

FAMILY MEMBER DISCHARGE DATA

AGENCY NAME:

DATE: _____ / _____ / _____

CLIENT ID: H I

Have you experienced any of the following outcomes of counseling? (Check All That Apply)

<input type="checkbox"/> Help with financial problems	<input type="checkbox"/> Improved health
<input type="checkbox"/> Clarity about life choices	<input type="checkbox"/> Reduction of problem gambling behavior
<input type="checkbox"/> Decreased emotional distress	<input type="checkbox"/> Elimination of problem gambling behavior
<input type="checkbox"/> Improved communication	<input type="checkbox"/> Regained connection with family member with gambling problem
<input type="checkbox"/> Improved social life	

What is your relationship to the family member with a gambling problem?	<input type="checkbox"/> Spouse	<input type="checkbox"/> Sister	<input type="checkbox"/> Domestic partner
	<input type="checkbox"/> Parent	<input type="checkbox"/> Brother	<input type="checkbox"/> Child
How many sessions did you complete before you knew counseling would help you?	<input type="checkbox"/> 1 - 6	<input type="checkbox"/> 13 - 21	<input type="checkbox"/> 21 +
	<input type="checkbox"/> 7 - 12		

What is the primary reason you are ending counseling? (Select One)

<input type="checkbox"/> Family member has not gambled for a significant period	<input type="checkbox"/> Problem gambling is no longer an element in my life
<input type="checkbox"/> Family member continues to gamble	<input type="checkbox"/> Counselor and I agree counseling is at an end
<input type="checkbox"/> Family member and I have ceased communications	<input type="checkbox"/> I am ready
<input type="checkbox"/> Family member started counseling for his/her gambling problem	<input type="checkbox"/> Counseling is not meeting my needs nor expectations

Did your family member continue to gamble while you were in counseling?		
Did your family have gambling debt when you started counseling?		
Today, approximate gambling debt (nearest 1,000): \$		
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
What is the state of your family member's problem gambling?	<input type="checkbox"/> Better <input type="checkbox"/> Unchanged	<input type="checkbox"/> Worse
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
Do you feel counseling met your needs?		
Will you return to counseling if gambling becomes a problem for you again?		
How would you describe your overall physical health today compared to when you started counseling?	<input type="checkbox"/> Better <input type="checkbox"/> No change	<input type="checkbox"/> Worse
How would you describe your relationship with your family member with a gambling problem today compared to when you started counseling?	<input type="checkbox"/> Better <input type="checkbox"/> No change	<input type="checkbox"/> Worse <input type="checkbox"/> N/A
How would you describe your relationship with your children or other family members today compared to when you started counseling?	<input type="checkbox"/> Better <input type="checkbox"/> No change	<input type="checkbox"/> Worse <input type="checkbox"/> N/A
How would you describe your relationship with your friends today compared to when you started counseling?	<input type="checkbox"/> Better <input type="checkbox"/> No change	<input type="checkbox"/> Worse <input type="checkbox"/> N/A
How would you describe your outlook today compared to when you started counseling?	<input type="checkbox"/> Good <input type="checkbox"/> No change	<input type="checkbox"/> Bad

