

FULL SEXUAL  
DISCLOSURE  
PRE-TEST POLYGRAPH  
QUESTIONNAIRE

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APA Certified in Post-Conviction Sex Offender Testing

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IMPORTANT INFORMATION FOR THE EXAMINEE: Take the time to fill this packet out completely, using extra pages if necessary. Yes answers require explanations. Make sure to bring this completed form with you to your appointment. Persons who appear for their full disclosure polygraph examination with a carefully and thoroughly completed questionnaire are much more likely to have a successful examination.

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Your Full Name: \_\_\_\_\_

Therapist's Name: \_\_\_\_\_

PO's Name: \_\_\_\_\_

Index Offense (Crime of conviction or current accusation): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sign and date here when you complete your packet:

Signature: \_\_\_\_\_

Date completed: \_\_\_\_\_

Part one of this packet is intended to identify all of your victims. Fill out a victim form for each of your victims. Make extra copies of the blank form if needed. A victim is anyone that you have had sexual contact with that fits into any of these categories:

1. Anyone under 18, when you were over 18.
2. Anyone you physically forced or threatened to get them to engage in sexual contact.
3. Anyone more than 3 years younger than you, when you were under 18.
4. Incest, including sexual contact with a younger family member.
5. Anyone incapable of giving consent, including mentally handicapped, intoxicated, asleep, or otherwise unable to consent.
6. Anyone you spied on or exposed yourself to.
7. Anyone you sexually touched that did not completely consent to the contact.

Part two of this packet is a Sexual History List, it is intended to identify all consensual and non-consensual sexual contacts or partners in your lifetime. Please include all victims on your sexual history list, even though you have completed a separate victim form for each victim. If you have been a victim of sexual assault, please put that in your chronological history also.

Part three of this packet is intended to identify experiences and sexual behaviors important for treatment.

VICTIM FORM

Victim Name (First name or other identifying designation): \_\_\_\_\_

Relationship: \_\_\_\_\_

Victim age (at time of offense): \_\_\_\_\_

Your age (at time of offense): \_\_\_\_\_

How did you get the victim to cooperate: \_\_\_\_\_

How did you keep the victim from telling: \_\_\_\_\_

Please describe all sexual contacts with the victim, including specific details and number of times:

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VICTIM FORM

Victim Name (First name or other identifying designation): \_\_\_\_\_

Relationship: \_\_\_\_\_

Victim age (at time of offense): \_\_\_\_\_

Your age (at time of offense): \_\_\_\_\_

How did you get the victim to cooperate: \_\_\_\_\_

How did you keep the victim from telling: \_\_\_\_\_

Please describe all sexual contacts with the victim, including specific and complete details and number of times:

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VICTIM FORM

Victim Name (First name or other identifying designation): \_\_\_\_\_

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Relationship: \_\_\_\_\_

Victim age (at time of offense): \_\_\_\_\_

Your age (at time of offense): \_\_\_\_\_

How did you get the victim to cooperate: \_\_\_\_\_

\_\_\_\_\_

How did you keep the victim from telling: \_\_\_\_\_

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Please describe all sexual contacts with the victim, including specific details and number of times:

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## Sexual History List

Provide the following information in chronological order for every person you had sexual contact with. (you do not need to write last names or identifying information)

Name	Your age	Their age	Victim YES or NO	Sex M/F	Relationship	Description of sexual acts
			YES or NO			
			YES or NO			
			YES or NO			
			YES or NO			
			YES or NO			
			YES or NO			
			YES or NO			
			YES or NO			
			YES or NO			

Name	Your Age	Their Age	Victim	Sex M/F	Relationship	Description of sexual acts
			YES or NO			
			YES or NO			
			YES or NO			
			YES or NO			
			YES or NO			
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			YES or NO			
			YES or NO			
			YES or NO			

1. What is your sexual orientation?

2. Were you sexually abused as a juvenile?

3. Have you ever been the victim of sexual assault as an adult?

4. Are you currently in a relationship?

5. What is the longest relationship you have ever had?

6. Do you have children? (Include step-children, foster children and ex-step children)

Name	Sex	Age	When was the last time you had contact with them?



7. Do you have siblings? (Include step-brothers and step-sisters)

Name	Older or Younger than you	Did you grow up in the same home	Was there ANY sexual contact between you? Explain:

8. Have you ever played with matches or set fires? What damage was done?

9. Have you ever been sexually aroused by setting fires?

10. At what age did you begin masturbating?

11. How often do you currently masturbate?

12. Have you ever masturbated in front of another person that you were not involved in a consensual sexual relationship with?

13. Have you ever masturbated in a public place?
  
14. Have you ever masturbated to images of anyone under 18?
  
15. What do you generally fantasize about when you masturbate?
  
16. Was there violence in your childhood home?
  
17. Have you ever been violent in a relationship?
  
18. Have you ever been violent toward a child, or in view of a child?
  
19. Have you ever been mean or abusive to an animal?
  
20. How old were you when you first saw pornography?
  
21. What is the extent of your involvement with pornography?

22. Have you ever made your own sexually explicit or pornographic material?
  
23. How many times have you viewed child pornography?
  
24. Do you currently own or possess any pornographic or sexually explicit material?
  
25. Do you have internet access?
  
26. List all your computer screen names and e-mail addresses.
  
  
  
  
  
  
  
  
  
  
27. Have you ever communicated with a minor, over the internet, for a sexual reason?
  
  
  
  
  
  
  
  
  
  
28. Have you ever misrepresented your age or identity on the internet?
  
  
  
  
  
  
  
  
  
  
29. Have you ever traded sexually explicit or nude pictures over the internet or by cell phone?

30. Have you ever communicated over the internet for a sexual reason?
31. Describe your experience with adult bookstores, strip clubs, topless bars, brothels, or other similar businesses.
32. Bestiality: Have you ever had any sexual contact with an animal?
33. Have you ever stolen underwear or other personal items for sexual reasons?
34. Voyeurism: Have you ever peeked on someone for sexual reasons, such as looking through windows, or drilling a hole in a wall to see into a bathroom, etc...)
35. Exhibitionism: Have you ever exposed your genitals to someone that was not a consensual sexual partner?
36. Have you ever made a sexually obscene phone call or called a sex line?

37. Frottage: have you ever rubbed up against a person, or touched them in a sexual way or for a sexual purpose, in a crowd, or in a way to appear accidental?
  
38. Prostitution: Describe any involvement you have had with prostitutes.
  
39. Have you ever received money, drugs or compensation for sex?
  
40. Transsexualism: Have you ever felt that you were born the wrong gender?
  
41. Transvestism: Describe any cross dressing experiences you have had.
  
42. Fetishism: Have you ever been sexually aroused to inanimate objects, such as feet, shoes, tampons, Kotex, diapers, vibrators, or penetrating your anus, vagina or penis for sexual arousal?
  
43. Sadism – Masochism: Have you ever gotten pleasure from your own pain or someone else’s pain or humiliation?

44. Urolagnia – Coprophilia: Have you ever been sexually aroused by, or used urine or feces for sexual excitement?

45. Necrophilia: Have you ever had, or wanted to have, sexual contact with dead people or animals?

46. Have you ever been accused of sexually inappropriate comments or behavior not related to your Index offense?

47. How old were you the first time you drank alcohol?

48. How old were you the first time you got drunk?

49. When is the last time you drank alcohol?

50. Have you ever had a problem with alcohol?

51. Was alcohol a factor in your index offense?

52. How old were you the first time you used an illegal drug? (including prescription drugs used in a non-prescribed manner)

53. What drugs have you used?

54. When is the last time you used drugs?

55. Have you ever had problems with drugs?

56. Were drugs a factor in your index offense?