

Nebraska Gamblers Assistance Program
GAP DATA AT DISCHARGE - Family Member Client
Your answers are confidential. Thank you.

Agency Name: _____ Date: _____

CLIENT DOB:	CLIENT ID:
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What is the primary reason to ending counseling?	
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What is the relationship to the family member?	<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner <input type="checkbox"/> Child <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Parent
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Is your family member's problem gambling	<input type="checkbox"/> Worse? <input type="checkbox"/> Unchanged? <input type="checkbox"/> Better?
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Did your family have gambling debt when you started counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Today, approximate gambling debt (nearest 1,000): \$ _____
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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
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How important was it that problem gambling counseling was paid for?	<input type="checkbox"/> Major factor <input type="checkbox"/> Minor factor <input type="checkbox"/> Not a factor
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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 sense of well-being 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 your relationship with your family member with a gambling problem today compared to when you started counseling?	<input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better <input type="checkbox"/> Not applicable
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How would you describe your outlook today compared to when you started counseling?	<input type="checkbox"/> Bad <input type="checkbox"/> No change <input type="checkbox"/> Good
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