

# Nebraska Problem Gamblers Assistance Program

## PROGRESS REPORT - FAMILY MEMBER CLIENT

2025–2026  
Contract Year  
Rev. July 2025

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"/> No	<input type="checkbox"/> Unsure
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

### 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_