

# Aftercare Sheet

OrionVerse - ToLoveAndPlay.Com v.1 2025

## Personal Information

Name - \_\_\_\_\_ Name - \_\_\_\_\_ Date - \_\_\_\_\_

Scene Description - \_\_\_\_\_

Anticipated Intensity - ☐ Exploration ☐ Light ☐ Moderate ☐ Heavy ☐ Extreme

What environment is this happening in? ☐ My home ☐ Their home ☐ Play party ☐ Dungeon ☐ Convention

☐ Outside ☐ Other - \_\_\_\_\_

## Desired Aftercare

Check any of the following that you know or think you may want or need for aftercare

Highlight or underline anything that is non-negotiable -

### Consumables

☐ Water

☐ Other Drink/s - \_\_\_\_\_

☐ Snack/s - \_\_\_\_\_

☐ A Meal

☐ Sugar/Candy - \_\_\_\_\_

☐ Pain Reliever - \_\_\_\_\_

☐ Medication - \_\_\_\_\_

☐ Other - \_\_\_\_\_

### Environmental

☐ Changing spaces

☐ Outside

☐ Somewhere quiet

☐ Music

☐ Dim lighting

☐ Bright lighting

☐ A shower/bath

☐ An escort home

### Physical Objects

☐ Comfort object/s - \_\_\_\_\_

☐ Blanket

☐ Ice pack

☐ Heat pack

☐ Change of clothes

☐ Earplugs

☐ Headphones

☐ Journal

### Interpersonal

☐ Spending time together -

☐ Minutes ☐ Hours ☐ Night

☐ To be left alone

☐ A partner/friend - \_\_\_\_\_

☐ Time with friends

☐ Praise

☐ Verbal comfort

☐ Talk through the experience

☐ A check in after a few -

☐ Hours ☐ Days ☐ Week

### Physical Contact

☐ Cuddling

☐ Hand Holding

☐ Petting

☐ Hugs

☐ Kisses

☐ Sexual contact

☐ Sleeping together

☐ To **not** be touched

Anything else not listed above? - ☐ Yes ☐ No

If yes, what? \_\_\_\_\_

Remember, needs may change in the moment. Discuss if there is anything lined up after your scene that may impact the ability to give or receive aftercare. If someone is not comfortable giving/receiving aftercare, it is possible you aren't compatible to play together or at that time and that's okay!

**Ideally the giver and receiver should fill out one of these sheets - aftercare is for everyone!**