











<b>BDSM</b>	Name:	Date:
<small>Rate your Pleasure of that Activity: 1 = disliked intensely, 2 = gave no pleasure, 3 = was just ok, 4 = liked it, 5 = extremely enjoyed. <b>Would you Like to Do it (again)?</b> Never = a hard limit, No Desire = a soft limit, Forced = if you were forced to you (might) like it, Maybe = if under the right conditions, Fetish Need = this really turns you on and you can't live without it.</small>		

ACTIVITY	Ever Done?			Would You Like To Do?					
	Yes	No	Rate	Never	No Desire	Forced	Maybe	Yes	Fetish Need
Vampire Gloves									
Verbal humiliation									
Vibrator - anal									
Vibrator - egg/internal									
Vibrator - genital									
Videotaped Scenes - watching									
Videotape Recording of you									
Voyeurism									
Water Torture/Sports									
Wartenburg Pinwheel									
Wearing symbolic jewelry									
Weight control									
Whipping - cat of 9									
Whipping - flogger									
Whipping - single tail									
Whipping - general									
Wrestling									

List any allergies that the Dom(me) should be aware? (if yes, describe:)	
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Any medical problems/issues? (if yes, give details:)	
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Do you have any known STD's?	
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Have you ever been exposed to HIV/AIDS?	
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When were you last tested?	
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Do you practice safe sex?	
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Any specific subject not described in this list that the Dom(me) should be concern with? (if yes describe:)	
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Comments:	References:
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