| Are you ready? Checklist | Y | N |
|--|---|---|
| Can I talk to my partner about sex and my body? | | |
| Have I considered the realities of first time sex and know that it might not be like I have seen on films or the internet? | | |
| Do I feel like I have a choice about whether to have sex or not? | | |
| Do I feel comfortable and safe with my partner? | | |
| Can I be honest about what type of sex I want to have? (Masturbation, oral etc?) | | |
| Can I respect and listen to what my partner does and does not want? | | |
| Do I understand how to protect myself from unplanned pregnancy and STI's? | | |
| Have I thought about what I am and am not comfortable with? Do I know what my boundaries are? | | |
| Do I feel like I can trust my partner? | | |
| Do I understand what the law says about sex? (Including age and consent?) | | |
| Am I feeling pressured into having sex? | | |
| Do I feel excited and ready to have sex? | | |

