

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

Agency Name: _____ Date: _____

CLIENT DOB: ____/____/____	CLIENT ID:
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If your goal for GAP treatment was to quit gambling, were you successful in meeting your goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If your goal for GAP treatment was to gamble responsibly, were you successful in meeting your goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What is the primary reason you are ending counseling? (Select ONE)	<input type="checkbox"/> I want to gamble without limits <input type="checkbox"/> I met my goals for treatment <input type="checkbox"/> I gamble responsibly now
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How many hourly sessions did you complete before you knew counseling would help you?	<input type="checkbox"/> 1 - 6	<input type="checkbox"/> 13 - 21
	<input type="checkbox"/> 7 - 12	<input type="checkbox"/> 21 +

Did you attend any self-help support groups for people with a gambling problem during counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you interested in finding a self-help support group to help you after counseling has ended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Did you request or participate in any telehealth counseling sessions with your counselor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you feel that your counseling met your needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Will you return to counseling if gambling becomes a problem for you again?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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The following questions ask you to compare your life situation when you started counseling and your life today:

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 gambling at all
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How would you describe your financial status today compared to when you started counseling?	<input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better
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How would you describe the relationship with your family and friends today compared to when you started counseling?	<input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better
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