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.

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

<table>
<thead>
<tr>
<th>Program</th>
<th>EM</th>
<th>SCRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>25 &amp; Under</td>
<td>26-35</td>
</tr>
<tr>
<td>⭕</td>
<td>⭕</td>
<td></td>
</tr>
<tr>
<td>Race:</td>
<td>Caucasian (White)</td>
<td>African American (Black)</td>
</tr>
<tr>
<td>⭕</td>
<td>⭕</td>
<td>⭕</td>
</tr>
<tr>
<td>Highest Level of Education Completed:</td>
<td>Less than High School</td>
<td>GED</td>
</tr>
<tr>
<td>⭕</td>
<td>⭕</td>
<td>⭕</td>
</tr>
<tr>
<td>Number of Times Entered into a Residential or Non-residential Oriana Program including current stay:</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>⭕</td>
<td>⭕</td>
<td>⭕</td>
</tr>
<tr>
<td>County</td>
<td>Erie</td>
<td>Portage</td>
</tr>
<tr>
<td>⭕</td>
<td>⭕</td>
<td>⭕</td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>⭕</td>
<td>⭕</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>⭕</td>
<td>⭕</td>
<td></td>
</tr>
<tr>
<td>Veteran:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>⭕</td>
<td>⭕</td>
<td></td>
</tr>
<tr>
<td>Employed at Time of Intake:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>⭕</td>
<td>⭕</td>
<td></td>
</tr>
<tr>
<td>Employed at Time of Release:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>⭕</td>
<td>⭕</td>
<td></td>
</tr>
</tbody>
</table>

Intake/Getting Started:

1. I was satisfied with my wait for my intake.  
   Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
   ? | ✓ | ☐ | ? | ●

2. My intake process was informative and answered my questions.  
   Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
   ? | ✓ | ☐ | ? | ●

3. I was satisfied with how fast I was able to attend classes and programs.  
   Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
   ? | ✓ | ☐ | ? | ●

4. The orientation helped me understand the program expectations.  
   Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
   ? | ✓ | ☐ | ? | ●

When I reported...

5. I was treated respectfully.  
   Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
   ? | ✓ | ☐ | ? | ●

6. The reception/office area appeared to be clean and orderly.  
   Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
   ? | ✓ | ☐ | ? | ●

7. I received service within 15 minutes  
   Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
   ? | ✓ | ☐ | ? | ●

8. If my staff/caseworker was unavailable, another staff/caseworker met with me.  
   Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
   ? | ✓ | ☐ | ? | ●

Staff...

9. ... had respect for my ethnic, cultural, and racial background.  
   Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
   ? | ✓ | ☐ | ? | ●

10. ... spent the proper amount of time with me and was attentive.  
    Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
    ? | ✓ | ☐ | ? | ●

11. ... answered/returned calls in a timely manner.  
    Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
    ? | ✓ | ☐ | ? | ●

12. ... was responsive to my questions and concerns.  
    Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
    ? | ✓ | ☐ | ? | ●

Convenience:

13. The facility hours were convenient.  
    Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
    ? | ✓ | ☐ | ? | ●

14. The facility was easy to get to.  
    Strongly Agree | Agree | Disagree | Strongly Disagree | Does Not Apply
    ? | ✓ | ☐ | ? | ●
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 □

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 □

7. Did you work 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 □ N/A □

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 □

13. Did your family relationships/friendships strengthen while you were on SCRAM? Yes □ No □

14. Do you feel you benefitted from the SCRAM program? Yes □ No □

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)