

SCRAM Participant Exit Survey



Welcome to the SCRAM® Participant Exit Survey. Your participation in the survey process enables SCRAM Systems® 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 Systems 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 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 Systems Program was completed: _____
3. State in which the SCRAM Systems Program was completed: _____
4. Date client completed the SCRAM Systems 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

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Part Two: The SCRAM Experience

6. Do you feel that wearing the SCRAM CAM Bracelet helped to stop you from drinking alcohol?

Yes

No

7. Did you work and/or attend school while enrolled in the SCRAM Systems Program?

Yes

No

8. Was the SCRAM CAM 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 enrolled in the SCRAM Systems Program?

Yes

No

Does Not Apply

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11. Before you were enrolled in the SCRAM Systems Program, how much money were you spending PER DAY on alcohol?

\$ _____

12. Would you recommend the SCRAM Systems Program for people who may have an alcohol problem?

Yes

No

13. Did your family relationships/friendships strengthen while you were enrolled in the SCRAM Systems Program?

Yes

No

14. Do you feel that you have benefited from the SCRAM Systems Program?

Yes

No

15. Please comment on your overall experience with the SCRAM Systems Program. THANK YOU!
