

STARS

MAKE TIME FOR THE TALK



THE RELATIONSHIP TALK WORKBOOK

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Sexual Health/STI Status

My experience and my disclosures regarding sexual health.



Turn-Ons

My desires in connection, intimacy, and sex.



Avoids

My aversions, my boundaries, and my triggers.



Relationship

Intentions/Expectations

Who I am, what I expect from my partner, and what sex means to me.



Safety

My emotional, physical, spiritual, and sexual safety requests and requirements.

CREATE YOUR OWN TALK



STARS is a framework that helps you have the meaningful and intimate discussions that are vital to sexual relationships. Beyond baseline consent, we need to understand what we truly want in our sexual relationships, be it a hook-up or deeper intimacy. Understanding your STARS (Your Sexual health needs, what Turns you on, what you want to Avoid, your honest Relationship intentions and expectations and what Safety protocols you need) will propel you toward a fulfilling sex life.

This is a guide for you to develop your own STARS Talk. The prompts are to help you write your own STARS, to keep and to share. The STARS Talk is not static, things will change and develop as you continue to deepen your understanding and experiences of the five elements. Keeping a written document is helpful for journaling your experiences and viewing your growth and change, while also having something available to share with others.

The STARS Talk can take place at any time in a relationship, but it is best done early and before the clothes come off, if possible. STARS can be much more than just a consent talk. It can be a way to better understand ourselves. Potentially, it can even be a path to reclaiming intimacy through sex, if we so desire. STARS helps provide the emotional, physical and spiritual safety we need, to treat one another with dignity in our sexual relationships.

**Create your STARS Talk, Share your STARS Talk
Have the sex you truly desire.**

STARS™

The private information described and disclosed in this Document/Workbook is completely confidential and shall remain the exclusive property of _____. It shall not be disclosed to anybody else under any circumstances whatsoever without the express prior consent of _____.



STI/SEXUAL HEALTH

My last STI testing date was: ____/____/____

My usual testing regimen is:

- 3 months
- 6 months
- Yearly
- Before each new partner
- I have not been sexually active since my last test
- Other:

I was tested for the following and my results were:

Note: GC/Chlamydia Throat and Anal, Hepatitis C, and Herpes Simplex (HSV) antibody testing are not routinely done, but if specifically obtained, then disclose:

- | | |
|---|---|
| <input type="checkbox"/> GC/Chlamydia Genital | <input type="checkbox"/> Positive <input type="checkbox"/> Negative |
| <input type="checkbox"/> GC/Chlamydia Throat | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested |
| <input type="checkbox"/> GC/Chlamydia Anal | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> OnPrEP |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Positive <input type="checkbox"/> Negative |
| <input type="checkbox"/> HPV with my Pap Test | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Immunized |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Immunized |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested |
| <input type="checkbox"/> HSV 1 IgG antibody | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal |
| <input type="checkbox"/> HSV 2 IgG antibody | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal |

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STI/SEXUAL HEALTH

Sexual History

I live with the following STIs:

- Genital Herpes: HSV1 HSV2
 - I have break-outs about ____ times a year
 - My known triggers are:

 - I (use do not use) antiviral medication
- HIV
 - On Antiretroviral medication
- HPV
 - I was diagnosed on a pap test within the last two years
 - I had this in the past and it is now cleared
- Hepatitis B
 - Chronic (active inactive)
- Hepatitis C
- Within the last 2 years I have had external Genital Warts

Risk Awareness:

- I currently have more than one sexual partner
- Since my last test, I haven't used a barrier with:
 - oral penetration
 - genital penetration
 - anal penetration
- Within the last 12 months, I have/had a partner with:
 - Genital Herpes
 - Active HPV: Being treated or watched
 - HIV: They (are are not) on antiretroviral medication
- Other relevant risk factors to discuss:

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STI/SEXUAL HEALTH

I am on medications that:

- Affect my ability to orgasm
- Decrease or increase my sex drive
- Have a (positive negative) effect on my erections
- Have a (positive negative) effect on my ability to lubricate

I have the following physical limitations/concerns:

Medical issues that may affect my ability to have sex:

Mental health issues that may affect my ability to have sex:

Vulvar/Vaginal Health

- Recurrent vaginosis (Bacterial/Yeast)
- Pain issues (Vaginismus, Vulvodynia)
- Menstrual concerns
- Surgeries
- Vaginal dryness (need for lube)
- Other:

Penis/Testicular Health

- Pain issues
- Erection issues
 - I take ED medication
- Surgeries
- Other:

Age related changes

- Hormonal
- Strength
- Flexibility/Agility
- Other:

I have these needs:

- Handwashing prior to any insertion
- Oral hygiene prior to oral sex
- Urinating before and after sex
- Other:

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STI/SEXUAL HEALTH

Notes:

STARSTM TURN-ONS

*Use these as prompts.
They may fall under Turn-ons for some,
and Avoids for others.*

In order to ground and feel connected before intimacy, I need this:

- Conversation
- Friendship
- Dating without sex for a certain length of time
- Romance
- Hand holding
- Curiosity/Playfulness
- Eye gazing/breathing together
- Caressing
- Kissing
- Cuddling
- Sexting
 - Dirty Talk
 - Sexy photos
- Other:

My love languages are and what they mean for me:

- Gifts Giving Receiving

Meaning:

- Touch Giving Receiving

Meaning:

- Quality time Giving Receiving

Meaning:

- Acts of Service Giving Receiving

Meaning:

- Words of Affirmations Giving Receiving

Meaning:

STARSTM TURN-ONS

*Use these as prompts.
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and Avoids for others.*

Wheel of Consent®: (SchoolOfConsent.org)

I especially enjoy _____ would you consent to it?

- Serving: Giving to you, for your pleasure, turns me on (doer)
- Accepting: Being Served, for my pleasure, turns me on (done to)
- Taking: Taking, for my pleasure, turns me on (doer)
- Allowing: Being Taken, for your pleasure, turns me on (done to)

What does consent look like to you:

My favorite places to be touched are:

I like to be touched

- Lightly
- Firmly
- Scratchy
- Other:

My relationship with having an orgasm is:

Orgasms are (challenging easy) for me to achieve

I tend to (cum fast take time)

I (need don't need) to have an orgasm to feel fulfilled

Sexy things I enjoy doing for my partner's pleasure are:

Sexy things I enjoy for my pleasure are:

STARSTM TURN-ONS

*Use these as prompts.
They may fall under Turn-ons for some,
and Avoids for others.*

Some things I'd like to explore with you are:

Things I enjoy but may be too shy to ask for in the moment:

Things I enjoy doing to myself during sex, regardless of what you're doing to me:

Things to know about my turn-ons:

- My body may be turned-on even if I am not hard/wet
- I get quiet when I am turned-on
- I get very loud when I am turned-on
- I (enjoy don't enjoy) public displays of affection
- Other:

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TURN-ONS

Notes:

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AVOIDS

Honor your "No's" along with your "Yes's"

Potential Avoids:

- Avoid Curious • Intoxication
- Avoid Curious • Public displays
- Avoid Curious • Strong perfumes/odors
- Avoid Curious • Poor hygiene
- Avoid Curious • Yelling
- Avoid Curious • Conversations during sex
- Avoid Curious • Barebacking (sex without a condom)
- Avoid Curious • Orgasmic fluids into mouth
- Avoid Curious • Degrading words
- Avoid Curious • Deep throating
- Avoid Curious • Choking
- Avoid Curious • Humiliation
- Avoid Curious • Surprise anal penetration
- Avoid Curious • Stealthing (removing a condom without consent)
- Avoid Curious • Surprises (sex that has not been consented to beforehand)
- Avoid Curious • Starfishing/dead fishing (no feedback during sex. ensure that it is not a trauma response)
- Avoid Curious • Renegotiation during sexual activity (asking for more than what was originally consented to, during sex)

Other:

STARSTM AVOIDS

Honor your "No's" along with your "Yes's"

My Turn-Offs are:

My Maybe's are (things that I may not be interested in now, but may change with time):

My Absolute No's are:

Things that make me feel unsafe are:

I do not like to be touched here:

I do not like to be touched in this way:

Do not refer to my genitals using these words:

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AVOIDS

Body Fluids

Ejaculation fluid and how I feel about it:

- Turn-On Avoid Curious • On my body
- Turn-On Avoid Curious • On my face
- Turn-On Avoid Curious • In my vagina
- Turn-On Avoid Curious • In my mouth
- Turn-On Avoid Curious • In my anus

Menstruation (blood) and sex:

- Yes, I feel comfortable with this
- Yes with these caveats:

- No, I would rather not have period sex

Trauma History

- I have a known trauma history

When I get triggered, my trauma reaction can look like this:

- Withdrawal, words stop coming from my mouth, shutdown (Dissociation)
- Running away, leaving abruptly (Flight)
- Yelling, raging, anger (Fight)
- Stopping moving, becoming silent, no eye contact (Freeze)
- Going along with you, even if I don't want something (Fawn)

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AVOIDS

These are triggers for me:

What I need to do if I am triggered:

What I need from you if I am triggered:

STARS™ TURN-ONS

&

STARS™ AVOIDS

Other Things to Consider that can be Turn-Ons and/or Avoids:

- Turn-On Avoid Curious • Lights
- Turn-On Avoid Curious • Sounds/Music preferences
- Turn-On Avoid Curious • Pornography
- Turn-On Avoid Curious • High frequency of sexual encounters
- Turn-On Avoid Curious • Low frequency of sexual encounters
- Turn-On Avoid Curious • Sex toys
- Turn-On Avoid Curious • Talking during sex
- Turn-On Avoid Curious • Vanilla sex
- Turn-On Avoid Curious • Kinky sex
- Turn-On Avoid Curious • Receptive/ Bottoming
- Turn-On Avoid Curious • Insertive/Topping
- Turn-On Avoid Curious • Oral sex (blow jobs, cunnilingus)
- Turn-On Avoid Curious • Analingus/rimming
- Turn-On Avoid Curious • Anal sex (receptive/insertive)
- Turn-On Avoid Curious • Sensations, impacts, pain
- Turn-On Avoid Curious • Exhibitionism/Voyeurism
- Turn-On Avoid Curious • Power play (Submissive/Domination)
- Turn-On Avoid Curious • Fast pace
- Turn-On Avoid Curious • Slow pace
- Turn-On Avoid Curious • Long duration (marathon sex)
- Turn-On Avoid Curious • Short duration (quickies)
- Turn-On Avoid Curious • Alcohol:

Turn-On Avoid Curious • Drugs:

Turn-On Avoid Curious • Different positions

Turn-on Positions:

Avoid Positions:

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AVOIDS

Notes:



RELATIONSHIP INTENTIONS /EXPECTATIONS

This Is Me:

My sexual orientation is:

My pronouns and gender orientation are:

My preferred relationship style:

- Monogamous
- Nonmonogamous
 - Swinger
 - Open Relationship
 - Don't Ask Don't Tell
 - Hierarchical Polyamorous
 - Nonhierachical Polyamorous
 - Kitchen Table Poly
 - Relationship Anarchy
 - Other style:

If partnered:

My partner(s)' pronouns, gender orientation(s) and sexual orientation(s):

My partner(s) has/have a penis(es)/vulva(s)/other:

My agreements with my partner(s) are:



RELATIONSHIP INTENTIONS /EXPECTATIONS

This Is What I Am Looking For:

- Romantic relationship, long term potential
- Domestic Partner
- Hook-up, Casual sex
- Companion, Friendship
- Play partner, Lover, Comet
- I'm not sure
- Other:

My intentions (motivation/hopes/desires) with you are:

What sex means to me: Spiritually, Physically, and Emotionally

Some of my core values around sex are:



RELATIONSHIP INTENTIONS /EXPECTATIONS

Expectations

If we are to become sexual partners, I need:

After a date, I need:

Example: Who initiates contact (if that is important), a check-in, nothing

If we decide not to date, I need:

Example: Text, call, email, no contact

Financially, I expect:

Example: For me to pay, for you to pay, 50/50, whoever asks the other out

After sex I like to:

Example: be quiet, be held, smoke a cigarette, conversation, eat ice cream

Regarding Family (& Children), and introductions, I need:



RELATIONSHIP INTENTIONS /EXPECTATIONS

If we are to become romantic partners I expect:

- Sex
- No sex until marriage or commitment

- Traditional marriage
- Domestic partnership/Nesting partner
- Family involvement
- Children

- Sexual Exclusivity
- Open Relationship

What does Sexual Exclusivity or an Open Relationship look like for you?

- Financial intertwinement
- Financially independent

- Sovereignty/Autonomy
- Interdependency

- Commitment to personal growth
- Commitment to relationship growth

- Other:

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**RELATIONSHIP INTENTIONS
/EXPECTATIONS**

Notes:



SAFER SEX ETIQUETTE

For safer sex I use barriers with:

- Oral
- Penetration
- Toys

I do not use barriers for:

My barriers include:

- Condoms
- Dental dams
- Gloves
- Other:

I use prophylactic anti-viral meds (PrEP, Herpes meds)

- Yes No

I would like my partner(s) to use prophylactic anti-viral meds

- Yes No No opinion either way

To prevent pregnancy, I use:

If an unintended pregnancy were to occur, this would mean:

If you have other partners, I need this from you (barriers discussion):



SAFER SEX ETIQUETTE

My needs around mind altering substances and sex are:

I am okay with using ____ during sex

- Alcohol
- Cannabis
- Other recreational drugs:

I am okay with my partner using ____ during sex

- Alcohol
- Cannabis
- Other recreational drugs:

If we are going to be intimate, I need ____ to feel safer emotionally:

Trust means this to me:

It is created by:

Vulnerability means this to me:

Is created by:

If this is a hook-up, I need ____ to feel safer:



SAFER SEX ETIQUETTE

Neurologically speaking, I experience the world in this way:

- Neurotypical
- Neurodivergent
 - ADHD
 - Autism
 - Audio Processing Difficulties
 - Other:

I ask for patience around this with these needs:

For my mental/emotional health, my safety needs are:

For my physical safety, I do the following:

- Make others aware of my location.
- Keep my phone on and near me.
- Have a friend call me.
- Other:

For my spiritual safety, I would like you to understand my:

- Belief system around God/Divine/Source
- Religious Values
- Sexuality and its relationship to the Sacred
- Other, or elaborations from above:



SAFER SEX ETIQUETTE

Race, Ethnicity, and Culture Communication

- I am open to having conversations surrounding my race/ethnicity/culture
- I am open to having conversations surrounding my partner's race/ethnicity/culture

Given my racial/ethnic/cultural background, my needs and sensitivities are:

How do I respond if I experience either implicit and/or explicit racism, and therefore the above has not been met or taken into consideration?

How do I react when I am held accountable for doing something racist?

When I am held accountable in regards to racist actions, I need:

- To take a moment to process
- Further clarification/conversation
- Them to hold space for my response
- Other:



SAFER SEX ETIQUETTE

- If I am higher up in a social power hierarchy, it is my responsibility to hold space for others that are lower in the social power hierarchy

In regards to being a BIPOC person, I experience/have experienced:

- Being fetishized
- Expectations regarding gender norms in my specific race/ethnicity/culture
- My identity as my race/ethnicity/culture being ignored/not acknowledged
- People guessing my race/ethnicity/culture
- Exploration of my own beauty standards/definitions
- A certain ease with other BIPOC people
- Other:

If I hold someone accountable in regards to racist comments, I want to (hold space not hold space) for their response.

I (want don't want) to support a partner's journey of anti-racism. Why, or why not:



SAFER SEX ETIQUETTE

Response to Discomfort or Unsafety

If I am feeling uncomfortable or unsafe, this is how I will communicate in order to uphold my needs:

How do I hold others accountable?

How do I react, and/or respond, when I am held accountable, in general?

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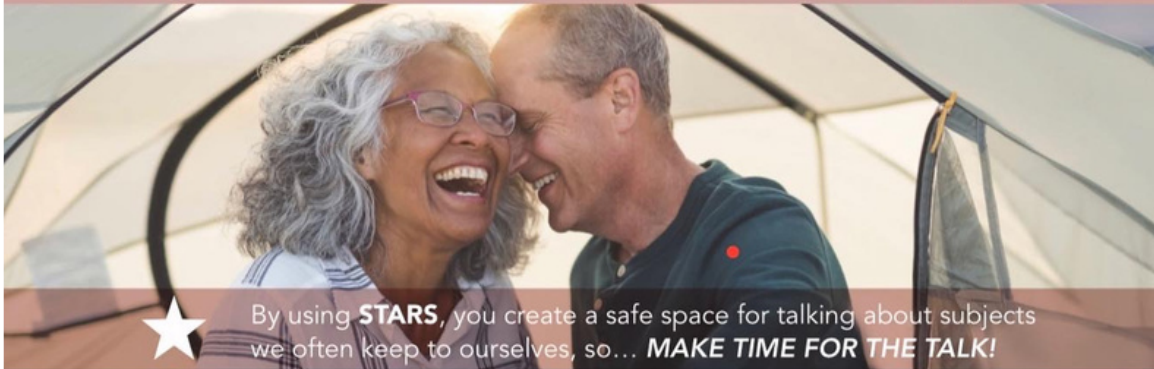
SAFER SEX ETIQUETTE

Notes:

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STARS is an easy-to-remember acronym that helps to begin a conversation leading to consensual great sex.

STARS stands for **STI/Sexual Health, Turn-Ons, Avoids, Relationship Intentions** and **Safer Sex Etiquette**.



By using **STARS**, you create a safe space for talking about subjects we often keep to ourselves, so... **MAKE TIME FOR THE TALK!**

STI/SEXUAL HEALTH

S I like to review our STI status before we have sex in order to keep each other healthy. When I was last tested was ... and my results where ... How about you? Is there anything we need to know about each other's sexual health in order to be fully present?

TURN-ONS

T Some of the ways that make me feel good are...These are my wants, desires and things I may want to try with you.

AVOIDS

A These are my boundaries and things that I don't like. Sure they may change, but you should know about this before we get sexy.

RELATIONSHIP INTENTIONS/ EXPECTATIONS

R This is who I am and what I hope to create with you. Being intimate means.... to me. What can I expect from you?

SAFER SEX ETIQUETTE

S The best sex is when we build trust.



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