



Impact Pickup Play Framework

This document serves as a framework for discussion. The Top should work through this form with the bottom.
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RED / NO / STOP means the scene ends and we proceed directly to aftercare
YELLOW / double tap anywhere / raised clenched fist / drop signal means check in with me
GREEN means this is good, please continue!

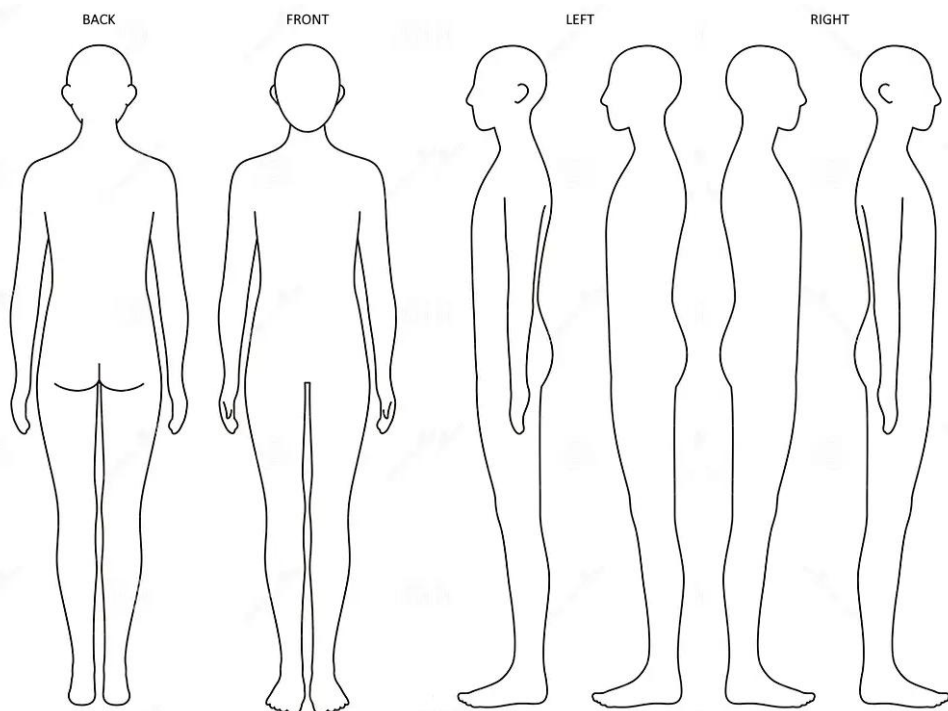
Preferred impact type **STINGY / THUDDY / MIXED** (circle)

Check-in based on body language **YES / NO** (circle)

Check-in unprompted **VERY FREQUENTLY / FREQUENTLY / OCCASIONALLY / NEVER** (circle)

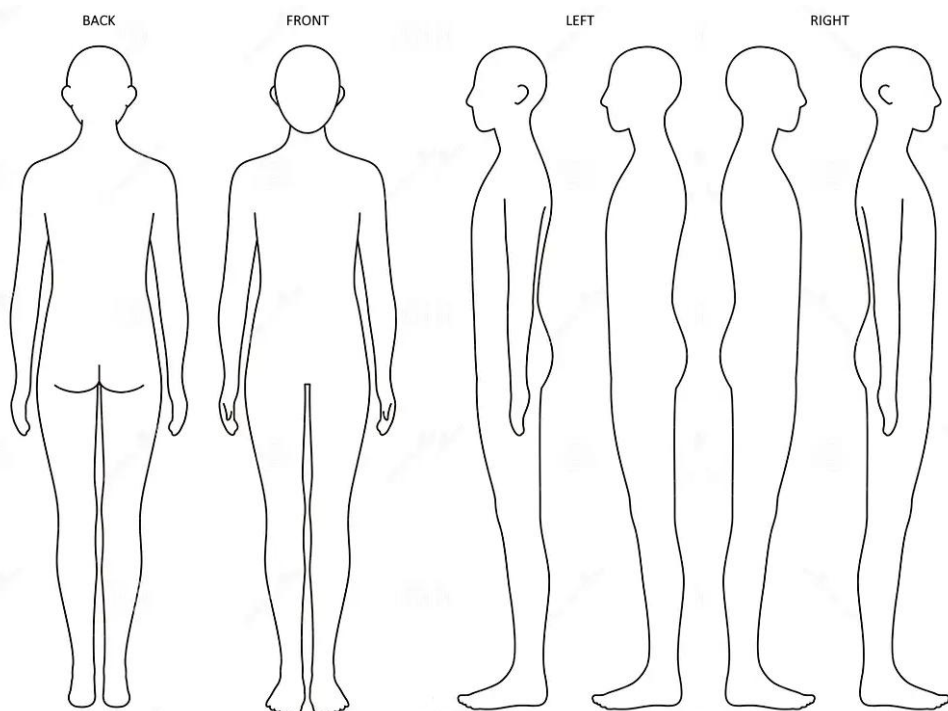
Preferred impact areas

notes



Preferred touch areas **NONE / PLATONIC / SENSUAL / SEXUAL** (circle)

notes



Specify any health issues that Top should know about, e.g. fainting, injuries, STIs, trauma, allergies

Do you ever have trouble using your safe words? **NO / YES** (circle) if YES please specify

Level of experience **NONE / LITTLE / SOME / A LOT** (circle)

Clothing **FULLY CLOTHED / UNDERWEAR / NUDE / OTHER** (circle) If OTHER, please specify

Position **CROSS / BENCH / STANDING / OTHER** (circle) If OTHER, please specify

Location **PUBLIC / SEMI-PRIVATE / PRIVATE** (circle)

Implements **FLOGGERS / PADDLES / CROPS / CANES / OTHER** (circle) If OTHER, please specify

Intensity level **1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10** (circle applicable range)

Marks **YES / NO** (circle) if YES please specify limitations below

Bondage **RESTRAINTS / BLINDFOLD / GAG / EARPLUS / OTHER** (circle) If OTHER, please specify

Power exchange **YES / NO** (circle) if YES please specify below

Aftercare for Top

Aftercare for Bottom

Other notes