



**POST CONVICTION SEX OFFENDER
QUESTIONNAIRE
(PCSOT)**

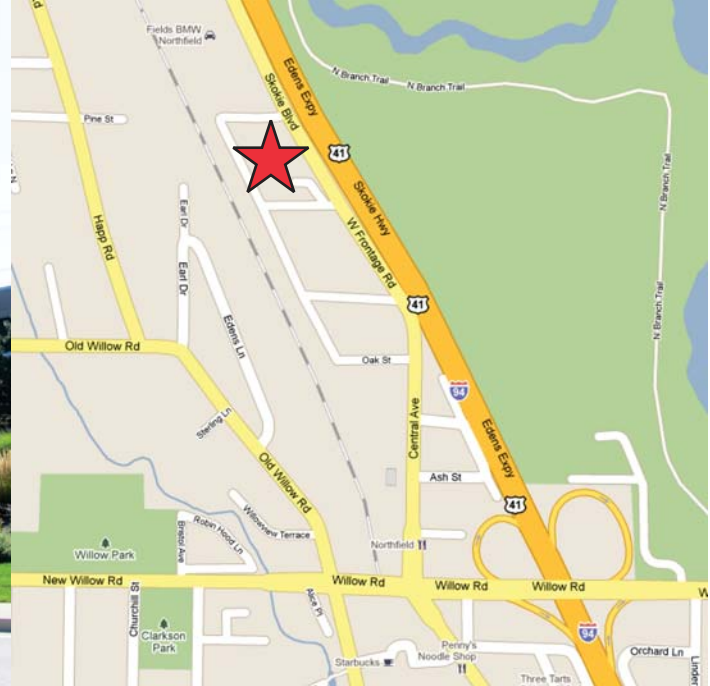
Directions to Central Polygraph Service

One Northfield Plaza - 560 Frontage Road - Northfield, Illinois 60093

Tel 847-919-0027 (Press Option "6" for Automated Driving Directions)

GPS USERS: When entering the address of 560 Frontage Road in Northfield Illinois, please be advised that some GPS systems may show the city as WINNETKA as Northfield and Winnetka both share the same zip code of 60093

APPOINTMENTS ARE REQUIRED



Directions from Chicago Area and Downtown

Take I-94 West. Continue on I-94 passing Dempster Street, Old Orchard and Lake Street until WEST WILLOW ROAD EXIT 33A. Exit at the WEST WILLOW ROAD EXIT 33A. At the stop light, on the corner of CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is, turn right. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left side just prior to the Field's Land Rover and BMW Auto Group Car Dealership. Proceed to the 3rd floor of ONE Northfield Plaza - Suite 300.

Directions from O'Hare Airport Area

Take I-294 North towards Milwaukee. Exit at the WILLOW ROAD EXIT and turn right. Continue driving East on Willow Road until CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is and turn left on CENTRAL AVE. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left side just prior to the Field's Land Rover and BMW Auto Group Car Dealership. Proceed to the 3rd floor of ONE Northfield Plaza - Suite 300.

Directions from Schaumburg

Take IL-53 North towards Rolling Meadows. Take the East Palatine Road Exit. Drive East on Palatine Road which will become Palatine Road Express Lanes. Take the Palatine Road Express Lanes driving East which will become Willow Road. Continue driving East on Willow Road until CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is and turn left on CENTRAL AVE. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left side just prior to the Field's Land Rover and BMW Auto Group Car Dealership. Proceed to the 3rd floor of ONE Northfield Plaza - Suite 300.

Directions from Arlington Heights

Take the Palatine Road Express Lanes driving East which will become Willow Road. Continue driving East on Willow Road until CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is and turn left on CENTRAL AVE. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left side just prior to the Field's Land Rover and BMW Auto Group Car Dealership. Proceed to the 3rd floor of ONE Northfield Plaza - Suite 300.

Directions from Deerfield, Gurnee and Milwaukee

Take US-41 South or I-94 East towards Chicago. Continue on I-94 passing Lake Cook Road and Dundee Road until EAST TOWER ROAD EXIT 31. Exit at the EAST TOWER ROAD EXIT 31. At the stop light, turn left onto FRONTAGE ROAD. Proceed approximately 0.5 miles to ONE NORTHFIELD PLAZA which will be on your right side just after the Field's Land Rover and BMW Auto Group Car Dealership. Proceed to the 3rd floor of ONE Northfield Plaza - Suite 300.

Arrival to Central Polygraph Service - One Northfield Plaza



**One Northfield Plaza
Main Entrance**



**3rd Floor
Reception Area**



**Ground Floor
Cafeteria Waiting Room**

Directions Upon Arrival for Polygraph Test to One Northfield Plaza

When arriving, please proceed to the 3rd floor of One Northfield Plaza (the taller of the two office buildings) and be seated in the reception area to the left of the elevators. An examiner will be with you promptly at your scheduled appointment time. You must arrive on time to your appointment. Appointments begin on time and do not begin earlier than the time scheduled. For confidentiality purposes, individuals are requested not to proceed up to the 3rd floor more than 15 minutes prior to their scheduled test appointment time. Please be advised that if your appointment is scheduled for after 5:00 PM Monday thru Friday, or if your appointment is scheduled on a Saturday, Sunday or on a Holiday, the second set of automatic sliding glass doors in the One Northfield Plaza lobby may be locked by security. A staff member or examiner will arrive downstairs to open the second set of glass doors approximately 5 minutes prior to your appointment time. Please be advised that only the person taking the polygraph test is allowed up on the 3rd floor. All other individuals must remain on the ground floor in the waiting room.

Important: Arriving On-Time

Please be advised that it is the sole responsibility of the examinee and or client to arrive on time to their polygraph test appointment on the date and time scheduled. Examinees and or clients are strongly encouraged to familiarize themselves with the driving directions, road conditions and any other traffic delays prior to departing for their appointment. Staff and examiners are unable to provide live driving directions via telephone to individuals and thus examinees and clients are strongly encouraged to use the resources provided on our web site and in this packet. Clients and or examinees may also obtain automated voice prompted driving directions while driving by calling our office at 1-847-919-0027 and selecting No. 6 from the touch tone menu system. Due to heavily booked testing schedules, no refunds can be given for missed appointments for any reasons, or arriving late for any reasons. Examinees and or clients must be ready to start their appointment at the exact time scheduled. Examinees and or clients are strongly encouraged to use the bathroom facilities prior to their appointment start time.

Public Transportation Serving One Northfield Plaza

Taxi	Tel (847) 303-0303	www.303taxi.com
Pace Bus	Route 421	www.pacebus.com
CTA Train	Purple Line - Linden Stop	www.transitchicago.com
Metra Train	Hubbard Woods or Winnetka	www.metrarail.com

INSTRUCTIONS

1. Please print very clearly.
2. Please use a black ink pen – No pencils.
3. Illegible Questionnaire Booklets will not be accepted.
4. Take your time and read each section and question carefully.
5. Answer each question to the best of your knowledge.
6. You will be advised which sections to complete by an examiner, staff member or therapist. Please complete only those sections requested of you.
7. When providing answers inside the graph columns, please do so according to the following examples:

Never/Not Applicable	Total Number	Last Time (Month/Year)
X		
	2	01/2006
X		
	1	04/1998

No	Yes
X	
X	
	X
X	
	X
X	
X	

8. Please use the Additional Comments and Answers Area in Section (F) – Pages (15), (16) and (17) to provide additional details to any questions your answered "YES" to or entered a TOTAL NUMBER for in the graph column. When providing additional details in Section (F), remember to specify the page number and question number you are referring to:

Example: *Page 3, Q. 58 – Once at a party in January 2006, I gave someone...*

9. When completing Section (C), if you have more than one victim, please make photo copies of Section (C) – Pages (9), (10) and (11) for each victim you have and attach the completed pages to the inside of this questionnaire booklet.
10. Your social security number is used to identify your file. If you prefer not to provide your social security number, please leave it blank when requested in Section (A) – Page (1).
11. If you have a question or do not understand something, please ask an examiner, staff member or therapist for assistance.
12. You may contact Central Polygraph Service via:

TEL	1-847-919-0027
EMAIL	info@centralpolygraph.com
WEB	www.centralpolygraph.com

**THIS QUESTIONNAIRE BOOKLET ALONG WITH ANY OF ITS CONTENTS
MAY NOT BE REPRODUCED WITHOUT PRIOR PERMISSION.
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SECTION A – BASIC INFORMATION

First Name		Middle Name		Last Name	
Alias/Nickname			Previous Name Used		
Age		Date of Birth		City and Country of Birth	
Social Security No.		Driver's License No./State ID No.		State of Issuance	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	Eye Color		Hair Color
Current Residence Street Address		Apt No.	City		State
					Zip Code
Previous Residence Street Address		Apt No.	City		State
					Zip Code
Home Tel No.		Work Tel No.	Cellular Tel No.		E-Mail Address
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					Number of Times Married
No. of Siblings You Have (Brothers and/or Sisters)					
Please List Names, Current Ages and Sex of Each					
No. of Biological Children You Have					
Please List Names, Current Ages and Sex of Each					
No. of Stepchildren You Have					
Please List Names, Current Ages and Sex of Each					
Type of Allegation					
Date of Arrest		City		State	County
Court		Address		Judge	Court Case No.
Disposition of Case/Final Outcome					
Name of Attorney		Tel No.	Name of Parole Officer		Tel No.
Name of Probation Officer		Tel No.	Name of Therapist		Tel No.
Special Conditions of Therapy or Probation					

If you have ever been given a polygraph test before, please provide details including examination date, examiner's name and location or address



Print Full Name _____
 Date _____

SECTION B – SEXUAL HISTORY FULL DISCLOSURE

Please provide details for all questions to which you answer “YES” to or enter a “TOTAL NUMBER” for. Please use the Additional Comments and Answers area in SECTION F on Page 15 at the back of this booklet. Remember to specify the page and question number to which you are referring.

1. How old were you when you first masturbated? _____ Years old Never
2. How did you learn how to masturbate? _____
3. Did you ever masturbate with friends your own age? No Yes
4. Did you ever masturbate each other? No Yes
5. Did you ever teach someone else how to masturbate? No Yes
6. On average, how often do you masturbate? _____
7. How old were you the very first time you had an orgasm? _____ Years old Never
8. How old were you the very first time you ever saw pornography? _____ Years old Never
9. How old were you the very first time you touched a female in a sexual manner? _____ Years old Never
10. How old were you the very first time you touched a male in a sexual manner? _____ Years old Never
11. How old were you the very first time you were touched by a female in a sexual manner? _____ Years old Never
12. How old were you the very first time you were touched by a male in a sexual manner? _____ Years old Never
13. How old were you the very first time you had sexual intercourse with a female? _____ Years old Never
14. How old were you the very first time you had sexual intercourse with a male? _____ Years old Never
15. How old were you the very first time you were forced to take part in a sex act with an adult male? _____ Years old Never
16. How old were you the very first time you were forced to take part in a sex act with an adult female? _____ Years old Never

PART I – PRIOR TO YOUR 18th BIRTHDAY – ACTIVITIES WITH OTHER CHILDREN OR RELATIVES

	Never/Not Applicable	Total Number	Last Time (Month / Year)
17. How many times were you ever touched in a sexual way by someone also under the age of 18?			
18. How many times were you ever touched in a sexual way by someone over the age of 18?			
19. Total number of times you engaged in a sexual act with other children?			
20. Total number of children with whom you engaged in sexual acts?			
21. Total number of times you received oral sex from another child?			
22. Total number of children from whom you received oral sex?			
23. Total number of times you performed oral sex on another child?			
24. Total number of children on whom you performed oral sex?			
25. Total number of times you inserted an object into another child's vagina?			
26. Into how many children's vaginas have you inserted an object?			
27. Total number of times that you inserted an object into another child's anus?			
28. Into how many children's anuses have you inserted an object?			
29. Total number of times you had sexual intercourse with another child?			
30. Total number of children with whom you had sexual intercourse?			
31. Total number of times you had anal sex with another child?			
32. Total number of children with whom you had anal sex?			
33. Total number of times you had sexual contact with a family member or relative?			
34. Total number of family members or relatives with whom you had sexual contact?			



Print Full Name _____
 Date _____

PART II - ON OR AFTER YOUR 18th BIRTHDAY - ACTIVITIES WITH ADULT FEMALES

	Never / Not Applicable	Total Number	Last Time (Month / Year)
35. How many times have you received oral sex from an adult woman?			
36. From how many adult women have you received oral sex?			
37. How many times have you performed oral sex on an adult woman?			
38. On how many women have you performed oral sex?			
39. How many times have you had voluntary sexual intercourse with a woman?			
40. With how many women have you had voluntary sexual intercourse?			
41. How many times have you had anal sex with an adult woman?			
42. With how many women have you had anal sex?			
43. How many times have you inserted an object into an adult woman's vagina?			
44. Into how many women's vaginas have you inserted an object?			
45. How many times have you inserted an object into an adult woman's anus?			
46. Into how many women's anuses have you inserted an object?			
47. How many times have you hit a woman during a sex act?			
48. How many women have you hit during a sex act?			
49. How many times have you caused an adult woman to bleed from hurting her during a sex act?			
50. From how many women have you drawn blood during a sex act?			
51. How many times have you choked or strangled an adult woman while having sex?			
52. How many women have you choked or strangled while having sex?			
53. How many times have you forced an adult woman to have sex with you?			
54. How many women have you forced to have sex with you?			
55. How many times have you had sex with an adult woman who tied you up?			
56. How many times have you had sex with an adult woman that you tied up?			
57. How many times have you had sex with women that were tied up?			
58. How many times have you given an adult female any type of date rape drug?			
59. How many times have you had sex with an adult woman who was unconscious or dead?			
60. How many times have you had sex with more than one adult woman at a time?			
61. How many times have you photographed a naked adult woman with her permission?			
62. How many times have you photographed a naked adult woman without her permission?			
63. How many times have you received pain or requested pain from an adult woman during sex?			
64. How many times have you had a female deliberately urinate on you?			



Print Full Name _____
 Date _____

PART III - ON OR AFTER YOUR 18th BIRTHDAY - ACTIVITIES WITH ADULT MALES

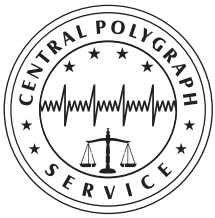
	Never / Not Applicable	Total Number	Last Time (Month / Year)
65. How many times have you received oral sex from an adult male?			
66. From how many men have you received oral sex?			
67. How many times have you performed oral sex on an adult male?			
68. On how many men have you performed oral sex?			
69. How many times have you had voluntary sexual intercourse with an adult male?			
70. With how many men have you had voluntary sexual intercourse?			
71. How many times have you had anal sex with an adult male?			
72. With how many men have you had anal sex?			
73. How many times have you inserted an object into an adult male's anus?			
74. Into how many men's anuses have you inserted an object?			
75. How many times has an adult male put his penis into your rectum?			
76. How many men have put their penis into your rectum?			
77. How many times have you hit an adult male during a sex act?			
78. How many men have you hit during a sex act?			
79. How many times have you caused an adult male to bleed from hurting him during a sex act?			
80. From how many men have you drawn blood during a sex act?			
81. How many times have you had sex with an adult male that was unconscious or dead?			
82. How many times have you had sex with more than one adult male at a time?			
83. How many times have you photographed a naked adult male with his permission?			
84. How many times have you photographed a naked adult male without his permission?			
85. How many times have you received pain or requested pain from an adult male during sex?			
86. How many times have you choked or strangled an adult male while having sex?			
87. How many men have you choked or strangled while having sex?			
88. How many times have you forced an adult male to have sex with you?			
89. How many men have you forced to have sex with you?			
90. How many times have you had sex with an adult male that you tied up?			
91. How many times have you had sex with an adult male who tied you up?			
92. How many times have you had sex with men that were tied up?			
93. How many times have you given an adult male any type of date rape drug?			
94. How many times have you had a male deliberately urinate on you?			



Print Full Name _____
 Date _____

PART IV - ON OR AFTER YOUR 18th BIRTHDAY - ACTIVITIES WITH CHILDREN

	Never / Not Applicable	Total Number	Last Time (Month / Year)
95. How many times have you ever had a female child in your residence without her parent's knowledge and/or permission?			
96. How many times have you ever had a female child in your vehicle without her parent's knowledge and/or permission?			
97. How many times have you ever had a male child in your residence without his parent's knowledge and/or permission?			
98. How many times have you ever had a male child in your vehicle without his parent's knowledge and/or permission?			
99. How many times have you touched a female child's vagina for sexual purposes?			
100. How many female children's vaginas have you touched for sexual purposes?			
101. How many times have you touched a female child's breast(s) for sexual purposes?			
102. How many female children's breasts have you touched for sexual purposes?			
103. How many times have you touched a female child's buttocks for sexual purposes?			
104. How many female children's buttocks have you touched for sexual purposes?			
105. How many times has a female child touched your bare penis or bare vagina for sexual purposes?			
106. How many female children have touched your bare penis or bare vagina for sexual purposes?			
107. How many times have you touched a female child's vagina with your bare penis or bare vagina?			
108. How many times have you put your mouth on a female child's vagina?			
109. How many times has a female child put her mouth on your penis or vagina?			
110. How many times have you had sexual intercourse with a female child?			
111. How many times have you placed an object of any kind up the anus of a female child?			
112. How many times have you caused a female child to bleed from hurting her during a sex act?			
113. How many female children have you drawn blood from during a sex act?			
114. How many times have you touched a male child's penis for sexual purposes?			
115. How many male children have you touched for sexual purposes?			
116. How many times have you touched a male child's buttocks for sexual purposes?			
117. How many male children have touched your bare penis or vagina for sexual purposes?			
118. How many times have you put your mouth on a child's penis?			
119. How many male children have put their mouth on your bare penis or vagina?			
120. How many times have you had sex with a male child?			
121. How many times have you placed an object of any kind up the anus of a male child?			
122. How many times have you caused a male child to bleed from hurting him during a sex act?			
123. How many male children have you drawn blood from during a sex act?			
124. How many children have you photographed for sexual purposes or arousal (any body part)?			
125. How many times have you taken part in a sex act with more than one child participating?			



Print Full Name _____
 Date _____

PART IV - ON OR AFTER YOUR 18th BIRTHDAY - ACTIVITIES WITH CHILDREN (Continued)

	Never / Not Applicable	Total Number	Last Time (Month / Year)
126. How many times have you masturbated while having fantasies of children?			
127. How many times have you threatened a child with death or bodily harm if they told anyone they had engaged in sexual activity with you?			
128. How many times have you had any sexual contact with a female child?			
129. How many times have you had any sexual contact with a male child?			
130. How many times have you viewed images of child pornography on the Internet?			
131. How many times have you masturbated while viewing images of child pornography?			
132. How many times have you communicated with minors over the Internet (email, chat rooms, blogs or forums)?			
133. How many times have you met a minor in person via the Internet?			
134. How many times have you ever provided a minor with marijuana?			
135. How many times have you ever provided a minor with cocaine?			
136. How many times have you ever provided a minor with crack?			
137. How many times have you ever provided a minor with crank?			
138. How many times have you ever provided a minor with LSD?			
139. How many times have you ever provided a minor with heroin?			
140. How many times have you ever provided a minor with ecstasy?			
141. How many times have you ever provided a minor with prescription drugs not prescribed to them?			
142. How many times have you ever provided a minor with any other type of illegal drugs not listed above?			
143. How many times have you ever provided a minor with beer?			
144. How many times have you ever provided a minor with wine?			
145. How many times have you ever provided a minor with any alcoholic type beverage?			

PART V - ON OR AFTER YOUR 18th BIRTHDAY - GENERAL ACTIVITIES

146. How many times have you looked into a stranger's window for sexual gratification?			
147. How many times have you masturbated while looking into the window of a stranger?			
148. How many times have you given money or drugs to someone for sex?			
149. How many times have you ever paid for sex with a male?			
150. How many times have you ever paid for sex with a female?			
151. How many times have you received money or drugs in return for sex?			
152. How many times have you dressed in women's clothing or undergarments for pleasure?			
153. How many times have you fastened bindings, ligatures or restraints upon yourself for sexual purposes?			
154. How many times have you ever hung yourself with a noose or fastened ligatures around your neck for sexual pleasure?			



Print Full Name _____
 Date _____

PART V - ON OR AFTER YOUR 18th BIRTHDAY - GENERAL ACTIVITIES (Continued)

	Never/Not Applicable	Total Number	Last Time (Month/Year)
155. How many times have you urinated on someone during sex?			
156. How many times have you rubbed yourself up against a stranger for sexual gratification?			
157. How many times have you made an obscene telephone call?			
158. How many times have you masturbated while making an obscene telephone call?			
159. How many times have you tried to set up a meeting with someone you met on the Internet for sexual purposes?			
160. How many times have you met face to face with someone you met over the Internet (even if you did not have sex)?			
161. How many times have you had sex with someone you met over the Internet?			
162. How many times have you performed sexual acts with an animal?			
163. How many animals have you performed sexual acts with?			
164. How many times have you photographed a stranger for sexual purposes without their consent or knowledge?			
165. How many times have you masturbated while viewing photographs you took of strangers?			
166. How many times have you ever indecently exposed your penis in public to someone you did not know?			
167. How many times have you ever indecently exposed your buttocks in public to someone you did not know?			
168. How many times have you ever indecently exposed your vagina in public to someone you did not know?			
169. How many times have you ever indecently exposed your breast(s) in public to someone you did not know?			
170. How many times have you ever flashed your naked body in public to someone you did not know?			
171. How many times have you been approached by a homosexual?			
172. How many times have you desired a homosexual relationship?			
173. How many times have you engaged in multi-partner sex?			
174. How many times have you participated in S&M (Sado-Masochistic) relationships?			
175. How many times have you participated in B&D (Bondage & Discipline) relationships?			
176. How many times have you engaged in a sexual relationship with someone other than your significant other during the same time period (cheating/infidelity)?			
177. How many times have you produced pornographic materials?			
178. How many times have you visited a porn/sex shop?			
179. How many times have you used a masturbation booth at a porn/sex shop?			
180. How many times have you been sexually aroused by setting fire to something?			
181. How many times have you masturbated or been sexually aroused while watching a fire burn?			
182. How many times have you masturbated in front of someone you did not know?			
183. How many times have you masturbated in a public place?			
184. How many times have you masturbated while viewing pornography?			
185. How many times have you engaged in sexual activity while at work?			



Print Full Name _____
 Date _____

PART V - ON OR AFTER YOUR 18th BIRTHDAY - GENERAL ACTIVITIES (Continued)

	Never / Not Applicable	Total Number	Last Time (Month / Year)
186. How many times have you deliberately spread (or have had spread) feces on any part of your body?			
187. How many times have you broken into or illegally entered someone's residence or vehicle to steal their personal items (such as clothing, underwear, shoes, etc.) for sexual pleasure?			
188. How many times have you mailed or placed into anyone's mailbox obscene or pornographic pictures or written materials?			
189. How many times have you placed someone else's picture or likeness onto pornographic photographs?			
190. How many times have you been sexually aroused by any type of odor?			

191. What do you consider an unnatural or abnormal sex act? _____

192. What is the most unusual sexual activity you have engaged in by yourself? _____

193. What is the most unusual sexual activity you have engaged in with other people? _____

194. If given the opportunity, would you take sexual advantage of a woman, man or child in your care or custody if you knew no one could ever find out about it? No Yes
195. Have you had sexual relations with anyone since you have started treatment? No Yes
196. Have you masturbated since you have started treatment? No Yes
197. Do you have fantasies or thoughts about your victims, while masturbating, since you started treatment? No Yes
198. Have you had a homosexual affair since you started treatment? No Yes
199. Have you had sexual contact with animals since you started treatment? No Yes
200. Since treatment started, have you done anything sexually improper that might violate the terms of your treatment program? No Yes
201. Have you understood all the questions in this booklet thus far? No Yes
202. Are you sure you have answered each and every one of these questions as truthfully as you can? No Yes
203. Do you have any questions that you feel are important but that were not asked? No Yes
204. How do you feel after answering all these questions? _____

CERTIFYING SIGNATURE

I certify that all statements and answers made by me are true and correct to the best of my knowledge.

Print Your Full Name _____ Your Signature _____ Date _____



Print Full Name _____
Date _____

SECTION C – VICTIM DISCLOSURE

If more than one victim, please make as many copies as needed of the following blank SECTION C (pages 9, 10 & 11) to complete for EACH VICTIM. Please provide details for all questions to which you answer “YES” to or enter a “TOTAL NUMBER” for. Please use the Additional Comments and Answers area in SECTION F on Page 15 at the back of this booklet. Remember to specify the page and question number to which you are referring.

Victim’s First Name or First Initial _____	Victim’s Last Name or Last Initial _____
--	--

If unknown, provide identifying characteristics _____

This is victim number (1, 2, 3, etc.) _____	Is victim alive <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Victim Age _____	Your Age (At time of contact) _____
------------------	-------------------------------------

The first sexual contact of any kind happened (Month/Year) _____	The last sexual contact of any kind happened (Month/Year) _____
--	---

1. How is this person related to you? _____
2. How did you come in contact with this person? _____
3. What happened the very first time you did something sexually improper with this victim? _____
4. Why did you do this? _____
5. What attracted you to this victim? _____
6. When did you last see this victim? _____
7. When did you last try to contact this victim? _____
8. How many times did you do something sexually inappropriate with this victim? _____
9. Explain very clearly how you got this victim to cooperate? _____
10. Explain how you kept the victim from telling anyone about what happened? _____
11. Explain what you considered doing to avoid getting caught? _____
12. Explain how the offense was discovered and how you got caught? _____
13. Do you think this victim wants to see you? No Yes
14. Has this victim contacted you? No Yes
15. Do you believe this victim caused you to sexually touch him/her? No Yes
16. Do you believe the victim is to blame for what happened to you? No Yes



Print Full Name _____
 Date _____

VICTIM DISCLOSURE - DETAILS OF ACTIVITIES

	No	Yes	Total Number of Times
17. Touched or rubbed breast through clothing:			
18. Touched or rubbed bare breasts:			
19. Touched or rubbed vagina or penis through clothing:			
20. Touched or rubbed bare vagina or penis:			
21. Placed mouth on vagina or penis through clothing:			
22. Placed mouth on bare vagina or penis:			
23. Placed tongue on bare vagina or penis:			
24. Put finger inside vagina (even a little bit):			
25. Put foreign object inside vagina:			
26. Put finger inside anus (even a little bit):			
27. Put foreign object inside anus:			
28. Placed mouth on anus:			
29. Placed tongue inside anus (even a little bit):			
30. Rubbed penis against body while fully clothed:			
31. Touched or rubbed penis against bare vagina:			
32. Put penis inside vagina (even a little bit):			
33. Touched or rubbed penis against bare penis:			
34. Put penis against or inside anus (even a little bit):			
35. Victim touched or rubbed my penis or vagina through clothing:			
36. Victim touched or rubbed my bare penis or vagina:			
37. Victim placed mouth on my bare penis or vagina:			
38. Victim placed penis against my anus (even a little bit):			
39. Victim placed penis inside my anus (even a little bit):			
40. Victim put finger inside my anus (even a little bit):			
41. Victim put foreign object in my anus:			
42. Masturbated using victim's clothing:			
43. Masturbated using pictures of victim:			
44. Masturbated in front of victim:			
45. Ejaculated inside of victim (vagina, anus or body):			
46. Ejaculated on victim:			
47. Took or possess nude photographs of victim:			
48. Took or possess nude videos of victim:			



Print Full Name _____
 Date _____

SECTION D – THERAPY TREATMENT ISSUES / SEXUAL BEHAVIOR

This section will cover one of the following time periods:

- Since your last polygraph examination on _____
- This section will only cover a time period from _____ to _____

Do not write information from any other time period except that specified above. Please provide details for all questions to which you answer "YES". Please use the additional comments and answers area in SECTION F on Page 15 at the back of this booklet. Remember to specify the page and question number to which you are referring.

1. List all persons under 18 years of age with whom you have authorization to have unsupervised contact:

Full Name _____ Age _____ Sex M F Relation To You _____

Full Name _____ Age _____ Sex M F Relation To You _____

Full Name _____ Age _____ Sex M F Relation To You _____

Full Name _____ Age _____ Sex M F Relation To You _____

Full Name _____ Age _____ Sex M F Relation To You _____

2. List all persons with whom you have had sexual contact since your last polygraph test:

Full Name _____ Age _____ Sex M F Relation To You/How Did You Meet _____

Full Name _____ Age _____ Sex M F Relation To You/How Did You Meet _____

Full Name _____ Age _____ Sex M F Relation To You/How Did You Meet _____

Full Name _____ Age _____ Sex M F Relation To You/How Did You Meet _____

Full Name _____ Age _____ Sex M F Relation To You/How Did You Meet _____

3. List all locations where sexual acts have occurred:

4. Describe your masturbation habits, number of times per day or week and locations:



Print Full Name _____
 Date _____

THERAPY TREATMENT / SEXUAL BEHAVIOR - DETAILS OF ACTIVITIES

	No	Yes
5. Have you engaged in any sexual contact with anyone under 18 years of age?		
6. Have you touched the genitalia of anyone under 18 years of age other than normal parenting care?		
7. Have you had any physical contact with anyone under 18 years of age other than normal parenting care?		
8. Have you told your therapist about all of your sexual partners?		
9. Have you told your therapist about all of your sexual contacts?		
10. Have you told your probation/parole officer about all of your sexual partners?		
11. Have you told your probation/parole officer about all of your sexual contacts?		
12. Have you told group treatment about all of your sexual partners?		
13. Have you told group treatment about all of your sexual contacts?		
14. Have you visited any adult book stores or sex type shops?		
15. Have you viewed any pornographic materials, magazines, videos, DVDs, images or web sites?		
16. Have you exposed yourself in a public place?		
17. Have you been hanging around areas where children go to school, play or congregate?		
18. Have you cruised looking for any potential sexual victims?		
19. Have you stalked anyone in order to take advantage of them sexually?		
20. Have you groomed anyone in order to take advantage of them sexually?		
21. Have you had any contact (phone, letter, email, etc) with any past victim(s)?		
22. Have you made any phone calls which would be considered obscene?		
23. Have you utilized any escort, prostitute or any pay for sex type service?		
24. Have you engaged in any type of cross-dressing?		
25. Have you been alone with children or been with anyone under 18 years old when it was prohibited?		
26. Have you been in contact with anyone under 18 years of age that might violate your probation or treatment program guidelines?		
27. Have you picked up any hitchhikers for possible sexual purposes?		
28. While masturbating, have you had fantasy thoughts about children or past victims?		
29. Have you been truthfully reporting in treatment your conduct related to masturbation?		
30. Have you engaged in any homosexual relationships?		
31. Have you engaged in any sexual activity by yourself or with a partner that might be considered improper, unnatural or illegal by your therapist or probation officer?		
32. Have you taken any photographs or videos for sexual reasons of anyone under 18 years of age since entering treatment or being granted probation?		
33. Do you now have access to any photographs or videos of a sexual nature of anyone under 18 years of age?		
34. Have you had any improper or sexually arousing thoughts or fantasies about anyone under 18 years of age?		
35. Have you tried to watch anyone bathe, undress, change clothes or have sex without them knowing you were watching?		
36. Have you had a sexual conversation with anyone under 18 years of age by telephone, mail, email, chat room, instant messenger, text message, or in person?		
37. Have you tried to get someone under 18 years of age to want to have sex with you by kissing or touching them, giving them gifts, money or drugs or threatening to hurt them, their family or their pets?		
38. Have you made a full and complete disclosure about all sexual contact between you and your previous victim(s)?		
39. Since your last examination, have you done anything of an improper sexual nature that you are now concealing?		
40. Have you violated any treatment guidelines?		
41. Are there any questions covering any topic that needs to be added to this questionnaire pertaining to you or anyone else?		
42. Is there anything else you would like to make a statement about or add that was not covered in this questionnaire?		

CERTIFYING SIGNATURE

I certify that all statements and answers made by me are true and correct to the best of my knowledge.

Print Your Full Name _____

Your Signature _____

Date _____



Print Full Name _____
 Date _____

SECTION E – PAROLE / PROBATION ISSUES

	No	Yes
1. Have you lied to your probation/parole officer?		
2. Have you lied on any part of your reports to your probation/parole officer?		
3. Have you ever left the state without your probation/parole officer's permission?		
4. Have you moved residences without your probation/parole officer's knowledge or permission?		
5. Have you changed jobs without your probation/parole officer's knowledge or permission?		
6. Have you attended all of your meetings?		
7. Have you consumed any alcoholic beverages?		
8. Do you currently own or possess any firearms?		
9. Do you currently possess any weapons of any kind?		
10. Have you been with anyone while they were committing any type of criminal act or crime?		
11. Have you committed any type of criminal act or crime?		
12. Have you been with anyone while they have sold, bought or traded any illegal drugs?		
13. Have you set up or arranged for anyone to buy, sell or trade any illegal drugs?		
14. Have you seen anyone with any type of illegal drugs?		
15. Have you bought any illegal drugs?		
16. Have you sold any illegal drugs?		
17. Have you traded any illegal drugs?		
18. Have you used any illegal drugs?		
19. Have you used anyone else's prescription medication?		
20. Have you been with anyone while they have stolen something?		
21. Have you stolen anything from any places of business?		
22. Have you stolen anything from your place of employment?		
23. Have you stolen anything from a friend's residence?		
24. Have you stolen anything from any place?		
25. Have you had any contact with the police for any reason at all (even traffic violations)?		
26. Have you driven a motor vehicle without a valid driver's license?		
27. Have you committed any traffic violations you could have been cited for?		
28. Have you committed any violations you could have been arrested for?		
29. Have you damaged any property?		
30. Have you committed any assaults or batteries?		
31. Have you been in any situation(s) of "disorderly conduct"?		
32. Have you committed any fish and wildlife violations?		
33. Have you violated any special or general conditions of parole or probation?		
34. Have you done anything else that could affect your parole or probation that is not listed above?		

CERTIFYING SIGNATURE

I certify that all statements and answers made by me are true and correct to the best of my knowledge.

 Print Your Full Name

 Your Signature

 Date

