

Sex Negotiation Worksheet

Step One: Why Am I Here?

I want to have sex because _____

I want sex to make me feel _____

My definition of sex is _____

I feel I am a top/bottom/vers in sexual relations.

I am a passive/aggressive/variable sexual partner.



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Step Two: What Do I Want?

What do I fantasize about? _____

What are my happiest sexual memories? _____

Which sex scenes in fiction interest me? _____

Is there a kind of sex I have an intellectual fascination/curiosity with? _____

If I could do anything I wanted sexually, with a guarantee that I would have a willing partner for it and no one would shame me for it, what would I want *then*? _____

What are some of my biggest emotional turn-ons? _____

Step Three: What Will We Do?

The one thing I would most like to experience *this time* is _____

Something that will relax me before sex is _____

Something that will get me physically turned on is _____

Do I have a pretty specific idea of what I want, or do I want to figure it out as we go?

Do I want one of us to take charge of what we do? _____

Do I want to do anything outside the “standard” idea of sex? _____

Is there something I want to experiment with, but am not sure if I'll like it? _____

Step Four: What Will We Not Do?

If I need to stop, I will say “STOP” or _____ If I ask for a stop, it means sex needs to stop RIGHT NOW. I can ask for this at any time for any reason. I will never debate or criticize when my partner asks to stop.

If I need a break, I will say is “HOLD ON” or _____ If I use this word, it means we're going too fast or I need to say something. Sex needs to pause RIGHT NOW until we both understand and have addressed the issue.

If everything's fine, I will say “GREEN” or _____

If I have PTSD/panic attack/phobia/other psychological triggers, they are _____ (certain words, being touched in a certain way, being unable to move...)

We will avoid STI transmission and/or pregnancy by _____

Anything else my partner should know about me, my needs, limits, or desires? _____

Step Five: Medical/Health Issues

I am on the following medications for these conditions:

I am taking these OTC/herbal/homeopathic medicines:

My relevant health concerns are _____ (STI/STDs, mobility/flexibility limitations, surgeries/injuries, pregnancy, pain issues, prosthetics/implants...)



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