

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ /2020

**Since our last meeting**

1. Have any of your support systems changed recently? Y    N
2. Have any of aspects of your environment changed? (work, living arrangements) Y    N
3. Are you experiencing any problems at work or in your primary relationships? Y    N
4. Have you used alcohol or drugs this week including prescriptions meds Y    N
5. Have you been verbally or physically aggressive? Y    N
6. Have you had any contact with victims or minors? Y    N
7. What are your treatment goals?
8. What have you done this week to address your treatment goals? Y    N
9. List three words to describe your mood this week.
10. Please rate your current stress level?  
    Low 1 2 3 4 5 6 7 8 9 10 High
11. Technology Behavior
  - What type of online activity have you engage in over the last week? Where, what time, type?
  - Have you viewed any sexually explicit material (adult or child) since our last meeting?
  - Are you struggling to avoid sexually explicit material when you are using technology?
  - Have you had any urges to reoffend this week?
12. **Sexual Behavior** (since our last meeting)
  - Sexual Fantasies? Any Deviant Fantasies?
  - Masturbation Behaviors(s) How Often?
  - Internet Sexual Behavior(s) (porn or sexual chat with others)
  - Sex with Others?
  - Have you thought about sex
    - more    same    less    this week?
13. Who have you reached out to this week?

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ /2020

14. Have you done anything fun this week?

**Any Problems/Questions/Concerns?**