

# BDSM CHECKLIST

Please note that this checklist is not intended to replace Negotiations; rather enhance it by allowing both parties to give/gain some basic information prior to further discussion.

## General Information

I am a Dominant, Master or a Top       I am a submissive, slave or bottom

## My Experience level is:

Beginner       A little bit       Average       A lot       Extensive

## My Sexual orientation is:

Straight       Gay/Lesbian       Bi-sexual       Bi-Curious

## I prefer a relationship to be:

Monogamous       Polyamorous       Does not matter

## In scene I prefer to wear the following: (check all that apply)

Denim       Gothic       Lace       Latex/Rubber       Leather

Other (Explain):      Attached details on a separate sheet please

## I have Medical Conditions or Physical Limitations my partner should know about

Yes       No      If Yes is ticked Attached details on a separate sheet please

## ACTIVITY LIST

Click only one box per activity/column as multiple boxes can be checked causing the results to be confusing to the O/one who receives them. If Y/you accidentally click more than one simply click again on the one Y/you don't want marked.

In the interest column :

"Limit" denotes a hard limit (lowest).  
 "Maybe"- you would only do it for the Dom/me/Top.  
 "Curious"- you would like to explore it further.  
 "OK" - an interest or like of the activity.  
 "Do it" - you definitely want that activity (highest)

Activity	Have you participated	Interest in Participating
Abrasion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Anal Sex	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Arm and Leg Sleeves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Beating (Soft)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Beating (Hard)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Blindfolds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Biting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Brest Bondage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Branding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Bondage (Soft)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Bondage (Hard)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Breath Play (Soft)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Breath (Hard)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Brown Showers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Caning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Catheterization	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It
Chauffeuring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Limit <input type="checkbox"/> Maybe <input type="checkbox"/> Curious <input type="checkbox"/> OK <input type="checkbox"/> Do It

Choking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Chosen Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Chosen Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Clothes Pegs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Cock Worship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Collars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Corsets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Cuffs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Cutting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Dilation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Electric Play	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Enemas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Examination (Physical)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Exhibitionism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Face Slapping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Fantasy Rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Fire Play	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Fisting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Flogging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Following Orders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Foot Worship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Forced Dressing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Forced Masturbation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Forced Nudity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Forced Servitude	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Full Head Hood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Gags	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Given away	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Golden Showers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It

Hair Brushes, Spanked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Hair Pulling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Hand Jobs( Getting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Hand Jobs (Giving)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Head (Getting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Head (Giving)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Heel Worship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Homage with Tongue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Hot Waxing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Human Puppy Dog	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Humiliation (Private)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Humiliation (Public)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Humiliation (Verbal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Ice Play	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Infantilism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Injections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Interrogations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Kidnapping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Knife/Edge Play	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Kneeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Latex/Rubber Fetish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Leather Fetish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Licking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Massage (Getting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Massage (Giving)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Medical Scenes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Mummification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Mouth Bits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Nipple Clamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It

Nipple Weights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Oral Fixation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Over the Knee Spanking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Orgasm Control/Denial	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Penetration (Double)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Penetration (Triple)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Piercing (permanent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Piercing( Play/temp)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Phone sex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Pony Play	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Pussy Worship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Pussy Whipping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Riding Crop	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Role playing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Religious Scene	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Scat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Scratching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Scent Play	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Sensory Deprivation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Servitude	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Serving as Furniture	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Sexual Deprivation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Shaving	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Spanking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Speculums (Virginal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Speculums (Anal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Spreader bars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Stocking Worship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It

Straight Jackets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Strap-On Dilbos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Suspension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Supplying Victims	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Swapping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Swinging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Tattoos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Teasing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Tickling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Uniforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Video Taping Scenes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Voyeurism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Whipping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It
Wrestling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limit	<input type="checkbox"/> Maybe	<input type="checkbox"/> Curious	<input type="checkbox"/> OK	<input type="checkbox"/> Do It