

| 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"/> |
| Humiliation | <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"/> |
| Pain, moderate | <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"/> |
| 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"/> |
| Bondage | <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"/> |
| Oral | <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"/> |
| 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"/> |
| 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"/> |
| Rimming (giving) | <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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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? | [REDACTED] |
| 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"/> Other - describe |
| 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 |
| Tell me your BDSM fantasies: [REDACTED] | |
| Other comments or concerns: [REDACTED] | |

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.