Nebraska Gamblers Assistance Program
GAP DATA AT DISCHARGE – Gambler Client
Your answers are confidential. Thank you.

Agency Name: _____ Date: _____

CLIENT DOB: _____/_____/_____	**CLIENT ID:**

How many counseling sessions have you had?	_____

When did you start counseling?	_____

How many sessions did you complete before you knew counseling would help you?	☐ 1 - 6 ☐ 7 - 12	☐ 13 - 21 ☐ 21 +

Have you experienced any of the following outcomes of counseling? **(Check all that apply)**	☐ Help with financial problems ☐ Improved connection with family members ☐ Decreased emotional distress ☐ Improved communication ☐ Improved social life	☐ Improved health ☐ Clarity about life choices ☐ Reduction of problem gambling behavior ☐ Elimination of problem gambling behavior

What is the **primary** reason you are ending counseling? **(Select one)**	☐ I have not gambled for a significant period ☐ I continue to gamble ☐ I just got separated ☐ I just got divorced ☐ Problem gambling is no longer an element in my life	☐ Counselor and I agree counseling is at an end ☐ I am ready ☐ Counseling is not meeting my needs nor expectations

Approximate gambling debt today (nearest 1,000): $ _____

How would you describe your gambling debt in comparison to when you started counseling?	☐ Decreased ☐ No change ☐ Increased

Have you gambled within the last 30 days?	☐ Yes ☐ No

How many times have you gambled since you started counseling?	☐ 0/None ☐ 1 – 5	☐ 6 – 10 ☐ 11 +

Number of workdays you have missed in last 30 days due to gambling?	

Living Situation:	☐ Private residence ☐ Homeless ☐ Living with relative ☐ Institution (e.g., jail/correctional facility, hospital)

Employment:	☐ Employed full time for salary or wages ☐ Self-employed ☐ Student ☐ Employed part time for salary or wages ☐ Unemployed ☐ Retired ☐ Disability

Did you attend any self-help support groups for people with a gambling problem during counseling?	□ Yes □ No
Are you interested in finding a self-help support group to help you after counseling has ended?	□ Yes □ No
Did you request or participate in any telehealth counseling sessions with your counselor?	□ Yes □ No
Do you feel that your counseling met your needs?	□ Yes □ No
Will you return to counseling if gambling becomes a problem for you again?	□ Yes □ No
Since you have started treatment, has your spouse or intimate partner threatened to harm you?	□ Yes □ No □ Not applicable
Since you have started treatment, has your spouse or intimate partner physically harmed you?	□ Yes □ No □ Not applicable
Since you have started treatment, have you threatened to harm your spouse or intimate partner?	□ Yes □ No □ Not applicable
Since you have started treatment, have you physically harmed your spouse or intimate partner?	□ Yes □ No □ Not applicable

The following questions ask you to compare your life situation when you started counseling and your life today:	
How would you describe your **financial status** today compared to when you started counseling?	□ Worse □ No change □ Better
How would you describe the **relationship with your friends** today compared to when you started counseling?	□ Worse □ No change □ Better
How would you describe your **alcohol use** today compared to when you started counseling?	□ Lower □ No change □ Higher □ Not applicable
How would you describe your **tobacco use** today compared to when you started counseling?	□ Lower □ No change □ Higher □ Not applicable
How would you describe your **drug use** today compared to when you started counseling?	□ Lower □ No change □ Higher □ Not applicable
How would you describe your **gambling** today compared to when you started counseling?	□ Lower □ No change □ Higher □ None

How would you describe your **sense of well-being** today compared to when you started counseling?	□ Worse □ No change □ Better
How would you describe your overall **physical health** today compared to when you started counseling?	□ Worse □ No change □ Better
How would you describe your **relationship with your spouse or domestic partner** today compared to when you started counseling?	□ Worse □ No change □ Better □ Not applicable
How would you describe your **relationship with your children** today compared to when you started counseling?	□ Worse □ No change □ Better □ Not applicable
How would you describe your **relationship with other family members** today compared to when you started counseling?	□ Worse □ No change □ Better □ Not applicable
How would you describe your **outlook** today compared to when you started counseling?	□ Worse □ No change □ Better

THIS PAGE TO BE COMPLETED BY THE COUNSELOR

End of counseling date: _____/____/_____	Date last seen: _____/____/_____

End of counseling status:

- □ Counseling complete – agency decision
- □ Partial completion – agency decision
- □ Counseling complete – client decision
- □ Partial completion – client decision
- □ Client inaccessible
- □ Agency referral mutual consent

DSM 5 Score:

□ 0 □ 1 □ 2 □ 3 □ 4
□ 5 □ 6 □ 7 □ 8 □ 9

(DSM 5 score must match level of gambling severity.)

Counselor's general impression of client's experience in therapy: