

ASB-C

The items below describe various types of behaviors. Some items refer to behaviors involving private parts (such as penis, vagina, or rectum) or sexual acts. Please report how often your child has shown the following behaviors in the **PAST MONTH** using the scale provided.

		Never	1 time (Once)	2-4 times	5-10 times	More than 10 times
1.	Stands or sits too close to others.	0	1	2	3	4
2.	Hugs people they do not know well.	0	1	2	3	4
3.	Kisses people they do not know well.	0	1	2	3	4
4.	Touches or tries to touch the breasts of others.	0	1	2	3	4
5.	Asks questions about private parts and/or sexual acts to a trusted adult (such as a parent or teacher).	0	1	2	3	4
6.	Asks questions about private parts and/or sexual acts to people other than a trusted adult.	0	1	2	3	4
7.	Views non-sexual things or topics in a sexual way.	0	1	2	3	4
8.	Uses the internet to seek out information on sexual topics.	0	1	2	3	4
9.	Talks about private parts, sexual topics, or toileting behaviors at inappropriate times.	0	1	2	3	4
10.	Uses sexual words in an insulting, disrespectful, and/or suggestive way.	0	1	2	3	4
11.	Plays with toys in a sexual way; draws pictures or writes about private parts or sexual topics.	0	1	2	3	4
12.	Moves, dances, or makes hand gestures that are sexually suggestive.	0	1	2	3	4
13.	Looks at or tries to look at others who are nude, undressing, and/or toileting.	0	1	2	3	4
14.	Looks at or tries to look at people engaged in sexual acts.	0	1	2	3	4
15.	Looks at pictures or videos that show nudity or sexual acts.	0	1	2	3	4
16.	Looks at pictures or videos of violent, aggressive, and/or extreme sex acts.	0	1	2	3	4
17.	Touches or rubs own private parts when <i>alone</i> .	0	1	2	3	4
18.	Touches or rubs private parts when around <i>other people</i> .	0	1	2	3	4
19.	Rubs private parts on or with an object (such as furniture, toy, blanket, remote control).	0	1	2	3	4
20.	Inserts or tries to insert objects inside <i>own</i> private parts.	0	1	2	3	4
21.	Shows own private parts to others.	0	1	2	3	4
22.	Shows picture(s) of their own or other people's private parts to others.	0	1	2	3	4
23.	Asks others to show their private parts or engage in sexual acts while talking <i>in-person</i> .	0	1	2	3	4

		Never	1 time (Once)	2-4 times	5-10 times	More than 10 times
24.	Sends sexual messages, pictures, and/or videos to others (such as through email, texts, social media).	0	1	2	3	4
25.	Asks others to send them pictures or videos showing nudity or sexual acts (such as through email, texts, social media).	0	1	2	3	4
26.	Coerces others to send sexual pictures or videos. (Note: 'coerces' means using force, threats, pressure, bribery, and/or trickery)	0	1	2	3	4
27.	Threatens to share sexual pictures or videos of others.	0	1	2	3	4
28.	Strokes, massages, or caresses the bodies of others.	0	1	2	3	4
29.	Rubs private parts on other people.	0	1	2	3	4
30.	Slaps or pokes the buttocks of others.	0	1	2	3	4
31.	Touches or tries to touch the private parts of others.	0	1	2	3	4
32.	Puts mouth on the breasts or private parts of others.	0	1	2	3	4
33.	Inserts or tries to insert objects in <i>another child's</i> private parts.	0	1	2	3	4
34.	Tries to undress others against their will.	0	1	2	3	4
35.	Plans to get others to engage in sexual behavior.	0	1	2	3	4
36.	Coerces others to engage in sexual behavior. (Note: 'coerces' means using force, threats, pressure, bribery, and/or trickery)	0	1	2	3	4
37.	Performs sexual behaviors with an animal.	0	1	2	3	4
38.	Continues to engage in sexual behavior after being told to stop.	0	1	2	3	4

***Please tell us of any other sexual behaviors your child has displayed that were not mentioned above:

***The questions below are to help us better understand the behaviors you described above.

Note: *If you answered "0" (Never) to all the questions above, you do not need to complete the section below.*

A. With whom did your child engage in any of the behaviors above (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Children who live in the same home (such as siblings) | <input type="checkbox"/> Strangers or people they do not know well |
| <input type="checkbox"/> Children who do <u>not</u> live in the same home (such as cousins) | <input type="checkbox"/> Neighbor(s) |
| <input type="checkbox"/> Children at school (such as schoolmates) | <input type="checkbox"/> Adult(s) |
| <input type="checkbox"/> Children with developmental delays or disabilities | <input type="checkbox"/> Children who are younger |
| <input type="checkbox"/> Children with another vulnerability (please describe): _____ | |

B. Where did the behaviors you reported above occur (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Neighbor's house | <input type="checkbox"/> Public setting (such as stores) |
| <input type="checkbox"/> School/preschool/school bus | <input type="checkbox"/> Childcare provider | <input type="checkbox"/> Outside (such as a playground) |
| <input type="checkbox"/> Other (please describe): _____ | | |

C. During any of the behaviors you reported above, did your child use coercion, such as force, threats, pressure, bribery, and/or trickery?

- No Yes (please describe): _____