



CLIENT EVALUATION OF EM & SCRAM SERVICES

Please complete this questionnaire and help us to improve the quality of our programs.
Your answers are *anonymous and confidential*; do not hesitate to give honest responses.

Today's Date: ___/___/___

Program	
EM	SCRAM
<input type="radio"/>	<input type="radio"/>

County							
Erie	Portage	Sandusky	Seneca	Stark	Summit	Tuscarawas	Other (Please Specify)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please fill in only ONE BUBBLE for each question like this ●

Age:	25 & Under	26-35	36-45	46-55	Over 55	Gender:	Male	Female
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Race:	Caucasian (White)	African American (Black)	Multiracial	Other (Specify)			Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hispanic/Latino:	<input type="radio"/>	<input checked="" type="radio"/>
Highest Level of Education Completed:	Less than High School	GED	High School Degree	College Degree		Veteran:	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Employed at Time of Intake:	<input type="radio"/>	<input checked="" type="radio"/>
Number of Times Entered into a Residential or Non-residential Oriana Program including current stay:	1	2	3	4+		Employed at Time of Release:	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>

Intake/Getting Started:	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Does Not Apply</i>
1. I was satisfied with my wait for my intake.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
2. My intake process was informative and answered my questions.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
3. I was satisfied with how fast I was able to attend classes and programs.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
4. The orientation helped me understand the program expectations.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
When I reported...					
5. I was treated respectfully.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
6. The reception/office area appeared to be clean and orderly.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
7. I received service within 15 minutes	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
8. If my staff/caseworker was unavailable, another staff/caseworker met with me.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
Staff...					
9. ... had respect for my ethnic, cultural, and racial background.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
10. ... spent the proper amount of time with me and was attentive.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
11. ... answered/returned calls in a timely manner.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
12. ... was responsive to my questions and concerns.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
Convenience:					
13. The facility hours were convenient.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>
14. The facility was easy to get to.	?	✓	<input type="radio"/>	?	<input checked="" type="radio"/>

IF on SCRAM, continue on back →

THE SCRAM EXPERIENCE

Part One: To be completed by Service Provider

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part Two: To be completed by Client

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
7. Did you work or attend school while on SCRAM?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
8. Was the SCRAM bracelet easy to wear during your daily activities, such as performing work duties, attending classes, exercising, etc?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
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	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Before you were on SCRAM, about how much money were you spending PER DAY on alcohol? \$ _____
12. Would you recommend SCRAM for people who may have an alcohol problem?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
13. Did your family relationships/friendships strengthen while you were on SCRAM?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel you benefitted from the SCRAM program?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please comment on your overall experience with the SCRAM program:

Thank you for your time! Please return this survey to staff at reception.

(11/2014)