

## Jay Wiseman's D/s Scene Negotiation Checklist

This page is laid out for easy printing and storage in a 3-ring binder. Per Jay Wiseman's request we are including a link to his Submissive Women's Kvetch Page, both here and elsewhere on the PLAN Web Site.

## Scene Negotiation Checklist From SM 101

Used by permission of Jay Wiseman

Perhaps not all will apply to our scene, but do answer the questions honestly and openly, for this will help me in making your experience wonderful.

### People

Who will take part?

Who will watch? (Note: The session will involve only those people specially named above.)

Will any permanent record be made of the session (photographs, video, audiotapes?)

Yes      No      Explanation:

### Roles

Who will be dominant?

Who will be submissive?

*Type of scene:*

Mistress/Slave	Captive	Servant/Butler/Etc	Cross-dressing/gender play
Age play	Animal play	Other	

Any chance of switching roles?

Yes      No      Explanation

*Place*

Location :

Who will ensure privacy?

*Time*

Begin at:

Length:

Beginning signal:

Ending signal:

Who will keep track of time?

## Obedience

Will submissive promptly obey?

Yes No Explanation

May the dominant “overpower” or “force” the submissive?

Yes No Explanation

May the submissive verbally resist?

Yes No Explanation

May the submissive physically resist?

Yes No Explanation

May the submissive try to “turn the tables”?

Yes No Explanation

Does the submissive agree to wear a collar?

Yes No Explanation

The submissive agrees to address the dominant by the following titles:

## Limits

Submissive’s limits:

Submissive’s physical/emotional/SM activity limits:

*Any current problems with the submissive’s:*

Heart (arrhythmia's, prior heart attack, etc.) Yes No Explanation:

Liver Yes No Explanation:

Lungs Yes No Explanation:

Neck/Back/Bones/Joints Yes No Explanation:

Kidneys Yes No Explanation:

Nervous System/Mental Yes No Explanation:

Is the submissive wearing contact lenses? Yes No

Does the submissive have implanted pace maker? Yes No

Does the submissive have any metal plates implanted? Yes No

Drug Metering Pumps? Yes No

*Does the submissive have a history of:*

Seizures	Yes	No	Explanation:
Dizzy Spells	Yes	No	Explanation:
Diabetes	Yes	No	
Hypoglycemia	Yes	No	
Seizures Disorders	Yes	No	Explanation:
Known Brain Wave Abnormalities	Yes	No	Explanation:
High Blood Pressure	Yes	No	
Fainting	Yes	No	Explanation:
Asthma	Yes	No	
Heart Rhythm Oddities	Yes	No	Explanation:
Hyperventilation attacks	Yes	No	

*Describe any phobias:*

*Submissive's medical conditions:*

Any surgical implants (breast, face, etc?)	Yes	No	Explanation:
Is the submissive taking aspirin?	Yes	No	
Is the submissive taking ibuprofen, Motrin, or other non-steroidal, anti-inflammatory drugs?	Yes	No	
Is the submissive taking antihistamines?	Yes	No	
Other medical conditions:			
Other medications submissive is taking:			

*Is the submissive allergic to:*

Bandage tape	Yes	No
Nonoxynol-9	Yes	No
Other allergies:		

In case of emergency notify:

## Dominant's Limits

*Any problems with the dominant's:*

Heart	Yes	No	Explanation:
Liver	Yes	No	Explanation:
Lungs	Yes	No	Explanation:
Neck/Back Injuries	Yes	No	Explanation:
Bones/Joints	Yes	No	Explanation:
Kidneys	Yes	No	Explanation:
Nervous System/Mental	Yes	No	Explanation:
Heart Rhythm Oddities	Yes	No	Explanation:
Seizure Disorders	Yes	No	Explanation:
Implanted Pace Maker	Yes	No	
Drug Metering Pumps	Yes	No	
Does the Dominant have any metal implants	Yes	No	Explanation:
Known Brain Wave Abnormalities	Yes	No	Explanation:
Dominant's other medical conditions:			
Medications dominant is taking:			

## Scene Safety

Is the dominant currently certified in First Aid - CPR: Yes No

*Safety gear on hand:*

Paramedic scissors:	Yes	No
Fire extinguisher:	Yes	No
First Aid Kit:	Yes	No
Blackout lights:	Yes	No
Flashlight:	Yes	No

Will play take place in an isolated area such as a farmhouse or other location? Yes No

If yes, what precautions will ensure the submissive's safety if the dominant becomes unconscious?

## **Submissive's Personal Information**

Sex : Are you Male? Yes No Are you Female? Yes No  
Are you a TS? Yes No if yes- pre-op Yes No  
post-op Yes No

Age:

Marital/Relationship Status: Single Married Divorced Dating

Monogamous: Yes No

Polyamory: Yes No

Sneaking behind partners back: Yes No

Occupation:

Height: Weight: Hair Color: Eye Color:

Facial Hair?

Characteristics (things you'd like known about you, physically):

## **Dominant's Personal Information**

Sex : Are you Male? Yes No Are you Female? Yes No  
Are you a TS? Yes No if yes- pre-op Yes No  
post-op Yes No

Age:

Marital/Relationship Status: Single Married Divorced Dating

Monogamous: Yes No

Polyamory: Yes No

Sneaking behind partners back: Yes No

Occupation:

Height: Weight: Hair Color: Eye Color:

Facial Hair?

Characteristics (things you'd like known about you, physically):

## Sexual Activity During Scene

Does any participant believe they might have a trichomonas or yeast infection	Yes	No	Explanation:
Does any participant believe they might have herpes?	Yes	No	Explanation:
Does any participant believe they might have any STD?	Yes	No	Explanation:
Does any participant believe they might have Hepatitis?	Yes	No	Explanation:
Have participants been tested for HIV?	Yes	No	
If Yes, been tested positive?	Yes	No	Explanation:

*Check off which of the following sexual acts are acceptable:*

Masturbation	Dominant to Submissive	Submissive to Dominant	
Fellatio	Dominant to Submissive	Submissive to Dominant	
Cunnilingus	Dominant to Submissive	Submissive to Dominant	
Rimming	Dominant to Submissive	Submissive to Dominant	
Anal Fisting	Dominant to Submissive	Submissive to Dominant	
Vaginal Fisting	Dominant to Submissive	Submissive to Dominant	
Vaginal intercourse	Dominant to Submissive	Submissive to Dominant	
Anal intercourse	Dominant to Submissive	Submissive to Dominant	
Is swallowing of semen acceptable	Yes	No	
Will any sex toys such as vibrators, dildos, butt plugs, ben-wa balls, etc be used?	Yes	No	Describe:

Which of the above activities will involve birth control pills, diaphragms, spermicidal suppositories, lubricants containing nonoxynol-9, or contraceptive foam/suppositoried/gel?

Which of the above activities will involve condoms, gloves, dental damns, and/or other barriers?

## Intoxicants

The dominant can use (only) the following intoxicants during the session:

Acceptable quantity:

The submissive can use (Only) the following intoxicants during the session:

Acceptable quantity:

## Bondage

*The submissive agrees to allow (only) the following types of bondage:*

Hands in front	Yes	No
Hands behind	Yes	No
Ankles	Yes	No
Knees	Yes	No
Elbows	Yes	No
Wrists to ankles(hog-tie)	Yes	No
Spreader bars	Yes	No
Tied to Chair	Yes	No
Tied to bed	Yes	No
Use of blindfold	Yes	No
Use of gag	Yes	No
Use of hood	Yes	No
Use of rope	Yes	No
Use of handcuffs/metal restraints	Yes	No
Use of tape	Yes	No
Use of leather cuffs	Yes	No
Suspension	Yes	No

Acceptable degree of immobility/helplessness:

Limited      Moderate      Extreme      Explanation:

# Pain

Submissive's general attitude about receiving pain:

Likes                  Accepts                  Neutral                  Dislikes                  Will not accept

Quantity of pain submissive wants to receive:

None                  Small                  Average                  Large                  Explanation:

Dominant's general attitude about giving pain:

Likes                  Neutral                  Dislikes                  Will not give

Quantity of pain dominant(s) wants to give:

None                  Small                  Average                  Large                  Explanation:

*The following types of pain are acceptable:*

Spanking	Yes	No	
Paddling	Yes	No	
Whipping	Yes	No	
Caning	Yes	No	
Face slaps	Yes	No	
Biting	Yes	No	
Nipple clamps	Yes	No	
Genital clamps	Yes	No	
Clamps elsewhere	Yes	No	Locations:
Hot creams	Yes	No	Locations:
Ice	Yes	No	Locations:
Hot Wax	Yes	No	Locations:

Other types/methods of pain:

Additional remarks:



## Marks

Acceptable to the submissive if the play leaves marks? Yes No

Visible while wearing street clothes? Yes No

Visible while wearing a bathing suit? Yes No

Other:

Is it acceptable to the submissive if the play draws small amounts of blood? Yes No Explanation:

How easy or difficult has it been to mark the submissive in the past?

## Erotic Humiliation

The submissive agrees to accept being referred to by the following terms:

The submissive agrees to the following forms of erotic humiliation:

“Verbal abuse” Yes No

Enemas Yes No

Spitting Yes No

Water Sports (golden showers, etc) Yes No

Scat games Yes No

Other:

Any prior really good or really bad experiences in these areas?

## Safe Words

Safe Word #1 and its meaning:

Safe word #2 and its meaning:

Safe word #3 and its meaning:

Non-verbal safe words and their meaning:

Will “two-squeezes” be used? Yes No

## Opportunities/Special Skills

Anything in particular either party would like to try and explore?

## Dominant

*Which statement best suits you:*

I live D/s lifestyle every day in most activities:

I live D/s lifestyle frequently when in relationship:

I live D/s lifestyle occasionally in relationship:

I live D/s lifestyle in “scenes” or “play” only:

I use D/s only in “scenes” or “play”:

I do not live D/s lifestyle but would with correct sub:

I would not live D/s lifestyle but would use for “play” with correct sub

Other statement which best suits you:

*Are you interested in:*

On-Line Relationship ONLY: Yes No

On-Line/Phone Relationship ONLY: Yes No

Real Time Relationship ONLY: Yes No

On-Line/Phone/Real Time Relationship Combination: Yes No

Do you currently have a sub/slave: Yes No

Are you currently seeking a sub/slave: Yes No

Would you take on “multiple subs”?: Yes No

Can or would you travel to meet/be with a sub: Yes No

Would you have a sub travel to meet you: Yes No

*Are you experienced with:*

On-Line D/s: Yes No

Phone D/s: Yes No

Real Time D/s: Yes No

*Previous Relationships:*

Have you ever had a “collared” sub: Yes No

On-Line Only: Yes No

Real Time: Yes No

Why did that relationship terminate, current relationship with that sub:

## D/s SOCIAL:

*Would you expect a sub to perform the following and if so, how often:*

(Rating scale: "O" (occasionally). "F" (frequently). "A" (at all times when applicable).

Kneeling (clothed):	O	F	A
Kneeling (naked):	O	F	A
Wearing bondage outside "scenes" (crotch ropes, etc.):	O	F	A
Wearing toys outside "scenes" (nipple clamps, etc.):	O	F	A
Wearing toys/bondage in public:	O	F	A
"Correct posture" outside "scenes" (define):	O	F	A
Sexual situations in public:	O	F	A
Wearing D/s collar in public:	O	F	A
Wearing D/s collar in private:	O	F	A
Performing "instructions" (delivered on-line or phone):	O	F	A

Would you require a standard form of dress for the sub in private (if so, what):

Would you require a standard form of dress for the sub in public (if so, what):

*What form of address would you expect from the sub for yourself and others:*

Yourselves:	Sir	Master	First name	Mr. (last name)
	Mistress	Ma'am	Domina	(first name)
	Ms	Ms	(last name)	

Other Males:

Other Females:

*In and out of BD/SM what aspects of your subs' life would you want to control*

(check all applicable):

Choice of clothing:	Yes	No
Choice of food:	Yes	No
Daily activities:	Yes	No
Special occasion activities (non-sexual):	Yes	No
Sexual activities:	Yes	No
Social contacts:	Yes	No
Sleeping hours:	Yes	No
Bathing/toilet rituals:	Yes	No
Business/professional life:	Yes	No
Would you desire to "share" your sub with others:	Yes	No

If "YES", state the circumstances and likely other partners:

*Would you wish your sub to have any of the following (check applicable):*

Tattoo of ownership:	Yes	No
Branding of ownership:	Yes	No
Collar (or bracelet) worn constantly:	Yes	No
Screen name change to reflect ownership:	Yes	No

List any "scene" or "play" activities that you **WOULD NOT DO** under any circumstances:

## **PUNISHMENTS**

*What forms of punishments would you use on a disobedient sub:*

Writing assignments:	Yes	No
Meditation:	Yes	No
Corporal Punishment (spanking, whipping, etc.):	Yes	No
Bondage (any form):	Yes	No
Removal of privileges:	Yes	No
Loss of Contact with you:	Yes	No
Withholding orgasms/pleasure:	Yes	No
Other (please state):		

## **REWARDS:**

*What forms of rewards would you give a pleasing sub:*

Small “presents” (flowers, etc.):	Yes	No
Extra privileges:	Yes	No
Additional “play”:	Yes	No
Personal momento's (inc. letters to her, etc.):	Yes	No

## **More about you:**

Non-D/s Interests/Hobbies:

Favorite Music Types:

Favorite Reading:

Favorite Non-D/s Leisure Time Activities:

Any other information you would like to supply regarding yourself:

## Submissive

*Which statement best suits you:*

I live D/s lifestyle every day in most activities:

I live D/s lifestyle frequently when in relationship:

I live D/s lifestyle occasionally in relationship:

I live D/s lifestyle in “scenes” or “play” only:

I use D/s only in “scenes” or “play”:

I do not live D/s lifestyle but would with correct Dom:

I would not live D/s lifestyle but would use for “play” with correct Dominant:

Other statement which best suits you:

*Are you interested in:*

On-Line Relationship ONLY: Yes No

On-Line/Phone Relationship ONLY: Yes No

Real Time Relationship ONLY: Yes No

On-Line/Phone/Real Time Relationship Combination: Yes No

Do you currently have a Dom/Top/Owner: Yes No

Are you currently seeking a Dom/Top/Owner: Yes No

Can or would you travel to meet/be with a Dominant: Yes No

*Are you experienced with:*

On-Line D/s: Yes No

Phone D/s: Yes No

Real Time D/s: Yes No

Previous Relationships: Yes No

Have you ever been collared? Yes No

Why did that relationship terminate?

What's your current relationship with that Dominant?

*Have you had previous relationships:*

Real life: Yes No

Only On Line: Yes No

*What aspects of your life would you want your Dominant to control (check all that apply)*

Choice of clothing:	Yes	No
Choice of food:	Yes	No
Daily activities:	Yes	No
Special occasion activities (non-sexual):	Yes	No
Sexual activities:	Yes	No
Social contacts:	Yes	No
Sleeping hours:	Yes	No
Bathing/toilet rituals:	Yes	No
Business/professional life:	Yes	No
Would you desire to be “shared” with others:	Yes	No
If Yes, Shared with:		
Female Dominants:	Yes	No
Female submissives:	Yes	No
Male Dominants:	Yes	No
Male submissives:	Yes	No

*Would you have any of the following done for your Dominant: (Check those that apply)*

Tattoo of ownership:	Yes	No
Branding of ownership:	Yes	No
Collar (or bracelet) worn constantly:	Yes	No
Screen name change to reflect ownership:	Yes	No

List any “scene” or “play” activities that you **WOULD NOT DO** under any circumstances:

*More About You:*

Non-D/s Interests/Hobbies:

Favorite Music Types:

Favorite Reading:

Favorite Non-D/s Leisure Time Activities:

Any other information you would like to supply regarding yourself:



## Follow-Up

After the session we need a coming down period:	Yes	No
The next day we should discuss how things went:	Yes	No
A week later follow-up:	Yes	No
In case of crisis:	Yes	No
Anything Else?		

Post-session notes:

## Dominant

Best Part 1-10 scale (ten tops):  
Worst Part 1-10:  
Most memorable part 1-10:  
Other comments:

## Submissive

Best part 1-10:  
Worst Part 1-10:  
Most memorable 1-10:  
Other comments:

(This is a form that should be filled out by both dom(me) and sub...it gives you both a starting place) Please answer these question completely and honestly. Please use a separate sheet/s of paper if necessary.

What sexual fantasies have you had that relate to s/m?

What is it about yourself that attracts you to the s/m play scene?

Describe a scene you would find to be highly erotic, satisfying and descriptive of the role you wish to assume in s/m.

Describe a scene you would fine completely out of bounds or off limits as far as your current disposition and understanding are concerned.

List erotic toys and devices you currently own.

Disclaimer:

By filling this form out and returning it, I am doing so with full knowledge and with a competent mind. It is my understanding that the form is used for social purposes only and for my benefit. I also understand that the persons or persons who are to be handling the form will do so with confidentiality and with no malicious intent. I am stating that I am over the consenting age of the state that I live in and I am an adult. By submitting this form I release all liability and do so at my own risk.