

**Nebraska Gamblers Assistance Program  
GAP DATA PROGRESS REPORT - Family Member Client**

Your answers are confidential. Thank you.

Agency Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

<b>CLIENT DOB:</b> ____/____/_____	<b>CLIENT ID:</b>
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Progress Report:	<input type="checkbox"/> First 90 days <input type="checkbox"/> June 30 <input type="checkbox"/> December 31
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Date of admission:	____/____/_____
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Date of last visit:	____/____/_____
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Does your family member continue to gamble while you are in counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
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If yes, has his or her gambling habit	<input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> No change <input type="checkbox"/> Unsure
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Is your family member's gambling problem	<input type="checkbox"/> Worse? <input type="checkbox"/> Unchanged? <input type="checkbox"/> Better?
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How would you describe your gambling debt in comparison to when you started counseling?	<input type="checkbox"/> Decreased <input type="checkbox"/> No change <input type="checkbox"/> Increased <input type="checkbox"/> Not applicable
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If you gamble, how would you describe your gambling today compared to when you started counseling?	<input type="checkbox"/> Lower <input type="checkbox"/> No change <input type="checkbox"/> Higher <input type="checkbox"/> Not applicable
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**How would you rate your progress?**

Your motivation to continue with counseling:	Not motivated	Slightly motivated	Moderately motivated	Very motivated	Highly motivated
	1	2	3	4	5

Your overall life satisfaction:	Not at all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied
	1	2	3	4	5

Your progress toward your goals for counseling:	Very poor	Poor	Acceptable	Good	Very good
	1	2	3	4	5

Change in your living situation:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your employment:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your financial situation:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your relationship with your family and friends:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your social support:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your sense of hope:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your overall wellbeing:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Danger to others:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better	Not applicable
	1	2	3	4	5	6

In danger from others:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better	Not applicable
	1	2	3	4	5	6

Your satisfaction with counseling:	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
	1	2	3	4	5

**THIS SECTION COMPLETED BY COUNSELOR**

Number of counseling sessions since admission: _____	Number of counseling sessions since last report: _____
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**Please provide GAMANON score for this family member:**

At admission	At last Progress Report	At this Progress Report

**Counselor's additional notes of progress during therapy:**