Nebraska Problem Gamblers Assistance Program

GAMBLER DISCHARGE DATA

2025–2026
Contract Year
Rev. July 2025

AGENCY NAME:

DATE: _____ /_____ /_____

CLIENT ID: **H** ☐ **I** ☐

If your goal for GAP treatment was to quit gambling, were you successful in meeting your goal?			[Select]
If your goal for GAP treatment was to gamble without harm, were you successful in meeting your goal?			[Select]
What is the primary reason you are ending counseling? (**SELECT ONE**)	❑ I am not ready to change my gambling	❑ I met my goals	❑ I want to change my gambling on my own
How many hourly sessions did you complete before you knew counseling would help you?	❑ 1 – 6 ❑ 7 – 12	❑ 13 – 21	❑ 21 +
Did you attend any self-help support groups for people with a gambling problem during counseling?			[Select]
Are you interested in finding a self-help support group to help you after counseling has ended?			[Select]
Did you request or participate in any telehealth counseling sessions with your counselor?			[Select]
Do you feel that your counseling met your needs?			[Select]
Will you return to counseling if gambling becomes a problem for you again?			[Select]

The following questions ask you to compare your life situation today to when you started counseling:

How would you describe your gambling today compared to when you started counseling?	❑ Lower ❑ No change	❑ Higher	❑ Not gambling at all
How would you describe your financial status today compared to when you started counseling?	❑ Worse	❑ No change	❑ Better
How would you describe the relationship with your family and friends today compared to when you started counseling?	❑ Worse	❑ No change	❑ Better

Your answers are confidential. Thank you.

THIS SECTION COMPLETED BY COUNSELOR

End of counseling date: _____ /_____ /_____

Date last seen: _____ /_____ /_____

Client has had how many hourly counseling sessions? _____

Date client 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:	

DSM 5 Score: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐

(DSM 5 score must match level of gambling severity)

Counselor's rationale for client's status response:

DISCHARGE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS:

Signature: _____ Date: ____ /_____ /_____