Nebraska Problem Gamblers Assistance Program

PROGRESS REPORT - FAMILY MEMBER CLIENT

2026–2027
Contract Year
Rev. July 2026

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?	❑ Yes ❑ No	❑ Unsure
If yes, has his or her gambling behavior	❑ Decreased ❑ Increased	❑ No Change ❑ 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:	☐	☐	☐	☐	☐

Your answers are confidential. Thank you.

THIS SECTION COMPLETED BY COUNSELOR

Number of hourly counseling sessions since admission: _____

Number of hourly counseling sessions since last report: _____

GAMANON SCORE FOR THIS FAMILY MEMBER:

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: ____ /____ /_____