

# Eréndira Questionnaire

**Name** (real or not, but keep it in our meetings) :

**E-mail or telephone number** (opcional) :

**Security password:**

What kind of practices do you like the most? Do you have any fetish?

What practices do you not tolerate and discard?

Order by preference this concepts: - **Domination** - **Humiliation** - **Pain** -

Do you have any physical limitation? Injuries, asthma, cardiovascular diseases...

What level of intensity would you like?

Your pain barrier from 0 to 10?

**0\_1\_2\_3\_4\_5\_6\_7\_8\_9\_10**

Do you like to be spanked?

**YES   indif   NO**

Do you like to be slapped?

**YES   indif   NO**

Do you like spitting? Inside your mouth?

**YES   indif   NO**

Do you like to be feminised (clothes, make up, verbal abuse...)?

**YES   indif   NO**

Do you like breath play?

**YES   indif   NO**

Do you like anal dilatation?

**YES   indif   NO**

Do you like urethral dilatation?

**YES   indif   NO**

Do you like facesitting?

**YES   indif   NO**

Do you like to be humilliated?

**YES   indif   NO**

Do you like hot-cold play (wax, ice, water...)

**YES   indif   NO**

Do you like nipple torture?

**YES   indif   NO**

Do you like ballbusting and genital torture?

**YES   indif   NO**

Do you like trampling?

**YES   indif   NO**

Do you like visionless?

**YES   indif   NO**

Do you like to be immobilized, tied...?

**YES   indif   NO**

Do you like feet?

**YES   indif   NO**

Do you like golden shower? (Extra +30€)

**YES   indif   NO**

Inside your mouth, swallow it?

**YES   indif   NO**

Do you like lick and swallow your own cum?

**YES   indif   NO**

Do you like your orgasm to be denied?

**YES   indif   NO**

Is there something that does not appear in the questionnaire and you would like to do? Tell me: