

Name of Victim/Sticky Label

Perk #



0200000

ACTS: (per patient)

VAGINAL CONTACT/ PENETRATION	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Penis				
Finger				
Object				

RECTAL CONTACT/ PENETRATION	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Penis				
Finger				
Object				

ORAL SEX	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Of victim by assailant				
Of assailant by victim				

MASTURBATION	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Of victim by assailant				
Of assailant by victim				

DID EJACULATION OCCUR	YES/DESCRIBE	NO	ATTEMPT	NOT SURE
Inside vagina				
Inside anus				
Other				