

Sexy Time Worksheet



Use this sheet to explore new activities or to plan special occasions.

You don't need to write down your answers. Use it for **conversation ideas**, however you like.

If you're not sure about your exact wants, that's perfectly fine. You can always try things and see how you go.

Negotiate and plan your erotic encounter **AHEAD OF TIME**, especially if you've never attempted the activities before.

Use this Worksheet to:

1. Get an idea of your desires, then;
2. Use that information to plan your rendezvous explicitly in detail.

For example: via the Worksheet, we decided we'd like to try some role play with sensation teasers & light bondage.

So, let's plan this in detail. What if I dress in a nurse outfit and let's say I need to perform a thorough check up. I ask you to lie down on the operating table (bed) and to close your eyes. I then blindfold you, handcuff your hands to the bed and tell you in a slow sexy voice how long I've waited for the doctor to leave me alone with you. I start unbuttoning your shirt and trace your torso with my fingernails.....

As you can see, just planning your encounter can become super sexy!

By

Sexagreements.com

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Sexy Time Worksheet

Use the following questions to negotiate activities you may like to try and to evaluate your experience.
Feel free to print this page for your continued personal use.

The activity I would most like to experience? _____
(e.g. role play, bondage, erotic spanking, mutual masturbation, anal play, licking, ejaculating on body etc.)

What role do I want to play? _____
(e.g. giver, receiver, dominant (take control), submissive (give up control), switch roles during)

I want/need this activity because: _____
(e.g. I want to try it, I need emotional/physical release, I want to see if it pleases you)

During, I want to feel: _____
(e.g. loved, safe, sexy, taken care of, empowered, in control, admired, humiliated, worshipped)

DETAILS OF WHAT I WOULD LIKE

Equipment/materials/toys to be used? _____

What parts of the body/which position? _____

Restraint? If yes, light or heavy? _____

Pain/marks ok? What intensity on a scale of 1 to 10 (1 being light/symbolic, 10 being the most intense)?

Include others? How? _____

Any other details about what I'm looking for _____

Who will research how to perform the activity(ies)? _____

Who will buy/prepare the equipment? _____

My prior experience with this activity _____

After the encounter I would like _____
(e.g. cuddle, exchange compliments, watch a movie together)

Are there any psychological and/or health concerns, phobias, sensitive areas, medical conditions, allergies or infectious diseases that we need to be careful about? _____

Safe words for stop & slow down? _____
(e.g. "red" for stop, "yellow" to ease off)

THOUGHTS & FEEDBACK

Things you may like to share in the next few days.

What I liked most _____

Next time I'd rather avoid _____

Future recommendations/requests _____