

Sexual History Questionnaire 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 _____ Y

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 _____

Type of force/manipulation/coercion _____

Frequency of sexual contact _____

Duration of Sex Contact _____

Sexual History Questionnaire

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 _____ 3) 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 DEVIANT 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 ____ Sadoomasochistic ____ 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

- _____ Summer Camp
- _____ Grocery Store
- _____ Movie Theater
- _____ Department Store
- _____ Boy/Girl Scouts or 4H
- _____ Fast Food Rest
- _____ Day Care Center
- _____ At work
- _____ Vehicle
- _____ Arcade
- _____ Public Transportation
- _____ Public Restroom
- _____ On internet camera
- _____ Nude Beach
- _____ Peep show
- _____ Near School
- _____ Public Beach
- _____ Babysitting _
- _____ In School
- _____ Sporting Event
- _____ Shopping Mall
- _____ Zoo
- _____ Other

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 subscribe 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

Did you meet them? Yes No

If yes, describe: _____

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: _____

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:

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: _____

Sexual Behavior while in Custody

Have had 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

Sexual History Questionnaire

If yes, describe _____

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

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: _____

Sexual History Questionnaire

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: _____

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: _____

How have you satisfied these obsessions? _____

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