

Form Disclosure

This Model Sex History Disclosure Polygraph Questionnaire (“Model Policy Questionnaire”) was prepared by the American Polygraph Association’s (APA) Post Conviction Sex Offender Committee (PCSOT Committee) and approved by the APA Board of Directors on August 26, 2023. The PCSOT Committee endeavored to incorporate in this Model Policy Questionnaire the most current information and contemporary professional judgment on this issue. However, no “model” policy or “model” questionnaire can meet all the needs of any given agency, polygraph examiner, or other sex offender team member (sex offender team). While this Model Policy is provided to assist in standardizing and promoting the effectiveness of the Sexual History Exam each sex offender team operates in a unique environment of federal court rulings, state laws and court rulings, local ordinances, regulations, and administrative decisions. In addition to these considerations, the formulation of specific sex offender team policies and questionnaires should consider local political and community perspectives and customs, prerogatives and demands; divergent strategies and philosophies; and the impact of varied resource capabilities, unique circumstances of the sex offender, among other factors.

This Model Policy Questionnaire is informational and not intended as professional, legal, or other advice or as a substitute for advice from a professional or attorney. If you require professional, legal, or other advice about the subject of this Model Policy Questionnaire, you should seek the services of a professional or attorney in your jurisdiction.

The APA disclaims all liability to any party for any direct, indirect, implied, punitive, special, incidental, or other consequential damages arising directly or indirectly from any use of this Model Policy Questionnaire.

American Polygraph Association
Model Sexual History Disclosure Polygraph Questionnaire
August 26, 2023

Information for Treatment and Supervision Team Members

This Model Sex History Disclosure Polygraph Questionnaire is provided to assist convicted persons, treatment providers, supervising officers and polygraph professionals to increase the standardization and effectiveness of the Sexual History Exam (SHE), as described in the APA Model Policy for Post Conviction Sex Offender Testing. The SHE is a screening polygraph used to investigate the veracity of a convicted persons' self-reported history of involvement, in uncharged or unreported sexual offense behaviors and sexual behaviors that may be indicators of sexual compulsivity, sexual pre-occupation, or sexual deviancy. The SHE should be used when a referring professional wants to investigate a convicted person's lifetime history of uncharged/unreported sexual offense behaviors. The SHE is conducted on persons convicted of sexual offenses, in the absence of any allegation or incident other than the crime of conviction or other known historical convictions. Polygraph testing via the SHE is not intended to investigate reportable crime information and should not be interpreted as deterministic or infallible. Instead, test results can be thought of as categorical conclusions based on the probabilistic strength of information or margin of uncertainty along with the stated tolerance for risk of error.

Behavioral targets should be selected in collaboration with the referring professional for their operational relevance to risk assessment, risk management and treatment planning. Target questions may include behaviors related to the selection of, access to, control or silencing of, and impact on abused persons. Target issues may also include non-contact sexual offense behaviors, as well as behaviors related to grooming, manipulation, use of violence, physical force, restraint, threats of harm, and building or exploiting relationships as a means of gaining access to others for sexual abuse. Target issues may also provide information about involvement or non-involvement in behaviors that may be indicative of sexual compulsivity or preoccupation. Although it is unrealistic to attempt to test and fully resolve every possible sex history target, or to assume that it is possible to know everything about a convicted person's entire lifetime of sexual behavior, the SHE commonly addresses a range of different target behaviors that are interpreted with an assumption of independence. In other words, the SHE is a multiple issue test, subject to the advantages and limitations of omnibus analysis. The SHE can also be conducted as a narrowly focused single-issue exam, or as a series of single-issue exams. Validated polygraph test formats can be used with two to four relevant target issues.

Examiners should familiarize themselves with the types of sexual behavior that play an important role in sex offense risk assessment and sex offense treatment. Some sexual behaviors, for example, may be indicative of sexual compulsivity or preoccupation for which the actual number of incidents, for those who admit these behaviors, may not add additional information – though such test questions may be useful with convicted persons who substantially deny any involvement in those behaviors.

Information and results from these examinations are intended to assist in risk assessment, risk management and treatment planning. The goal of these polygraph examinations is not to identify prosecutable crimes, but to obtain information about an individual's sexual attitudes and behaviors, and to help clarify whether a person has a history of acting on particular sexual interests, desires, or patterns of problematic sexual behavior. For persons who have not engaged in particular behaviors, the goal is to establish a basis of evidence to support professional conclusions to accept the veracity of the individual's statements. Information and results from these examinations should be reported only to the professional members of the supervision or treatment team unless otherwise directed by law.

Information for Examinees

Information requested in this Sex History Disclosure Polygraph Questionnaire is intended to help your treatment and supervision team members with treatment planning, risk assessment tasks, and risk management goals. Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person. Something that is “uncharged” is a behavior you have not been convicted of. Examples of this may include (but are not limited to) a sexual behavior where you plead to a non-sexually related crime, a sexual behavior that led to a violation instead of a new conviction, the sexual behavior qualified for youthful offender status, and/or deferred sentencing such as accelerated rehabilitation. However, you are requested to be truthful and honest about your history of sexual behavior patterns. The information and forms in this Sexual History document are designed to help you to be truthful and successful. Refer to the included Operational Definitions and talk to your treatment and supervision team members for information if you have any difficulty understanding the information or these instructions. Truthfulness about your sexual history may be viewed as a milestone or indicator of engagement and progress in treatment.

Directions:

1. Complete every page (every form) even if you have nothing to report. If you have nothing to report about a particular behavioral question simply state that on the form, or cross out the form, and then sign and date the form. If someone assisted you in completing each form, have them write their name at the bottom of each form.
2. **Do not** include personal identifying information for any other person. This includes:
 - a. Their name,
 - b. Relationship to you (such as identifying children, nieces, grandparents, etc.).
 - c. The exact dates of a behavior or incident,
 - d. The exact location or jurisdiction where a behavior or incident occurred, and
 - e. Other identifying information.
3. When completing the forms, please include only the information requested (i.e., age of the other person, gender of the other person, if they were related to you or not, if you knew the person more or less than 24 hours, etc.)
4. If you do not understand any information requested, you may write or indicate that on the form. Then sign and date the form.
5. If you prefer to discuss the information with your treatment provider or with your supervising officer before completing each form, or during the polygraph interview you may write or indicate that on the form. Then sign and date the form.
6. The timeframe of interest to your Sex History Polygraph is your entire lifetime. However, your treatment and/or supervision team member may provide you with individualized instruction or guidance about how to complete the Sex History Disclosure Polygraph Questionnaire which may include a different time frame.
7. Complete all of the sexual behavior forms first. Again, do not put any other person’s personal identifying information on these forms. There are four sections in the Sexual History Document: Personal Sexual History, Sexual Offense Behaviors, Non-Contact Sexual Offense Behaviors, and Viewing Nudity/Pornography/Erotica/Sexual Stimulating Image.
8. Complete the summary forms for the first 2 after you have completed the sexual behavior forms.

Please talk with your treatment and supervision team member if you have any difficulty understanding the information. You are not required to provide identifying and reportable information about unknown crimes.

Operational Definitions

From Section 6.0 of the Post Conviction Sex Offender Testing (PCSOT) Model Policy

Every behavior of concern to the multi-disciplinary supervision and treatment team is anchored by an operational definition. Experience has shown that all of these behaviors can be discussed without disclosing personally identifiable or reportable information.

- A. **Physical sexual contact:** refers to rubbing or touching another person's sexual organs (i.e., breasts, buttocks, genitalia) whether over or under clothing, for the purpose of sexual arousal, sexual gratification, sexual stimulation or sexual "curiosity." This includes having, allowing, or causing another person to rub or touch one's own sexual organs, whether over or under clothing. This does not include medical care with adults or children, or parental contact with children's private areas in the form of diapering, wiping, bathing, dressing, or changing, unless done for the purpose of sexual arousal or stimulation.
- B. **Non-contact sexual behavior:** refers to sexual behaviors such as exhibitionism, voyeurism, public masturbation, child pornography, or other sexual behaviors that are unlawful but do not involve physical contact.
- C. **Sexual contact:** any form of contact with an individual for the purpose of sexual arousal, sexual gratification, sexual stimulation or sexual "curiosity."
- D. **Force (real or implied violence):** any form of real or implied violence, including for sexual arousal, physical restraint to prevent a victim from leaving, escaping, or moving away from the assault, or threats of harm to a victim's family members or pets. Force/restraint may also include alcohol or drug use in a manner that deprives a person of an ability to consent.
- E. **Coercion (non-violent):** any non-violent means to gain compliance of a victim who expresses his or her reluctance to comply (e.g., bribery, threats to embarrass or end a relationship, etc.). Coercion may also include using or providing alcohol or drugs in a manner that influences a person's thoughts, choices and behavior in ways that would differ from those when not under the influence.
- F. **Grooming (child grooming):** any means of building trust or exploiting a relationship; this could include befriending family members to gain access to a child which could allow the victim to surmise a perception of complicity, this also applies to internet-based behaviors.
- G. **Manipulation:** any means of trickery to gain the compliance of a victim who is unaware of the sexual motives of the offender (e.g., wrestling, horseplay, tickling and similar behaviors).
- H. **Relative (family member):** any person related by blood, marriage, or adoption, or where a relationship has a legal status. Also include persons for whom there was the appearance of a family relationship (e.g., dating or live-in relationship with the person(s) natural, step or adoptive parent).
- I. **Minor, child, youth, and underage person:** includes any person defined by local laws and legislature as being below the age of consent to engage in sexual behavior.
- J. **Incidental contact:** refers to any brief, unanticipated or unplanned contact, greeting (e.g., waving, or smiling), interaction (i.e., verbal), or incidental physical contact (e.g., shaking hands, hugging, patting the head, bumping into, exchanging money or merchandise, etc.).
- K. **Physical contact:** includes shaking hands, hugging, patting the back or head, bumping into, exchanging money or merchandise along with other forms of physical contact including sitting on one's lap, holding, wrestling or athletic activities, etc.

- L. **Unapproved contact with minors:** any contact or activity with minors that goes against the examinee's agreement with treatment, probation, or parole (whether state or federal). This may include a variety of restricted behaviors that vary for individuals, including being alone with a minor, non-sexual physical contact, and/or other interactions.
- M. **Alone/unsupervised contact with minors:** interaction, activity or contact with minors in any context which takes place in the absence of someone approved by treatment and/or supervision to supervise this contact.
- N. **Approved Supervisor:** an individual who the supervision and/or treatment team has agreed can supervise contact between the examinee and a minor.
- O. **Pornography:** the explicit depiction of sexual subject matter for the purpose of sexually arousing the viewer, sometimes referred to as X-rated or XXX material, though there is no formal rating system.
- P. **Child Sexually Explicit Material (CSEM)/Indecent Images of Children (IIOC):** any visual depiction of sexually explicit conduct involving a minor (someone under 18). May include videos, digital or computer-generated images indistinguishable from an actual minor, and images created, adapted, or modified, but appear to depict an identifiable, actual minor. Undeveloped film or videotape, and electronically stored data that can be converted into a visual image. (USCC.Gov, 2021)
- Q. **Sexually stimulating materials/erotica:** the use of sexually arousing imagery, especially for masturbation purposes.
- R. **Sexual thought:** thoughts or patterns of thoughts, often in the form of mental imagery with the goal of creating or enhancing sexual arousal or sexual feelings.
- S. **Sexual Fantasy/Erotic fantasy:** can be a developed or spontaneous story, or a short mental flash of sexual imagery. This differs from a sexual thought by length and narrative complexity. Short sexual thoughts often lead into a sexual fantasy.
- T. **Masturbation:** refers to sexual stimulation of one's genitals, often, though not always, to the point of orgasm. Stimulation can be over or under clothing, either manually or through other types of bodily contact, through the use of objects or devices, or through a combination of these methods. Although masturbation with a partner is not uncommon, masturbation for the purpose of this Model Policy refers to self-masturbation.

Additional Definitions (not included in the PCSOT Model Policy)

- A. **Use of technology for sexual purposes:** refers to smart-phones, tablets, computers, gaming devices, smart TVs, computers and other electronic devices that were used for sexual purposes including masturbation or contacting/interacting with other persons for sexual purposes.
- B. **Uncharged Sexual Behavior:** refers to behavior you have not been convicted of. Examples of this may include (but are not limited to) a sexual behavior where you plead to a non-sexually related crime, a sexual behavior that led to a violation instead of a new conviction, the sexual behavior qualified for youthful offender status, and/or deferred sentencing such as accelerated rehabilitation.

Section 1: Personal Sex History Form

The following information is requested because it may help your treatment provider and supervising officer to understand your case and your individual circumstances more fully.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person.

1. With how many people have you engaged in a sexual relationship (non-abusive or lawful) - whether committed, dating, long term or casual?

2. With how many persons have you engaged in sexual contact where you had no ongoing intimate, romantic, dating, or long-term relationship?

3. With how many persons have you engaged in acts of sexual infidelity during a long-term marital or dating relationship?

4. With how many sexual or intimate partners have you engaged in escalated and physical conflicts, regardless of whether or not police were called to the scene?

5. Do you recall ever being sexually abused or sexually victimized by others?

6. How many times have you paid others for sexual contact or had others pay you for sexual contact?

7. How many times have you visited or frequented adult entertainment businesses such as topless bars or strip-clubs?

8. How old were you when you first viewed pornographic materials?

9. How many times have you engaged in sex chats or sexually-based web-cam activities via an internet-connected app on a phone, tablet, computer, gaming device, or smart TV or other electronic device?
-
-
10. With how many people have you engaged in sexual contact whom you first met online?
-
-
11. How many times have you engaged in sexual contact in an institutional setting? (i.e., hospitals, jails, detention centers, group homes, treatment centers, etc.)
-
-
12. How many times have you engaged in group sex activities?
-
-
13. How many times have you used non-human objects such as sex-toys or other objects for masturbation or sexual activities with others?
-
-
14. How many times have you engaged in online group-sex activities via an app on a phone, tablet, computer, gaming device, smart TV or other internet connected device?
-
-
15. Please list any other sexual behavior - not already included in this sex history document - that you think your treatment provider or supervision officer would consider important to discuss with them (i.e., other paraphilic activities such as sadism, masochism, fetishism).
-
-

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

Section 2: Sexual Offense Behaviors

(Section 8.2 in PCSOT Model Policy)

Directions: Complete the following sexual behavior forms before completing the summary form. Talk with your treatment and supervision team member if you have any difficulty understanding the information.

A. In-person sexual contact with underage persons, as defined by local laws/statutes regarding the legal age of majority and consent, while you were legally an adult.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person.

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

B. Sexual contact with relatives, whether by blood, marriage, adoption, or where a relationship has a legal meaning or is in effect a family relationship (e.g., a dating or live-in relationship with the person(s) natural, step or adoptive parent).

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person.

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
H	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

C. Use of violence to engage in sexual contact, including any real or implied violence, physical force, restraint, or threats of harm toward an abused person or their family members, possibly including pets. This may include the use of a weapon or any physical or verbal means of violence.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person.

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
H	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

D. Sexual contact with persons who appeared to be unconscious, asleep, or incapacitated with drugs or alcohol, or who were mentally or physically helpless for other reasons. The defining characteristic of this type of abuse is that an abused person appeared to be asleep or unconscious at the time of an abuse as no one except the abused person can know for certain if they were actually asleep/unconscious or feigning sleep or unconsciousness at the time.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person.

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
H	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

H. Frottage/sexual rubbing, including genitally rubbing against or touching a non-consenting person without their knowledge or permission, by standing or walking too close in public locations (e.g., work, stores, school, or other crowded places).

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person.

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
H	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

J. Sexual contact with animals, refers to all sexual behaviors (including attempts) involving pets, (whether belonging to the person filling out this form or others), domesticated (farm/ranch) animals, or wild animals, whether living or deceased, and whether whole or dismembered. This is often referred to as bestiality.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person.

Animal's Identifier	Type of Animal	Please Circle Animal's Gender	Age of Animal	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A		Female Male Unknown						
B		Female Male Unknown						
C		Female Male Unknown						
D		Female Male Unknown						
E		Female Male Unknown						
F		Female Male Unknown						
G		Female Male Unknown						
H		Female Male Unknown						
I		Female Male Unknown						

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

L. Use of a computer to solicit minors for sexual activities, including ever using the internet, or any electronic communication device in an attempt to solicit and/or engage an underage person for sexual contact. It also includes engaging in online sex-chats or cyber-sex activities with minor-aged persons via internet relay chat, instant messaging, web chat, social media applications, dating/ “meet up” apps (applications), email and/or any other electronic method. For the purpose of this worksheet, and all online sex activities, minor age refers to any person under age 18.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person.

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
H	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

Section 2 Summary

Directions: Summarize the information on the preceding worksheets.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person

Behavior:	Answer
Sexual contact with persons who were legally underage while you were an adult.	How many different males:
	How many different females:
Sexual contact with persons who were related to you.	How many different males:
	How many different females:
Used any form of verbal threat of harm or physical force for sexual contact:	How many different males:
	How many different females:
	How many different minors:
Sexual contact with persons who were unconscious/unaware/asleep/incapacitated.	How many different males:
	How many different females:
	How many different minors:
Sexual contact with someone who could not consent due to a mental or cognitive disability.	How many different males:
	How many different females:
	How many different minors:
Used a position of authority to have sexual contact with a person. <ul style="list-style-type: none"> • Boss • Teacher • Coach • Volunteer • Medical Professional • Rabbi/Priest/Minister/Faith Leader • Mental Health Professional 	How many different males:
	How many different females:
	How many different minors:

Rubbed against someone for sexual gratification who was unaware of you doing it.	How many different males:
	How many different females:
	How many different minors:
Had sexual contact with an animal:	If yes, what did you do:
Use of a computer to solicit and/or engage minors for sexual contact:	How many different males:
	How many different females:
	How many different minors:

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

Section 3: Non-Contact Sexual Offense Behaviors

Directions: Complete the following sexual behavior forms before completing the summary form. Talk with your treatment and supervision team member if you have any difficulty understanding the information.

E. Voyeurism/sexual peeping activities, including attempts to view someone naked, undressing/dressing, or engaging in sexual acts without their permission or knowledge. This includes the use or creation of a hole or opening to view others for sexual arousal, the use of optical technology or optical devices (e.g., cameras, mirrors, binoculars, or telescope) to view others for sexual purposes, and the use of cell phones to take pictures or videos of persons without their permission (e.g., up the skirt, under a bathroom stall, by hacking into or setting up a video camera or internet-connected optical device).

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

F. Exhibitionism/indecent exposure, including all attempts to intentionally or to appear to have “accidentally” exposed one’s private parts to unsuspecting persons in public places, including the wearing of loose or baggy clothing for the purpose of enabling the sexual organs to become exposed to others for sexual purposes. Also include use of any camera or internet connected optical device to expose oneself to others for sexual purposes either “accidentally” or purposefully.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
H	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

G. Theft or use of underwear/undergarments for sexual arousal or masturbation, including taking or keeping undergarments (including other personal property or “trophies”) from relatives, friends, sexual partners, acquaintances, or strangers for masturbation or sexual arousal. This may also include incidents of wearing another person's underwear or undergarments without that person’s knowledge or permission, in addition to incidents in which underwear, undergarments, or personal property was returned after use for masturbation or other use for sexual arousal.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
H	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

I. Child pornography (Child Sex Exploitation Material), including any history of viewing, possessing, producing, using, or distributing indecent images of minors in sexually provocative poses, with or without clothes, or engaging in sexual acts either alone or with others.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
H	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

K. Stalking/following behaviors, including all incidents of following, tracking, or observing someone for sexual or aggressive/angry reasons. It also includes all other efforts to monitor or observe another person's behavior in person, electronically or by using a surrogate, without that person's knowledge or permission. Also includes online stalking behaviors.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
H	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

M. Masturbation or sexual acts in public places where one could be seen by others such as in workplace/school locations, public restrooms, or adult entertainment businesses. Although not a public place, masturbating at home in front of a window in order to be seen by others is also relevant.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person

Person's Identifier	Please Circle Relation Below	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Year)	Last Sexual Contact (Year)	Type of Sexual Contact
A	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
B	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
C	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
D	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
E	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
F	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
G	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					
H	Related Unrelated	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

N. Online sex activities, including sex-chat, sex-games, and web-cam sex activities, as well as online masturbation and/or virtual activities.

- I. Describe how you attempted to seek sexual contacts/interactions on the computer or electronic devices (including frequency & time frames):

- II. List all persons with whom you had in-person or face-to-face contact as a result of meeting through a cellphone app, tablet, computer, gaming device, smart TV, other electronic device or similar means.

Person's Identifier	Please Circle Person's Gender	Please Circle Age Range of Person at Time	Your Age(s) at Time	Where did you meet or attempt to meet	Number of Face-to-Face Contacts	Number of Sexual Contacts	Type of Sexual Contact
A	Female Male Nonbinary	Infant Child Teenager Adult					
B	Female Male Nonbinary	Infant Child Teenager Adult					
C	Female Male Nonbinary	Infant Child Teenager Adult					
D	Female Male Nonbinary	Infant Child Teenager Adult					
E	Female Male Nonbinary	Infant Child Teenager Adult					
F	Female Male Nonbinary	Infant Child Teenager Adult					

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

Section 3 Summary

Directions: Summarize the information on the preceding worksheets.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person

Behavior	Answer
Exposed your sexual body part to someone who could not or did not consent either online (via internet or electronic means) or in person (e.g. flashing).	<i>How many different males:</i>
	<i>How many different females:</i>
	<i>How many different minors:</i>
Masturbated in an area where another could have seen either online (via internet or electronic means) or in person.	<i>If yes, approximately how many times:</i>
Secretly watched another person for a sexual purpose either online (via internet or electronic means) or in person (e.g. peeping or voyeurism).	<i>If yes, approximately how many times:</i>
Viewed some form of pornography that included children under the age of 18.	<i>If yes, approximately how many times:</i>
Sexually communicated by phone, text, social media or over the internet with someone below the age of 18 when you were over the age of 18.	<i>If yes, approximately how many times:</i>

Sent or received nude images through the mail, over the internet, social media or text of someone who was below the age of 18 when you were over the age of 18.	<i>If yes, approximately how many times:</i>
	<i>Explain:</i>
Stolen anything for a sexual purpose.	<i>If yes, how many times:</i>
	<i>List items:</i>
Visited or used the dark web.	<i>If yes, how many times:</i>
	<i>List search topics:</i>
Viewed any form of pornography that included the use of force (such as rape).	<i>If yes, explain:</i>
Used the internet to stalk someone.	<i>If yes, explain:</i>

Used the internet to research a fetish.	<i>If yes, explain:</i>
Used the internet to find information on sadism or masochism.	<i>If yes, explain:</i>
Had sexual contact with a dead person either online (via internet or electronic means) or in person.	<i>If yes, explain:</i>

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____

Section 4: Viewing Nudity/Pornography/Erotica/Sexual Stimulating Images

Directions: Please answer the following questions about sexual behavior that involved viewing nudity.

Do not provide any identifying information of uncharged sexual behavior such as; dates, location, relationship, or any other information that reveals the identity of another person

Behavior	Answer
How old were you when you first saw pornography?	
How did you initially access pornography?	
Is there a point in your life when pornography became a daily habit?	<i>At what age?</i>
	<i>How long did this last?</i>
At what time in your life did you view pornography the most?	
What is the largest collection of pornography you've ever had at one time?	
How did you organize and maintain your collection?	

How much and how often did you access, use or interact with your pornography collection?	
Have you ever lost nights of sleep or been unable to go to work the next day due to your pornography habits?	<i>If yes, explain:</i>
Did you ever produce any pornographic videos?	<i>If yes, explain:</i>
What was your preferred medium? (downloaded still images, videos, magazines, etc.)	
When is the last time you have seen anything pornographic?	

Printed Name: _____

Signature: _____

Date: _____

Name of person who assisted filling out this form: _____