

Male BDSM Checklist For Beginners	First Name:					Date:		
	Age	Penis size	Height	Weight	Waist size	Disease free?	Drug free?	
Use Tab key to move from block to block								
		Body hair (light, mod. etc)		Pubic hair		Anal hair		
Instructions - read carefully								
Be sure to mark each item accurately and completely. Don't miss any.								
How do you feel about it? No Way = a hard limit Little/No Interest = a soft limit Maybe = perhaps as part of our play Willing to try = slowly at first Yes = absolutely Yes, yes, YES = major turn-on Email me with any questions								
Turn-ons (from fantasy or experience)	Done before?	How do you feel about it? (Check only one column per item)						
		No way	Little/No Interest	Maybe	Willing to try	Yes!	Yes, yes YES!	
These are just some of the things I will do - if you also have an interest.								
Sexual domination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humiliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain, mild (spanking, for example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain, moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain, intense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feminization (not full cross-dressing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bondage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role-play/fantasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear and/or panic (Safe, of course)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body shaving (hair can get in the way)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rimming (giving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rough handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type in your own item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type in your own item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places you love touch and sensations	Nipples	Mouth	Belly	Thighs	Feet	Penis	Butt	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any allergies that the Dom (me) should be aware of. This may include allergies to Latex, food, scents, lotions, etc.								
Any medical problems or issues? (if yes, give details:)								
Do you or have you ever used IV drugs?								
If you have <u>any</u> STD's, list them here.								
Have you ever been exposed to HIV/AIDS?								
When were you last tested?								
Do you always practice safe sex? Note any exceptions.								
Any specific subject not described in this list that the Dom (me) should be concerned with? (If yes, briefly describe)								
Do you smoke?								

Continued on next page

Is BDSM just role-play for you, or is it part of your very being?	
What would your "ideal" master be like?	<input type="checkbox"/> Kind and considerate <input type="checkbox"/> Demanding, but fair <input type="checkbox"/> Demanding and callous <input type="checkbox"/> Brutal and unrelenting <input type="checkbox"/> Other - describe
What kind of sub or slave would you like to be? <i>(Check all that apply)</i>	<input type="checkbox"/> Submissive, but not true slave <input type="checkbox"/> Master's pet <input type="checkbox"/> House slave (chores) <input type="checkbox"/> Sex slave <input type="checkbox"/> Field slave (heavy work) <input type="checkbox"/> Torture slave <input type="checkbox"/> Write in your own
When are you available to play? <i>(Check all that apply)</i>	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weeknights <input type="checkbox"/> Weekend days <input type="checkbox"/> Weekend nights <input type="checkbox"/> Overnight
<p>Tell me your BDSM fantasies:</p>	
<p>Other comments or concerns:</p>	

IMPORTANT: This list does not include all possibilities. It is only to give the Dom (me) a general idea of your hard limits and range of interests. Use the "Type in your own item" lines to add any other interests or limits. Safe sex is standard. I will never intentionally draw blood, or cause permanent injury. I don't do scat, or anything that is illegal or inherently unsafe. Beyond our hard limits I will use my judgment.

Before beginning, I will give you both a **Safe-Word** and **Slow-Word**. The Safe-Word is an "all-stop," to be used only in emergencies. The Slow-Word is a signal to me to reevaluate what is going on and your ability to handle it. I was an EMT for 17 years and can handle most emergencies that might occur.