Nebraska Problem Gamblers Assistance Program

FAMILY MEMBER DISCHARGE DATA

2025–2026
Contract Year
Rev. July 2025

AGENCY NAME:

DATE: _____ /_____ /_____

CLIENT ID: **H** ☐ **I** ☐

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

❑ Help with financial problems	❑ Improved health
❑ Clarity about life choices	❑ Reduction of problem gambling behavior
❑ Decreased emotional distress	❑ Elimination of problem gambling behavior
❑ Improved communication	❑ Regained connection with family member with gambling problem
❑ Improved social life	

What is your relationship to the family member with a gambling problem?	❑ Spouse ❑ Parent	❑ Sister ❑ Brother	❑ Domestic partner ❑ Child
How many sessions did you complete before you knew counseling would help you?	❑ 1 – 6 ❑ 7 – 12	❑ 13 – 21	❑ 21 +

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

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

Your answers are confidential. Thank you.

Did your family member continue to gamble while you were in counseling?	[Select]	
Did your family have gambling debt when you started counseling?	[Select]	
Today, approximate gambling debt (nearest 1,000): $		
How would you describe your gambling debt in comparison to when you started counseling?	❑ Decreased ❑ No change	❑ Increased
What is the state of your family member's problem gambling?	❑ Better ❑ Unchanged	❑ Worse
How important was it that problem gambling counseling was paid for?	❑ Major factor ❑ Minor factor	❑ Not a factor
Do you feel counseling met your needs?	[Select]	
Will you return to counseling if gambling becomes a problem for you again?	[Select]	
How would you describe your overall physical health today compared to when you started counseling?	❑ Better ❑ No change	❑ Worse
How would you describe your relationship with your family member with a gambling problem today compared to when you started counseling?	❑ Better ❑ No change	❑ Worse ❑ N/A
How would you describe your relationship with your children or other family members today compared to when you started counseling?	❑ Better ❑ No change	❑ Worse ❑ N/A
How would you describe your relationship with your friends today compared to when you started counseling?	❑ Better ❑ No change	❑ Worse ❑ N/A
How would you describe your outlook today compared to when you started counseling?	❑ Good ❑ No change	❑ Bad

THIS SECTION COMPLETED BY COUNSELOR

End of counseling date: _____ /_____ /_____

Date last seen: _____ /_____ /_____

Family member has had how many hourly counseling sessions? _____

Date family member began long-term counseling: _____ /_____ /_____

End of counseling status:

❑ Counseling complete – agency decision	❑ Partial completion – agency decision
❑ Counseling complete – client decision	❑ Partial completion – client decision
❑ Counseling complete – agency and client decision	❑ Client inaccessible
❑ Referred to different counselor or agency. Client referred to:	

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

DISCHARGE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS:

Signature: _____ Date: ____ /_____ /_____