

Nebraska Problem Gamblers Assistance Program

PROGRESS REPORT - FAMILY MEMBER CLIENT

2024–2025
Contract Year
Rev. May 2024

AGENCY NAME:

DATE: _____ / _____ / _____

PROGRESS REPORT: First 90 Days
 June 30
 December 31

CLIENT ID: H I
DATE OF ADMISSION: _____ / _____ / _____
DATE OF LAST VISIT: _____ / _____ / _____

Does your family member continue to gamble while you are in counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	<input type="checkbox"/> No	
If yes, has his or her gambling behavior	<input type="checkbox"/> Decreased	<input type="checkbox"/> No Change
	<input type="checkbox"/> Increased	<input type="checkbox"/> Unsure

How would you rate your progress?

	VERY POOR	POOR	ACCEPTABLE	GOOD	VERY GOOD
Your progress toward your goals for counseling:					

	MUCH WORSE	SOMEWHAT WORSE	THE SAME	SOMEWHAT BETTER	MUCH BETTER
Change in your sense of hope:					
Change in your overall well-being:					
Change in your relationship with your family and friends:					

	VERY DISSATISFIED	DISSATISFIED	NEITHER	SATISFIED	VERY SATISFIED
Your satisfaction with counseling:					

	NOT MOTIVATED	SLIGHTLY MOTIVATED	MODERATLY MOTIVATED	VERY MOTIVATED	HIGHLY MOTIVATED
Your motivation to continue with counseling:					

THIS SECTION COMPLETED BY COUNSELOR

GAMANON SCORE FOR THIS FAMILY MEMBER:

Number of hourly counseling sessions since admission: _____

Number of hourly counseling sessions since last report: _____

At admission	
At last Progress Report	
At this Progress Report	

Counselor's additional typed notes of progress during therapy:

PROGRESS REPORT FORM REVIEWED BY COUNSELOR FOR COMPLETENESS:

Signature: _____

Date: ____ / ____ / ____