

Arizona Forensic Services, LLC

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Sexual Health Evaluation Questionnaire

This questionnaire is an important part of the assessment you are doing with Dr. Simpson. These are deeply personal questions, but please be completely honest in your answers. You will have an opportunity to give further clarification when you meet with Dr. Simpson. Thank you.

Your name: _____ Today's date: _____

What are the sexual crimes you are being accused of? _____

Have you ever had sexual fantasies that would be illegal in real life (rape, voyeurism, exhibitionism, sex with a child, etc.)?

No: ☐ Yes: ☐ If "Yes" please explain: _____

Have you ever fantasized about having sex with children?

No: ☐ Yes: ☐ If "Yes" please explain: _____

Have you ever masturbated to pictures or videos of prepubescent children? (ages infant-to-12)

No: ☐ Yes: ☐ If "Yes" please explain: _____

Have you ever had a collection of prepubescent child pornography? (ages infant-to-12)

No: ☐ Yes: ☐ If "Yes" please explain: _____

Have you ever masturbated to pictures or videos of teens you knew were under the age of 18?

No: ☐ Yes: ☐ If "Yes" please explain: _____

Have you ever had a collection of sexual pictures or videos of teens that you knew were under the age of 18?

No: ☐ Yes: ☐ If "Yes" please explain: _____

Have you ever thought about children in a sexual way?

No: ☐ Yes: ☐ If "Yes" please explain: _____

Have you ever exposed your genitals to non-consenting children, teens or adults?

No: ☐ Yes: ☐ If "Yes" please explain: _____

Have you ever looked in windows or in bathroom stalls to see people undressing, urinating or defecating?

No: ☐ Yes: ☐ If "Yes" please explain: _____

Additional comments: _____

