

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

Your answers are confidential. Thank you.

Agency Name: _____ Date: _____

CLIENT DOB:	CLIENT ID:
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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 behavior	<input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> No change <input type="checkbox"/> Unsure
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How would you rate your progress?

Your progress toward your goals for counseling:	Very poor	Poor	Acceptable	Good	Very good
	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

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

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

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

THIS SECTION COMPLETED BY COUNSELOR

Number of hourly counseling sessions since admission: _____	Number of hourly 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:

PROGRESS REPORT FORM REVIEWED BY COUNSELOR FOR COMPLETENESS
(please sign and date below):

Signature

Date