

Counselors: Please answer the following questions about each of your clients this semester based on your work with them, including any changes in demographic information from intake.

Required answers: 0 Allowed answers: 0

Q1 Counselor initials:

[Code = 1] [Textbox]

Required answers: 0 Allowed answers: 1

Q2 Please enter your client's 3-digit client ID number:

[Code = 1] [Textbox - Numeric]

Required answers: 1 Allowed answers: 1

Q3 Price per session: (Please answer using a whole number)

[Code = 1] [Textbox]

Required answers: 0 Allowed answers: 1

Q4 Gender:

Female[Code = 1]

Male[Code = 2]

Transgender[Code = 3]

Genderqueer[Code = 4]

Other (please specify)[Code = 5] [Textbox]

Unknown[Code = 0] [N/A]

Required answers: 1 Allowed answers: 1

Q5 Race: (Check all that apply)

African/African American/Black[Code = 1]

Asian/Asian American[Code = 2]

Caucasian/White[Code = 3]

Hispanic/Latino(a)[Code = 4]

Middle Eastern[Code = 5]

Native American/American Indian/Alaska Native[Code = 6]

Pacific Islander[Code = 7]

Biracial[Code = 8]

Multiracial[Code = 9]

Other (please specify)[Code = 10] [Textbox]

Unknown[Code = 0] [N/A]

Required answers: 1 Allowed answers: 11

Q6 Sexual orientation:

Bisexual[Code = 1]

Gay[Code = 2]

Heterosexual[Code = 3]

Lesbian[Code = 4]

Queer[Code = 5]

Other (please specify)[Code = 6] [Textbox]

Unknown[Code = 0] [N/A]

Required answers: 1      Allowed answers: 1

**Q7 Disability or chronic conditions:**

Attention Deficit/hyperactivity disorders[Code = 1]

Deaf or hard of hearing[Code = 2]

Learning disorders[Code = 3]

Mobility impairments[Code = 4]

Neurological disorders[Code = 5]

Physical/health related disorders[Code = 6]

Psychological disorder/condition[Code = 7]

Visual impairments[Code = 8]

Other (please specify)[Code = 9] [Textbox]

None[Code = 10]

Unknown[Code = 0] [N/A]

Required answers: 1      Allowed answers: 1

**Q8 Partner status:**

Single[Code = 1]

Married[Code = 2]

Widowed[Code = 3]

Committed (non-marital)[Code = 4]

Divorced or separated[Code = 5]

Other (please specify)[Code = 6] [Textbox]

Unknown[Code = 0] [N/A]

Required answers: 1      Allowed answers: 1

**Q9 Survivor of violence: (Check all that apply)**

Intimate partner[Code = 1]

Sexual assault[Code = 2]

Childhood sexual abuse[Code = 3]

Other (please specify)[Code = 4] [Textbox]

None[Code = 99] [N/A]

Unknown[Code = 0] [N/A]

Required answers: 1      Allowed answers: 6

**Q10 Substance abuse:**

Yes[Code = 1]

No[Code = 2]

Required answers: 1      Allowed answers: 1

**Q11 Comments:**

[Code = 1] [Textbox]

Required answers: 0      Allowed answers: 1

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