
If yes, please describe. \_\_\_\_\_

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200. Was this ever reported? \_\_\_\_\_  
If so, what was the outcome? \_\_\_\_\_

**SECTION 2**

201. Where did you get most of your sexual information as a child?

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202. How were you given this sexual information?

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203. When did you first notice girls or boys in a sexual or romantic way? \_\_\_\_\_



204. At what age were you first aware of sexuality? \_\_\_\_\_

Describe. \_\_\_\_\_

205. How old were you when you first kissed someone romantically? \_\_\_\_\_

206. Was this person a male or female? \_\_\_\_\_

207. What was your age and what was the other person's age? \_\_\_\_\_

208. How old were you when you first went further than kissing with another person?

\_\_\_\_\_

209. What was his/her age and relationship to you?

\_\_\_\_\_

210. What was the behavior you engaged in with this person? (give details)

\_\_\_\_\_

211. How old were you when you first had sexual contact with someone of your same gender? \_\_\_\_\_

Please describe what happened.

\_\_\_\_\_

\_\_\_\_\_

212. What did you do? \_\_\_\_\_

213. Describe how you learned about masturbation and at what age?

\_\_\_\_\_

\_\_\_\_\_

214. After you first learned about masturbation, how frequently did you masturbate?

\_\_\_\_\_

Did this ever change?

Yes No

If yes, please describe. \_\_\_\_\_

215. Describe the behaviors/situations you fantasized about as an adolescent.

\_\_\_\_\_

\_\_\_\_\_



216. Describe your experiences with sexually explicit material as an adolescent:

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---

217. What was your reaction: \_\_\_\_\_

218. How often did you use it after this first time? \_\_\_\_\_

219. Type of material used:    Videos        Magazines        Phone Sex Lines        Internet

220. How often do you currently masturbate? \_\_\_\_\_

221. Some people will masturbate by rubbing themselves on a pillow or bed or with their hand. What method(s) do you use?

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222. Have you masturbated in such a way so that others could see you? (please explain)

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**SECTION 3**

223. What happens to your sexual drive when you experience any of the following emotions?

Depression \_\_\_\_\_

Anger \_\_\_\_\_

Stress \_\_\_\_\_

Boredom \_\_\_\_\_

Anxiety \_\_\_\_\_

224. How is your sexuality affected by physical problems, emotional problems, religious affiliations, medications, etc? (Please explain)

---

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225. Have you ever been paid for engaging in sexual contact? \_\_\_\_\_  
(If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

226. When you fantasize, what percent of your fantasies are about females? \_\_\_\_\_

227. Of this percent, how many of your fantasies are of females between the ages of:  
0-4 years: \_\_\_\_\_ 5-8 years: \_\_\_\_\_ 9-12 years: \_\_\_\_\_  
13-17 years: \_\_\_\_\_ 18 years and older: \_\_\_\_\_

228. What percent of your fantasies are of males? \_\_\_\_\_

229. Of this percent, how many of your fantasies are of males between the ages of:  
0-4 years: \_\_\_\_\_ 5-8 years: \_\_\_\_\_ 9-12 years: \_\_\_\_\_  
13-17 years: \_\_\_\_\_ 18 years and older: \_\_\_\_\_

230. Describe the behaviors/situations you fantasize about.  
\_\_\_\_\_  
\_\_\_\_\_

231. Describe your experiences with sexually explicit material:  
\_\_\_\_\_  
\_\_\_\_\_

First contact and reaction: \_\_\_\_\_

Subsequent pattern of use: \_\_\_\_\_

Type of material used:      Videos      Magazines      Phone Sex Lines      Internet

Amount of time devoted and frequency: \_\_\_\_\_

232. Was there ever a time when your use of pornography increased significantly? \_\_\_\_\_  
If yes, when was this? \_\_\_\_\_  
What was going on in your life at the time?

\_\_\_\_\_  
\_\_\_\_\_



233. What is the subject matter of the pornography that you have viewed in your life?  
[CIRCLE ALL THAT APPLY]

- |                 |                      |               |              |
|-----------------|----------------------|---------------|--------------|
| Child           | Adult/Child Combined | Adult         | Animals      |
| Oral Sex        | Female-Female        | Anal          | Rape         |
| Fetish          | Female-Male          | Voyeurism     | Snuff        |
| Furries         | Lesbian              | Male-Male     | Nude Females |
| Nude Males      | Human-Animal         | Exhibitionism | S & M        |
| Whips/Handcuffs | Role play            | Urine/Feces   |              |

Other: \_\_\_\_\_

234. Was the content unusual? \_\_\_\_\_

If so, what was it? \_\_\_\_\_

235. Ever attended X-rated theaters? \_\_\_\_\_ Peep shows? \_\_\_\_\_ Strip clubs? \_\_\_\_\_

236. Have you ever had any interest in or sexual contact with the same sex? \_\_\_\_\_

237. Have you ever had any interest in sexual contact with children? \_\_\_\_\_

238. Approximately how many people have you had sexual contact with?

- |                             |              |            |
|-----------------------------|--------------|------------|
| Sexual Touching             | _____ Female | _____ Male |
| Vaginal Intercourse         | _____ Female | _____ Male |
| Anal Intercourse            | _____ Female | _____ Male |
| Oral Sex                    | _____ Female | _____ Male |
| One Night Stands            | _____ Female | _____ Male |
| Group Sex                   | _____ Female | _____ Male |
| Masturbation (with partner) | _____ Female | _____ Male |

239. Any sexual dysfunctions? \_\_\_\_\_

240. Ever lost desire for sex? \_\_\_\_\_

241. Ever had difficulty getting an erection/getting aroused? \_\_\_\_\_

242. Ever ejaculated before you wanted to? \_\_\_\_\_

243. Ever taken longer to ejaculate/have an orgasm than you wanted? \_\_\_\_\_



- 244. Ever had pain in your penis/vagina? \_\_\_\_\_
- 245. Is there anything about your penis/genitals that concerns you? \_\_\_\_\_
- 246. When you have had a hard day or feel stressed, how often do you think about having sex to make you feel better? \_\_\_\_\_
- 247. What do you think about? \_\_\_\_\_

**SECTION 4**

**History of sexual behaviors:**

- |  |     |    |
|--|-----|----|
| 248. Exhibitionism (showing your penis/genitals in public)   | Yes | No |
| 249. Masturbating in public  | Yes | No |
| 250. "Mooning"   | Yes | No |
| 251. "Streaking"   | Yes | No |
| 252. Voyeurism (peeking in windows or parked cars hoping to see women/men undressing or couples having sex)?                 | Yes | No |
| 253. Bestiality  | Yes | No |
| 254. Bondage   | Yes | No |
| 255. Do you ever get a sexual thrill out of controlling another person?  | Yes | No |
| 256. Causing them pain or humiliation  | Yes | No |
| 257. Do you enjoy having this done to you  | Yes | No |
| 258. Have you ever dressed in clothes of the opposite sex?<br>(either underwear or full dress)                               | Yes | No |
| If yes, how did it first start? _____  |     |    |
| How often do you do it? _____  |     |    |
| How do you feel when you dress? _____  |     |    |
| 259. Have you ever been sexually excited by this   | Yes | No |
| 260. Have you ever stolen lingerie?  | Yes | No |
| 261. Would you find the idea sexually arousing if you knew the lingerie had been worn by an attractive young woman or child? | Yes | No |



262. Have you ever masturbated using men's/women's or children's lingerie? Yes No

263. Do you get especially excited by one part of the body, such as feet, hair, or breasts? \_\_\_\_\_ Yes No

264. If yes, do all or most of your sexual fantasies include a focus on this part? Yes No

265. Do you get sexually excited by objects most people don't consider sexual, such as shoes or rubber? Yes No

266. Have you ever been with someone and wanted to get an erection or have an orgasm but you couldn't? Yes No

If yes, how frequently? \_\_\_\_\_

Describe the situation(s): \_\_\_\_\_

267. Would you find it sexually exciting if you could sneak into an attractive woman's house just to look at her things? Yes No

268. What if she was in the house asleep and you could watch her without being caught? Yes No

269. Ever had an affair? Yes No How many? \_\_\_\_\_

270. Ever gone to prostitutes? Yes No How many? \_\_\_\_\_

271. Ever sold self for sex or drugs? Yes No How many? \_\_\_\_\_

272. Were you ever a pimp? Yes No When? \_\_\_\_\_

273. Have you ever had a sexually transmitted disease? Yes No

274. Do you use condoms Yes No

How often? \_\_\_\_\_

275. Have you used any sexual toys Yes No

Method of use? (Used on you or used them on someone else?)

Was this use consensual or forced? \_\_\_\_\_



276. Have you ever engaged in the use of “sexy talk” with anyone? Yes No

277. Have you ever used alcohol or drugs to influence a person to be sexual with you? Yes No

278. When he/she didn’t want to? Yes No

If yes, describe: \_\_\_\_\_

279. Have you ever told a woman that you loved her just so she would agree to sex? Yes No

280. Ever had group sex? (3+ people) Yes No

281. Ever gone to sex clubs? Yes No

282. Ever been involved with swinging or swing clubs? Yes No

283. Ever been involved or gone to “swim” clubs? Yes No

284. Have you ever been to a bath house? Yes No

285. Have you ever experienced? [Check if they apply]
Zoophilia (animals) \_\_\_\_\_ Klismaphilia (enemas) \_\_\_\_\_
Necrophilia (dead bodies) \_\_\_\_\_ Urophilia (urine) \_\_\_\_\_
Corprophilia (feces) \_\_\_\_\_

286. Is there anything that may have been left out? Anything you would like to add?
\_\_\_\_\_
\_\_\_\_\_

Client Name (Please print) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_