

ASSESSMENT EVALUATION QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background. During a later interview you will have an opportunity to discuss these concerns in more detail. YOU ARE NOT BEING ASKED TO FILL IN IDENTIFYING INFORMATION ABOUT VICTIMS. I am requesting however, for you fill in information about the sex of victims, ages, degree of force, and so forth. IF YOU REPORT SPECIFICS, SUCH AS A CHILD VICTIMS NAME OR OTHER IDENTIFYING INFORMATION, THIS MAY BE REPORTED TO THE APPROPRIATE AUTHORITIES. Again, you are not being asked for such information.

Name: _____

Date: _____

Age: _____

DOB: _____

Charge: _____

FAMILY OR SOCIAL HISTORY:

Where were you born? What other places did you live and for how long did you live there?

SELF IMAGE:

• Please list your strengths:

• Please list your interests or activities you like to participate in:

Assessment Questionnaire

• Please check the following words you would use to describe yourself.

	Intelligent		Confident		Worthwhile		Ambitious
	Sensitive		Loyal		Trustworthy		Full of Regrets
	Worthless		A Nobody		Useless		Evil
	Crazy		Deviant		Unattractive		Considerate
	Unlovable		Inadequate		Confused		Good sense of humor
	Stupid		Naïve		Honest		Ugly
	Attractive		Persevering		In Conflict		Incompetent
	Suicidal		Can't Make a Decision		Memory Problems		Hardworking

Siblings:

Number of brothers _____ Ages of Brother(s) _____

Number of sisters _____ Ages of Sister(s) _____

Number of step or half siblings, gender, and ages _____

Father:

If alive, give father's present age _____

Occupation: _____ Health: _____

If deceased, give his age at death: _____

Cause of death: _____

How old were you at the time of his death _____

What is/was your relationship like? _____

as a child? _____

as an adult? _____

Mother:

If alive, give mother's present age _____

Assessment Questionnaire

Occupation: _____ Health: _____

If deceased, age at death: _____

Cause of death: _____

How old were you at the time of her death? _____

What is/was your relationship like? _____

as a child? _____

as an adult? _____

Stepmother:

If alive, give mother's present age _____

Occupation: _____ Health: _____

If deceased, age at death: _____

Cause of death: _____

How old were you at the time of her death? _____

What is/was your relationship like? _____

as a child? _____

as an adult? _____

Stepfather:

If alive, give father's present age _____

Occupation: _____ Health: _____

If deceased, age at death: _____

Cause of death: _____

How old were you at the time of his death? _____

What is/was your relationship like? _____

as a child? _____

as an adult? _____

Assessment Questionnaire

Other Significant Adult: _____

If alive, give his/her present age _____

Occupation: _____ Health: _____

If deceased, age at death: _____

Cause of death: _____

How old were you at the time of his/her death? _____

What is/was your relationship like? _____

as a child? _____

as an adult? _____

• Were you adopted? _____ If yes, age at adoption: _____

Age you became aware of adoption: _____

Please check any of the following that apply to your childhood or adolescence.

Unhappy Childhood	
Emotional/Behavioral Problems	
Medical Problems	
Sexual Abuse	
Family Problems	
Alcohol Abuse	
Legal Problems	
Emotional Abuse	
School Problems	
Drug Abuse	
Physical Abuse	
Other: _____	

• Please describe any major changes, trauma, or stresses in your childhood (e.g. parent's relationship, family conflict, deaths, moves, change of school, birth of a sibling, death of a pet). Also, please include your age at the time of the event.

Assessment Questionnaire

Please check any history of abuse that you have experienced. Check all that apply.

Physical Abuse	
Emotional Abuse (Name calling, insults, put-downs, intimidation, etc)	
Verbal Abuse (yelling, swearing at you, etc)	
Sexual Abuse	
Neglect	
Witnessing Abuse Taking Place	

Please explain.

Please check those words below that best describe your parents or foster parent’s personality and attitudes towards you in the past and present.

<u>Mother</u> or _____	Past	Present
Stern		
Understanding		
Withdrawn		
Forgiving		
Attentive		
Weak		
Caring		
Demanding		
Impatient		
Detached		
Loving		
Patient		
Angry		
Cool		
Gentle		

<u>Father</u> or _____	Past	Present
Stern		
Understanding		
Withdrawn		
Forgiving		
Attentive		
Weak		
Caring		
Demanding		
Impatient		
Detached		
Loving		
Patient		
Angry		
Cool		
Gentle		

Assessment Questionnaire

Family Medical and Psychiatric History:

Please indicate if there is limited information about a part of your family: _____

Other	Maternal Aunt/Uncle	Paternal Aunt/Uncle	Maternal Grandparent	Paternal Grandparent	Sibling	Father	Mother	__ Biological __ Adoptive or other family
								Anxiety
								Depression/Manic Depression
								Suicide Attempts
								Completed Suicide
								Alcoholism
								Drug Abuse or Dependency (Marijuana, Meth, etc)
								Psychosis/Schizophrenia (hearing voices, seeing things that aren't there, etc)
								Paranoia/ Extreme Suspiciousness/Delusions
								Psychiatric Treatment:
								Counseling
								Medication
								Hospitalization
								Assaultive Behaviors
								Been in Jail or Prison
								Other Severe Behavioral Problems
								Sexual or Other Abuse
								Eating Disorder (Anorexia, Bulimia, Binging)
								Attention-Deficit Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD) or Other Attention Problems
								Learning/School/Reading Problems
								Dropped Out Before High School Graduation
								Tics/Facial Movements/Tourette's Syndrome
								Sleep Problems
								Autism Spectrum Disorders/Pervasive Developmental Disorder (PDD)/Asperger's
								Medical Issues

• How did your parents discipline you?

• Did either parent ever hit you or use physical punishment? _____ If so, please explain.

Assessment Questionnaire

• Did your parents divorce? _____

If yes, how old were you when they divorced?, _____

Who did you live with after the divorce? _____

Did you have contact with both parents after the divorce? _____

• If a stepparent helped in raising you, how did you get along with the stepparent?

• If you have a stepparent, give your age when the parent remarried. _____

• Did either parent or other adult ever touch you in a way that made you feel uncomfortable?

How old were you? _____ How long did this go on? _____

Did you tell anyone? _____ What was the outcome? _____

How did the abuse eventually stop? _____

Did you ever go to counseling regarding this or talk to someone about it? _____

Do you feel it impacts your life today? _____ How? _____

Please check those words that best describe the main atmosphere in your home when you were a child.

<input type="checkbox"/>	Calm	<input type="checkbox"/>	Noisy	<input type="checkbox"/>	Lonely	<input type="checkbox"/>	Private
<input type="checkbox"/>	Scary	<input type="checkbox"/>	Abusive	<input type="checkbox"/>	Flexible	<input type="checkbox"/>	Accepting
<input type="checkbox"/>	Happy	<input type="checkbox"/>	Nurturing	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Supportive
<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Public	<input type="checkbox"/>	Denying	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Sad	<input type="checkbox"/>	Isolated	<input type="checkbox"/>	Rigid	<input type="checkbox"/>	Other: _____

• As a juvenile, were you ever in a residential treatment center or similar facility? _____

When? _____ Where? _____ For What? _____

Please explain.

Assessment Questionnaire

- How did your parents teach you right from wrong?

- What were the rules in the house where you grew up?

- What happened if you broke a house rule?

- Did either parent ever hit you or use physical punishment? Please describe.

- Do you ever remember incidences of seeing or hearing your parents fight? If so, please describe.

Were Legal or Social Services involved in your family of origin growing up, or your family now?

_____ Currently _____ In the Past _____ Never

If yes, please explain.

Assessment Questionnaire

- Is there any significant life event that happened in your childhood or adolescence that has not been addressed by this questionnaire so far?

EDUCATIONAL HISTORY:

- What is that last grade you completed? _____
- What is your highest degree awarded? _____
- Please describe for me the types of grades you received _____

- Were you ever held back a grade or promoted an extra grade? _____
- Did you take any special education classes? _____
- Have you ever been on a 504 Plan or IEP (Individual Education Plan)? _____
If yes, please explain.

- Were you ever diagnosed with a learning disability or ADHD? _____
- Please detail any suspensions or detentions or expulsions you may have received.

- Describe your overall satisfaction with school.

Assessment Questionnaire

- What did you like about school?

- What did you dislike about school?

- How would you describe your behavior in school?

- Were you ever bullied in school?

- Did you belong to any specific clique or group?

RELATIONSHIP HISTORY:

- Current Relationship Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Partnered
___ Widowed ___ Other: _____

- Is there anything about your current or past relationships that would be helpful to know in counseling?

Assessment Questionnaire

- What is your partner or spouse's age? _____
- How long have you been together? _____
- If you've been married more than once, please indicate the year you got divorced for each marriage.

Marriage one _____
 Marriage two _____
 Marriage three _____
 Marriage four _____
 Marriage five _____

- If you have been involved in more than one long-term (two or more years) monogamous sexual/romantic relationship, please list your significant others' names and the dates you began and ended each relationship.

Name of Significant Other	Date the Relationship Began	Date the Relationship Ended

- Have you ever had an affair while married? _____
- Do you have any children? _____ What are their ages? _____
 Who are they living with? _____

- Does your wife/significant other know of your offense? _____
 If yes, what has been his/her reaction?

- Did you and your spouse/partner ever seek counseling? _____
 If yes, please explain.

- Have you or your spouse ever been mandated to attend therapy? _____
 If yes, please explain.

Assessment Questionnaire

COUNSELING HISTORY:

• Have you ever been in counseling or psychotherapy? _____ When? _____

Where? _____

For how long? _____ For what? _____

• How did you make the decision to seek counseling/therapy?

• Are you currently on any medication(s) for a mental disorder? _____

If yes, what medication?

Medication	What is the Dosage?	How long have you been on it?	Why are you taking it?

• Have you taken medication for a psychological problem or mental disorder in the past? _____

If yes, what medication?

Medication	What is the Dosage?	How long have you been on it?	Why are you taking it?	When did you go off the medication?

• Have you ever been hospitalized for psychological problems? _____

When? _____

Where? _____

Please explain.

Assessment Questionnaire

• Have you ever attempted suicide? _____ How many times? _____

How old were you? _____

What method did you use? _____

Please explain: _____

• To your knowledge, have you ever received a diagnosis for a psychological problem? _____

When? _____ What was the diagnosis? _____

How do you feel about the diagnosis? _____

• Have you ever had any other psychological evaluations? _____ When? _____

Where? _____ For what reason? _____

Do you remember what the recommendations were? _____

Please explain: _____

• Does any member of your family suffer from depression or anything else that might be considered a psychological problem?

• Has any member of your family ever been in counseling or therapy?

• Has any member of your family ever been hospitalized for psychological problems?

Assessment Questionnaire

- Has any relative ever attempted or committed suicide?

LEGAL HISTORY:

- Did you ever belong to a gang? _____ Which gang? _____

How old were you when you joined? _____ How old were you when you left? _____

What was your reason for joining? _____

What was your reason for leaving? _____

What was your position or rank? _____

What type of gang related criminal activity did you participate in?

What type of gang related sexual activity did you participate in?

Incarceration History:

- Age at 1st arrest? _____

- Age at 1st incarceration? _____

- Length of time incarcerated?

- Types of arrests?

Assessment Questionnaire

• **How many times have you been arrested in the following:**

Domestic Abuse		Indecent Exposure	
Assault		Voyeurism	
Burglary		DUI	
Rape		Gross Sexual Imposition of a Child	
Theft		Other	

Have you ever been on probation? _____

Have you ever had your probation revoked? _____

Are you on probation now? _____

Have you ever had to register as a sex offender? _____

Have you ever failed to register? _____

Have you ever been Civilly Committed? _____

CHEMICAL HISTORY:

• How old were you when you first used alcohol? _____

At the height of your usage, how old were you and how much were you using? _____

• Have you ever received treatment for alcohol abuse? _____

Treatment One When? _____ Where? _____ How long sober after? _____

Treatment Two When? _____ Where? _____ How long sober after? _____

Treatment Three When? _____ Where? _____ How long sober after? _____

Treatment Four When? _____ Where? _____ How long sober after? _____

• Have you experienced blackouts? _____

• Do you drink before sexual activity? _____

• When was your last drink? _____

• How many DUI's have you had? _____

• **List all alcohol related arrests/convictions (i.e., DUI's, assault, etc.)**

Arrest	Date	Result

Assessment Questionnaire

• How old were you when you first used marijuana? _____
 At the height of your usage, how old were you and how much were you using? _____
 When was your last usage of marijuana? _____

• Have you ever received treatment for drug abuse? _____ How many times? _____

Treatment One When? _____ Where? _____ How long clean after? _____
 Treatment Two When? _____ Where? _____ How long clean after? _____
 Treatment Three When? _____ Where? _____ How long clean after? _____
 Treatment Four When? _____ Where? _____ How long clean after? _____

• **What other illegal drugs have you tried?**

	Marijuana/Pot		LSD
	Hashish		Amphetamines/Speed
	Heroin		MDMA/Ecstasy
	Opium		DXM/Triple C/Cough or Cold Medications
	PCP		Mescaline/Peyote
	Cocaine		Psilocybin/Mushrooms
	Methamphetamines/Crank		Anabolic Steroids
	Prescription Pills		Inhalants/Whippets/Poppers

• What is your drug of choice? _____

• Have any family members had a problem with drugs or alcohol? _____

Please explain:

OTHER:

Employment:

• What is your occupation? _____

Assessment Questionnaire

- How long have you been employed at your current job? _____
- What was your state of employment at the time the offense occurred? (for example, were you employed, how long had you been employed at that job?)

- What other types of jobs have you done in the past?

- What is your longest period of unemployment? _____
- What is your longest period of employment? _____
- How many jobs have you been fired from? _____
- What is your highest level of training? _____

Religion:

- What faith do you consider yourself to be? _____
- How is Religion a part of your life? _____
- Are you active in practicing these beliefs? If so, how do you practice?

Early Development:

To the best of your knowledge did your mom have adequate prenatal care when she was pregnant with you? _____

To the best of your knowledge did your mom have adequate nutrition when she was pregnant with you? _____

To the best of your knowledge did your mom drink or use drugs when she was pregnant with you?

Assessment Questionnaire

• Are you aware of any problems your mother had during pregnancy with you? _____
If so, please explain.

• Were developmental milestones (walking, talking, etc) met __ Early __ On time __ Late
If late, please explain.

Medical:

• Do you have now, or have you had in the past, a serious medical condition? _____ Yes _____ No
If yes, please explain.

• Have you ever taken any medications? (Prescription and Over-The-Counter) _____ Yes _____ No
If yes, what medication?

Medication	What is the Dosage?	How long have you been on it?	Why are you taking it?	When did you go off the medication?

• Have you ever had any surgeries? _____ Yes _____ No
If yes, please explain.

Procedure:	Date of Surgery:	Reason for Surgery:

• Have you ever experienced any medically related sexual problems? _____ Yes _____ No
If yes, please explain.

• When was the last time you saw a doctor? For what (regular preventative care, etc.)?

• Primary Care Provider: _____ Phone: _____

Assessment Questionnaire

• Allergies? _____

If yes, please list.

• **Have you ever experienced any sleep problems: Check all that apply.**

Difficulty falling asleep		Insomnia	
Difficulty staying asleep		Snoring	
Difficulty waking up		Sleep Talking	
Sleep Apnea		Other: _____	
Nightmares		Other: _____	
Restless Leg Syndrome		Other: _____	

SEXUAL HISTORY:

• Did you engage in sexual play as a child? ____ Yes ____ No

If so, how did you feel at the time?

What did you do?

How did your parents feel about sex play amongst children?

• When did you first learn about sex? _____

What did you learn?

From whom? _____

• How old were you when you saw your first nude body? _____

Whom did you see?

Mother? _____ Father? _____ Siblings? _____ Other? _____

Assessment Questionnaire

What were the circumstances? _____

• When was your first sexual experience? _____ How old were you? _____
 With whom? _____
 How did you feel about it?

Do you consider your self to be

Heterosexual Homosexual Bi Sexual Other _____

• At what age were you when you started masturbating? _____
 How often do you currently masturbate? _____
 • How often (times per week) do you want or need sex? _____

Do you have, or have you had in the past, trouble maintaining or achieving an erection? _____ Yes _____ No

Do you have, or have you had in the past, problems with premature ejaculation? _____ Yes _____ No

• Have you ever engaged in any of the following?: Check all that apply.

Exhibitionism (flashing, showing your genitals to unsuspecting people)	
Voyeurism (window peeping, watching others without their knowledge, etc)	
Obscene Phone Calling	
Frottage(rubbing up against people sexually in elevators, busses, etc.)	
Bestiality (sex with animals)	
Prostitution/Pimping	
Rape	
Sexual Abuse of a Minor	
Incest	
1-900 Numbers	
Anonymous Sex	
Chat Rooms	
Internet Pornography	
Adult Videos	
Adult Bookstores	

Assessment Questionnaire

Group Sex	
Videotape Someone Without Their Knowledge	
Other sexually related behaviors not listed above	

Please explain here if you checked other sexually related behaviors not listed above

• How many children have you **groomed** (enticed, persuaded, or manipulated) into sexual activities? _____

Describe what you said or did including a description of any rewards or gifts you gave to victims?

• How many children have you **threatened** in order to get them to agree to sexual activity?

Describe what you said or did.

• How many children have you **physically forced into sexual activities?** _____

Describe what you did.

• How many children have you forced into sexual activities **using a weapon or threat of a weapon?** _____

Describe what weapons and what you said or did.

• Have you ever belonged to NAMBLA or any group that approves of sex between adults and children? _____

If so, which one? _____

• How many times have you had sexual contact with children at any type of nudist club or other place where you

Assessment Questionnaire

did not have to wear clothes?

• How many times have you been involved in sex rings, that is, groups of adults who trade children for sexual purposes? _____

Describe what happened, the ages and sex of the children involved.

• How many times have you watched other adults having sexual contact with children? _____

• How many times have you had sexual contact with children in other countries other than the United States? _____

• How much time do you spend on the internet in sex related web sites? _____

• What activities are you involved in that include children?

• Do you view magazines that have pictures of children? _____

• Do you get sexually aroused at the sight/thought of naked children? _____

Public Masturbation:

• **Check below all of the places you have masturbated.**

	In the Neighborhood		Fast Food Restaurants		While Babysitting
	Daycare Centers		Parks		Shopping Malls
	Amusement Parks		Zoos		Handicap Facilities
	Arcades		Vehicles		Nursing Homes
	Stores or Department Stores (e.g. K-Mart, Walmart, etc)		Public Restrooms		Children's Day Camps
	Teenage Hangouts		While at Work		Summer Camps
	Movie Theaters		Vacation Resorts		Other: _____
	Near School		At Children's Groups or Activity Areas (i.e. Girl Scout meeting)		Other: _____
	Public Transportation		In School		Other: _____

Assessment Questionnaire

Fetish Burglary:

- How many times have you stolen an item of clothing from someone or from someone's home?

How old were you the first time? _____ When did you do this last? _____

What clothing items have you stolen from individuals, not including shoplifting? _____

Where did you steal it from? (For example, "a house.") _____
Why? _____

- How many times have you burned, cut, or mutilated stolen clothing? _____

Describe what you did to the clothing? _____

- How many times have you masturbated using stolen clothing? _____

When was the last time you masturbated using stolen clothing? _____

Obscene Phone Calls:

How many obscene phone calls have you made in your lifetime? _____

How old were you the first time? _____ When did you do this last? _____

Age at first obscene phone call (including E-mail, heavy breathing, talking dirty, etc.) _____

What do you say or do when the person answers the phone? _____

How do you select the people to call? _____

- **List how many obscene phone calls you've made to the following victims:**

Assessment Questionnaire

	Number of Victims	Age at First Time
Boys:		
Girls:		
Men:		
Women:		

Have you ever masturbated after making an obscene phone call? _____

Voyeurism/Peeping –Tom Activities:

• Please list the age at which you first engaged in “peeping tom” activities (ie; looked in a window, a shower, an open door, a bedroom, a bathroom, a urinal, etc. trying to spy on someone)? _____

What did you do? _____

What did you see? _____

When was the last time you engaged in peeping tom activities? _____

How many times have you engaged in peeping tom activities in your lifetime? _____

• How many times have you peeped on the following victims:

	Number of Victims	Age at First Time
Boys:		
Girls:		
Men:		
Women:		

Did you masturbate while peeping? ___ Yes ___ No

Did you masturbate after peeping? ___ Yes ___ No

Exhibitionism/Flashing:

• Age at which you first exposed yourself to others (dropped your pants, left your bathrobe open, left the bathroom

Assessment Questionnaire

or bedroom door ajar, left the curtains open, etc. so that someone other than a wife or girlfriend could see your private parts)? _____

What did you do?

Who were you hoping would see you?

When was the last time you exposed yourself to someone? _____

How many times have you exposed yourself to adults in your lifetime? _____

How many times have you exposed yourself to children in your lifetime? _____

What reaction are you looking for? _____

Do you typically masturbate during exposing? _____

Are you typically erect while exposing? ___ Yes ___ No

Forced Sex With Adults:

Forced sex includes all of the following:

- 1. Incidents in which a person said no to having sex with you whether or not you think he/she really wants to have sex with you despite saying no.*
- 2. Incidents where you placed any kind of weapon in 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 inability to leave, such as taking the victim somewhere alone in the car where the person did not agree to go. In short, include all incidents in when 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.*
- 4. Incidents in which the victim was sleeping, unconscious, passed out, or heavily intoxicated*

• Number of incidents of forced sex with adults: _____

Assessment Questionnaire

• Please fill in the following information about these adult victims:

	Sex of Victim	Age of Victim	Your Age	Type of Sex Act	Type of Force
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

• How many times have you had sexual contact with someone who was drunk? (Describe sexual contact or list)

Please describe what happened: _____

• How many times have you had sexual contact with someone who was unconscious? _____

Please describe what happened: _____

• How many times have you had sexual contact with someone who is sleeping? _____

Please describe what happened: _____

• How many times have you had sexual contact with bedridden or nursing home patients? _____

Please describe what happened: _____

Assessment Questionnaire

• How many times have you had sexual contact with hospital patients? _____

Please describe what happened: _____

• How many times have you had sexual contact with someone who is handicapped? _____

Please describe what happened: _____

• How many times have you had sexual contact with employees of yours? _____

Please describe what happened: _____

• How many times have you had sexual contact with someone you were in a professional relationship with (ie teacher/student, doctor/patient, counselor/client of yours)? _____

Please describe what happened: _____

Frottage Activities/Brushing Against or Bumping into People for Sexual Purposes:

• At which age did you first intentionally bump into or brush against someone for sexual purposes? _____

How many times have you done this, per day _____, per week _____, per year _____.

• How many victims of each of the following groups have you had?

Adult Females	
Adult Males	

Assessment Questionnaire

Teenage Females	
Teenage Males	
Girls under 12	
Boys under 12	

Did you masturbate after this? ____ Yes ____ No

Sexual Fantasies, Thoughts, and Images:

- What is your most exciting sexual thought or fantasy not yet experienced?

- Have you ever masturbated to thoughts, images, or fantasies of holding someone captive and/or torturing him or her? ____ Yes ____ No

Please describe the thoughts or fantasies (including number of times this has occurred):

- Have you ever masturbated to thoughts, images, or fantasies of cutting off someone's air supply or strangling him/her? ____ Yes ____ No

Please describe the thoughts or fantasies (including number of times this has occurred):

- Have you ever masturbated to thoughts, images, or fantasies of killing someone? ____ Yes ____ No

Please describe the thoughts or fantasies (including number of times this has occurred):

Pornography:

Assessment Questionnaire

• Age first exposure to pornography: _____

How did this occur? Please Describe.

• Have you used magazines in the past for pornography?

Magazine (names):

• Have you ever masturbated to pornography? ____ Yes ____ No

Age this first happened: _____

How often does this occur? _____

At its height, how often did this occur? _____

• **Types of XXX or Pornographic Videos you have Viewed: Please check all that apply.**

Adult (Men and Women)	
Adult (Men and Men)	
Adult (Women and Women)	
S&M	
Bondage	
Children	
Adults and Children	
Animals or Animals and People	

How much time do you spend in a week on the internet? _____

In chat rooms? _____

On porn sites? _____

In sexual chat rooms? _____

How often do you masturbate while on porn sites? _____

How often do you masturbate while in chat rooms? _____

How many times have you bought child pornography? _____ Please describe.

Assessment Questionnaire

How many times have you sold child pornography? _____
 Please describe.

How many times have you viewed child pornography? _____

How many times have you viewed child pornography on the internet? _____

How many times have you made child pornography (taken pictures, videotapes, films, etc.) of nude children or children engaged in sex acts? _____

• Rape/Sexual Assault:

Rape/Sexual Assault:	Yes/No	Age of First Time	Number of Victims
Masturbatory Fantasies			
Masturbate during assault			
Masturbate after assault			
Use of weapon during assault			
Use of battery during assault			
Use of restraints during assault			
Use of threats during assault			

Sex and Animals

How many times have you had sex with animals? _____

Describe what you did to the animals: _____

How many times have you had sex with dead animals? _____

Please describe the kinds of sex acts you performed on dead animals: _____

Assessment Questionnaire

Did you kill the animal before you had sex with them or afterwards? _____

If you killed them, describe how: _____

Sex and Pain

What was the age at which you first caused pain or deliberately hurt another person during a sexual act. _____

What did you do? _____

How many times have you caused pain or hurt a person during sex? _____

Describe the injuries inflicted: _____

• Have you ever tried to tie the hands or legs of a person who attracted you sexually? ____ Yes ____ No

Please describe:

• How many times have you tied someone up against his or her will? _____

Describe what you did: _____

Describe in detail the ropes, chains, handcuffs, tape or other restraints: _____

Assessment Questionnaire

- Did you ever like to read stories about or descriptions of torture? Yes No

Please describe:

Has imagining that you were being humiliated or poorly treated by someone ever excited you sexually?

Has imagining that someone was causing you pain ever aroused you sexually? Yes No

Has imagining that you have become dirty or soiled ever excited you sexually? Yes No

Has imagining that you were being tied up by somebody ever excited you sexually? Yes No

Has beating somebody or imagining that you are doing so ever excited you sexually? Yes No

Have you ever tried to tie the hands or legs of a person who attracted you sexually? Yes No

- How many times have you tortured someone?

Please describe:

- What is the worst thing you've ever done to another person in order to hurt them or inflict pain?

- Have you ever killed someone during or after sex? Yes No

Describe what you did:

- Have you ever had sex with a deceased person? _____

If so, describe what you did:

Assessment Questionnaire

Describe three or four sexual fantasies you have had about your victim(s)?

When was the last time you fantasized about your victim? _____

Have you ever fantasized about committing a sexual offense? _____ If so, what is the age, gender, and race of the victim? _____

What are the environmental conditions, interpersonal aspects and scenarios?

What is the desired outcome?

How often do you have this fantasy?

Do you feel that your sexual offending behavior has gotten out of control? ____ Yes ____ No
What makes you feel that way?

Have you made attempts to control it in the past? ____ Yes ____ No

When? _____

What did you try?

Assessment Questionnaire

charge. Allow the entire circle to be 100% of your estimate and shade in the areas you think best reflect: 1) your responsibility for the crime, and 2) anyone else's responsibility (i.e. the courts, your spouse, the victim, etc.). Please also label your chart using the lines provided below.

Is the victim's statement about what happened accurate? Please explain.

Why do you think you are here, or what do you think is the purpose of this evaluation?

What is your biggest regret?

What do you feel is your risk to the community? _____

Why?

Have you ever had sex offender treatment before? _____

Treatment One _____

Did you reoffend during or after this treatment? _____

Treatment Two _____

Assessment Questionnaire

Did you reoffend during or after this treatment? _____

Treatment Three _____

Did you reoffend during or after this treatment? _____

Treatment Four _____

Did you reoffend during or after this treatment? _____

Treatment Five _____

Did you reoffend during or after this treatment? _____

Do you feel you need sex offender treatment now? ____ Yes ____ No

Please explain.

Do you want sex offender treatment? ____ Yes ____ No

Why or why not?

Would you be compliant with sex offender treatment if you were court ordered to undergo it? ____ Yes ____ No

Please explain.

Is there any area that has not been asked of you yet that you feel is important for me to know about you?

Assessment Questionnaire

Thank you for your time!

*Assessment Questionnaire developed by Dr. Stacey Benson of Benson Psychological Services, PC
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