



SCRAM Participant Exit Survey

Welcome to the SCRAM Participant Exit Survey. Your participation in the survey process enables AMS to gather meaningful data about the effectiveness of the SCRAM experience. Overall results are compiled quarterly and posted to SCRAMNet for your use.

Instructions

As your client completes the SCRAM program, and before you remove the bracelet, please administer this brief two-part survey as follows:

- **Part One: Basic Information** (2 minutes)
Questions 1-5 are completed by the Service Provider/Supervisory Agent.
- **Part Two: The SCRAM Customer Experience** (6 to 8 minutes)
Questions 6-15 are completed by the Client.
- **Submitting the Survey**
As you accumulate groups of about 10 surveys, please send them to AMS at:

1241 West Mineral Avenue
Littleton, CO 80120
Attn: Exit Survey

If you accumulate less than 10 completed surveys, be sure to send whatever amount you have to AMS before the end of each quarter.

- **Online Survey**
Please use the online version of the survey – the preferred method of delivery – whenever possible. See online Exit Survey instructions on OnTarget under “Customer Support.”

Part One: Basic Information

1. **Service Provider or Court/Agency Name:** _____
2. **County in which the SCRAM program was completed:** _____
3. **State in which the SCRAM program was completed:** _____
4. **Date client completed the SCRAM program: (MM / DD / YYYY):** ____ / ____ / ____
5. **Length of time client was on SCRAM:**
 - 0 - 30 Days
 - 31 - 60 Days
 - 61 - 90 Days
 - 91 -120 Days
 - 121 Days or More

Part Two: The SCRAM Experience

6. **Do you feel that wearing the SCRAM bracelet helped to stop you from drinking alcohol?**
 Yes
 No
7. **Did you work and/or attend school while on SCRAM?**
 Yes
 No
8. **Was the SCRAM bracelet easy to wear during your daily activities, such as performing work duties, attending classes, exercising, etc.?**
 Yes
 No
9. **If you were in treatment while on SCRAM, what types of programs did you participate in? (check all that apply)**
 Alcoholics Anonymous or Other 12-Step Facilitation Program
 Court- or Agency-Sponsored Treatment/Counseling Program
 Intervention Program
 Individual and/or Group Therapy
 Does Not Apply
 Other (please specify): _____
10. **Were you able to make payments toward your court-related fees, fines, and/or restitution while on SCRAM?**
 Yes
 No
 Does Not Apply
11. **Before you were on SCRAM, about how much were you spending PER DAY on alcohol?**
\$_____
12. **Would you recommend SCRAM for people who may have an alcohol problem?**
 Yes
 No
13. **Did your family relationships/friendships strengthen while you were on SCRAM?**
 Yes
 No
14. **Do you feel you benefited from the SCRAM program?**
 Yes
 No
15. **Please comment on your overall experience with the SCRAM program. THANK YOU!**
