TPS Report v1.2

Trust, Pleasure, Safety

Date:	Time (Start):
	Time (Estimated End):

1) Emotional and Physical Check-In

Emotional State	Matt	Mina
Calm or relaxed		
Anxious or nervous		
Curious or open		
Not into this		
Other (explain below)		

Physical Conditions	Matt	Mina
I'm good		
Fatigue		
Headache		
Hormonal changes		
Sensitivities (explain below)		

Matt's Notes:		
Mina's Notes:		

2) Setting and Atmosphere

Location	Sound
□ Master bedroom	□ No music, quiet
□ Basement	□ Soft background music
□ Other:	□ White noise / ambient
Alterations	Kids
Aiterations	Rius
□ Drinks	□ Asleep

□ Other:

3) Levels of Physical Contact

Check the box next to activities you feel like doing. Cross out checked suggestions you are uncomfortable with, if any.

Affection	Light Intimacy	Moderate Intimacy	Intense Intimacy	Intercourse
□ Netflix and Chill™ □ show:				
☐ Hold hands for a little bit				
□ Squeeze hug				
□ Brush hair				

By initialing below, we agree that this reflects our understanding and comfort levels for the upcoming intimate encounter. We acknowledge that consent can be withdrawn at any time, and that this form is a starting point for discussion, not a binding contract. We acknowledge that only the items checked will be attempted. The purpose of this form is to ensure mutual respect, safety, and pleasure, and is actually serious and not a joke.

Matt:	Mina: