Pre-Spanking Negotiations Checklist

Instructions: Please circle "yes" or "no" for each question.

Important: This serves as a baseline for negotiations, not a substitute for negotiations.

| Safe Words: | | |
|----------------------------|-----|----|
| My safe words are | | |
| • Red, yellow, green: | Yes | No |
| • Mercy: | Yes | No |
| • Safe word: | Yes | No |
| • Other (please specify): | Yes | No |
| 0 | | |
| Method of Spanking: | | |
| I want to be spanked with | | |
| • Your hand: | Yes | No |
| • A hairbrush: | Yes | No |
| • A paddle: | Yes | No |
| • A wooden spoon: | Yes | No |
| If using hand | | |
| • Cupped: | Yes | No |
| • Flat: | Yes | No |
| • Finger together: | Yes | No |
| • Fingers apart: | Yes | No |
| • Other (please specific): | Yes | No |
| 0 | | |
| Positions: | | |
| I want to be spanked | | |
| Bent over both knees: | Yes | No |
| • Bent over one knee: | Yes | No |

Yes

Yes

Yes

No

No

No

0

Bent over a couch:

Bent over a chair:

Other (please specify):

| Acceptable Speech: | | |
|--|-----|----|
| I'm okay with saying | | |
| • "Sir": | Yes | N |
| • "Mister": | Yes | N |
| • Other (please specify): | Yes | No |
| 0 | | |
| I want you to | | |
| • Scold me: | Yes | No |
| • Praise me: | Yes | No |
| • Use a hushed tone of voice: | Yes | No |
| • Use a louder tone of voice: | Yes | No |
| • Be stern: | Yes | No |
| • Be playful: | Yes | No |
| Length of Scene: | | |
| I want the scene to last | | |
| • 1–5 minutes: | Yes | No |
| • 5–10 minutes: | Yes | N |
| • 10–15 minutes: | Yes | No |
| State of Dress: | | |
| I want to be spanked on | | |
| • My outermost layer (i.e., dress or pants): | Yes | No |
| My underwear: | Yes | No |
| • My bare bottom: | Yes | No |
| Add-ons: | | |
| I would like my spanking to include | | |
| Butt rubbing: | Yes | No |
| • Corner time: | Yes | No |
| • Other (please specify): | Yes | No |
| 0 | | |
| Aftercare: | | |
| After the scene, I want you to | | |
| • Give me a hug: | Yes | No |
| • Cuddle with me: | Yes | No |
| • Provide reassurance: | Yes | No |
| Rub my back/head: | Yes | No |
| • Other (please specify): | Yes | No |

Debrief:

After the scene and aftercare, I want to...

| • | Exchange feedback: | Yes | No |
|---|-----------------------------------|-----|----|
| • | Wait a day to exchange feedback: | Yes | No |
| • | Wait a week to exchange feedback: | Yes | No |
| • | Other (please specify): | Yes | No |

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