

# Nebraska Problem Gamblers Assistance Program

## PROGRESS REPORT - GAMBLER 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

|   |  |   |  |
|---|--|---|--|
| How would you describe your gambling today compared to when you started counseling? | <input type="checkbox"/> Less<br><input type="checkbox"/> No change<br><input type="checkbox"/> More           | Times you have gambled since the last visit:                            | <input type="checkbox"/> 0/None<br><input type="checkbox"/> 1-5<br><input type="checkbox"/> 6-10<br><input type="checkbox"/> 11+ |
| Change in gambling debt since counseling started:                                   | <input type="checkbox"/> Decreased<br><input type="checkbox"/> No change<br><input type="checkbox"/> Increased | Number of workdays you have missed in the last 90 days due to gambling: | _____  |

### 1 If your goal was to quit gambling, what stage are you at right now? (Please Choose One)

|         |   |
|---------|---|
| STAGE 1 | You are not interested in changing. You do not want to think or talk about it. You do not see gambling as a problem. Others may have told you that your gambling is a problem for them.   |
| STAGE 2 | You might begin to see your gambling has a downside, but you are not ready to give it up. You may be more willing to talk about it. You are unsure about changing, but you are mulling it over.   |
| STAGE 3 | You may set clear goals to change, such as setting time and money limits on when and how much you will gamble. You might be thinking about making bigger changes. You might consider taking a short break from gambling to get some perspective.                |
| STAGE 4 | You take action. You reduce or stop gambling. Your gambling is a problem that needs your attention. This stage may take more of your time and energy. You may slip up and gamble again. Many people slip, or relapse, learning as they go.                      |
| STAGE 5 | You have decided to stop gambling for six or more months, and you work hard to maintain this success. Gambling slips occur, and while upsetting to you or your family, a slipup helps you understand the problem better and strengthens your resolve to change. |

**2** If your goal is to learn to gamble without harm to yourself or others, did you:

|   | NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS |
|---|-------|--------|-----------|-------|--------|
| Gamble for entertainment only?                  |       |        |           |       |        |
| Set a dollar limit and stick to it?             |       |        |           |       |        |
| Set a time limit and stick to it?               |       |        |           |       |        |
| Gamble with credit or borrowed money?           |       |        |           |       |        |
| Gamble to win back what you lost?               |       |        |           |       |        |
| Treat your losses as the cost of your fun?      |       |        |           |       |        |
| Expect to lose?                                 |       |        |           |       |        |
| Create balance in your life?                    |       |        |           |       |        |
| Gamble to cope with emotional or physical pain? |       |        |           |       |        |
| Learn the warning signs of problem gambling?    |       |        |           |       |        |

## THIS SECTION COMPLETED BY COUNSELOR

### DSM-V SCORE FOR THIS CLIENT:

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