

Kahn and Hansen & Associates

11747 N.E. 1st St., Suite 330 Bellevue, WA 98005
(425) 462-9647 Fax (425) 462-9333 E-mail: timothykahn@cs.com

*Program Development, Staff Training, and Consultation Services
Specialized Evaluation Services/Individual, Group, and Family Therapy*

Intake Questionnaire

Name: _____

Date: _____

1. **If you had done any wrong sexual behavior, why would you admit to it?**

2. **If you had done wrong sexual behavior, why wouldn't you admit to it?**

3. **If you had done any wrong sexual behavior, what would you be afraid of?**

4. Why would your victim lie about what happened?

5. What do you think about people who commit sex offenses or do wrong sexual behavior?

6. If you had done wrong sexual behavior, what would your reasons be for denying it?

7. If you had done wrong sexual behavior, what would your reasons be for admitting it?

8. If you had done wrong sexual behavior, who would be the first person you would tell?

9. If you had done wrong sexual behavior, who would be the last person you

would tell?