

The ARQ2 Guide

PART A

TO BE COMPLETED BY CLIENT DURING ASSESSMENT INTERVIEW OR EARLY IN COUNSELLING

In our goal to match clients with the appropriate services, we ask these questions to better understand your needs. Please check all that apply.

1a. Are you currently dating, sexually active or in a relationship(s)?

yes no

If yes... is (are) your partner(s)

female male intersex transsexual transgendered two-spirit
 other? _____ prefer not to answer

How long have you been together or dating? _____

How important/significant is this (are these) relationship(s) to you?

not much somewhat very much

1b. If you have had previous relationships, was (were) your partner(s)

female male intersex transsexual transgendered two-spirit
 other? _____ prefer not to answer

2a. How would you identify your sexual orientation?

straight/heterosexual lesbian gay wsw (woman who has sex with women)
 bisexual MSM (man who has sex with men) queer
 transsexual (person attracted to transsexual or transgendered people)
 polysexual two-spirit questioning asexual autosexual
 unsure other _____ prefer not to answer

2b. Do you have concerns related to your sexual orientation, or do you ever feel awkward about your sexual orientation?

not at all a little somewhat a lot unsure prefer not to answer

3a. How would you identify your gender identity?

female male transsexual transgendered genderqueer
 two-spirit FTM (female-to-male) MTF (male-to-female) intersex
 unsure questioning other _____ prefer not to answer

3b. Do you have concerns related to your gender identity, or do you ever feel awkward about your gender identity?

not at all a little somewhat a lot unsure prefer not to answer

4. Is your reason for getting help (substance use, mental health concerns) related to any issues around your sexual orientation or gender identity?

not at all a little somewhat a lot unsure prefer not to answer

Area for therapist comments: