

Alcohol-Drug-Screen Manual

www.alcohol-drug-screen.com

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PRODUCT DESCRIPTION

The **Alcohol-Drug-Screen (ADS)** is an evidence based assessment instrument or test that focuses explicitly on alcohol and drug use or abuse. It interprets Alcohol Scale and Drug Scale findings with Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) Substance Use Disorder classifications. ADS also determines if the client (defendant, patient or offender) was truthful while completing the test. And it measures how well the client manages stress.

The **Alcohol-Drug-Screen (ADS)** is a brief, self-administered evidence based substance (alcohol and other drugs) use or abuse assessment instrument or test. It consists of 116 questions and takes around 20 minutes to complete. From test data (answers) input, scored and printed Alcohol-Drug-Screen (ADS) reports are available on-site within 2½ minutes.

Alcohol-Drug-Screen Matching Problem Severity & Treatment Intensity

Objective, standardized and computer assisted assessment (screening, evaluation or testing) makes accurate, efficient and timely client screening possible. Judges (probation officers and mental health professionals) may refer clients (offender, patients) for screening, evaluation or assessment. In most counseling and treatment settings, **clients are screened to determine the presence of problems, and if problems are present to measure problem severity.** Contingent upon the assessment (Alcohol-Drug-Screen) results, clients can then be referred to appropriate levels of intervention or treatment. Like emergency room triage, clients with serious problems are referred to more intensive treatment programs.

It has been shown that placing clients in wrong treatment intensity programs can be detrimental to both the client and society (Andrews, Bonta & Hoge, 1990). When low risk clients were placed in high risk (intensive) treatment programs, low risk clients had a higher likelihood of relapse. Low risk clients are better served in low intensity programs. Similarly, high risk (serious problems) clients benefit most when placed in intensive treatment programs.

This sounds obvious, yet is it? If an evaluator does not use a test containing a Truthfulness Scale, how does that evaluator determine if the client provided accurate and honest information? Some evaluators maintain that their education and experience enables them to make these determinations. Other evaluators are not so naïve and rely more on test truthfulness measures that have demonstrated reliability and validity. Few would dispute the statement that "many clients" minimize their problems and attempt to "fake good." It is important to know if obtained information is accurate. Only then can we rely upon such information to identify problems and determine their severity. Accurate assessment must be done to refer clients to appropriate counseling and treatment programs.

Automated (computer scored) assessment instruments or tests can establish client truthfulness (while being tested) and concurrently identify problems and their severity. Truthfulness Scales are considered by many as a necessary condition for client placement in intervention and treatment programs that will be most effective for them.

Alcohol-Drug-Screen Scales

- 1. Truthfulness Scale:** measures denial, problem minimization and attempts to fake good. This provides a sound empirical basis for decisions.
- 2. Alcohol Scale:** measures alcohol use and the severity of abuse. This enables matching of alcohol/drinking severity with treatment or intervention intensity.

3. Drug Scale: measures illicit or non-prescription drug use or the severity of abuse or dependency. Provides strong accountability of results.

4. DSM-5 Substance Use Disorder: utilizes Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) to classify substance (alcohol and drugs) abuse.

5. Stress Management Scale: measures the client's (defendant, patient or offender) ability to manage their stress (anxiety, pressure, tension). Stress management techniques and strategies are learned.

STAFF MEMBERS SHOULD NOT TAKE THE ALCOHOL-DRUG-SCREEN

Sometimes a staff member wants to simulate the client and take the Alcohol-Drug-Screen. **It is strongly recommended that staff do not take the Alcohol-Drug-Screen.** The Alcohol-Drug-Screen is not standardized on staff. And staff does not have the same mental set as a client. Staff would likely invalidate, distort or otherwise compromise their Alcohol-Drug-Screen profile.

TRUTHFULNESS SCALE

Self-report tests and interviews are subject to the danger of respondents not telling the truth. An important advance in testing is the Truthfulness Scale, which measures how honest the client is while completing the test. It would be naive to believe that all people taking tests always answer questions truthfully. Truthfulness Scales identify self-protective and guarded people who attempt to deny, minimize or even conceal information. These scales can also detect functionally illiterate and visually impaired individuals. This feature is of special importance in court-related and treatment settings, since the outcome of a person's test results could affect their level of supervision, nature of intervention and life situation. **The Truthfulness Scale identifies attempts to fake or under report problems and concerns.**

TRUTH-CORRECTED SCORES

A sophisticated psychometric technique involves "Truth-Corrected" scores which are individually calculated for each of the six Alcohol-Drug-Screen Scales each time a test is scored. The Truthfulness Scale establishes how truthful the client was while completing the Alcohol-Drug-Screen. Correlations between the Truthfulness Scale and all other Scales have been statistically determined. This score correcting procedure enables the Alcohol-Drug-Screen to identify error variance associated with untruthfulness and then apply it to Scale scores -- resulting in Truth-Corrected scores. **Raw scores may reflect what the client wants you to know. Truth-Corrected scores reveal what the client is trying to hide. Truth-Corrected scores are more accurate than raw scores.** Truth-Corrected scores are similar to Minnesota Multiphasic Personality Inventory (MMPI) T-scores. The MMPI correlates the K scale with selected clinical scales. The clinical scales are then weighted with the K scale correlation equation. The MMPI L (fake good) scale and the F (almost everyone agrees with) scale correlate significantly (.001 level) with the Alcohol-Drug-Screen Truthfulness Scale.

Professionals across the country have endorsed the benefits of Truthfulness Scales and Truth-Corrected scores. This methodology is easy to use because the computer does all the work, actually calculating Truth-Corrected scores every time a test is scored. In the past many evaluators "turned off" on self-report tests because they were too easy to fake. Truthfulness Scales and Truth-Corrected scores have addressed this problem. And they are considered by many as very important to any self-report test.

ALCOHOL SCALE

Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. An elevated (70 to 89th percentile) Alcohol Scale score is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies serious drinking problems.

In intervention and treatment settings the individual's Alcohol Scale score helps staff work through client problems. Most people accept the objective and standardized Alcohol Scale score as accurate and relevant in comparison to a person's subjective opinion. This is particularly true when it is explained that elevated scores don't occur by chance. The individual must answer a definite pattern of alcohol-related admissions for elevated scores to occur.

DRUG SCALE

Measures illicit drug use and the severity of abuse. Drugs refer to prescription and non-prescription drugs such as marijuana, cocaine, crack, ice, amphetamines, barbiturates, heroin, etc. These are illicit substances. An elevated (70 to 89th percentile) Drug Scale score is indicative of an emerging drug problem. A Drug Scale score in the severe problem (90 to 100th percentile) range identifies serious illicit drug abusers.

In intervention and treatment settings the individual's Drug Scale score helps staff work through client denial. And an elevated Drug Scale score in conjunction with other elevated scale scores magnifies the severity of the other elevated scores. In summary, the Drug Scale can be interpreted independently or in conjunction with other elevated scales.

STRESS MANAGEMENT SCALE

Measures how well the individual copes with stress. It is now known that stress exacerbates symptoms of mental and emotional problems. Thus, an elevated Stress Management Scale score in conjunction with other elevated scale scores helps explain the individual's situation. For example, when a person doesn't handle stress well, other existing problems are exacerbated.

An elevated Stress Management Scale score can also exacerbate emotional and mental health symptomatology. When a Stress Management Scale score is in the severe problem (90 to 100th percentile) range it is likely that the individual has a diagnosable mental health problem. In these instances referral to a certified/licensed mental health professional may be appropriate to obtain a diagnosis, prognosis and treatment plan. Lower elevated scores suggest less intensive referral alternatives like a stress management program. In summary, the Stress Management Scale can be interpreted independently or in conjunction with other elevated scales.

At one sitting of approximately 20 minutes duration staff can acquire a vast amount of specific client information which includes alcohol-related problems, drug-related problems, substance abuse severity and stress management skills. Early problem identification facilitates timely intervention and improved results.

ORAL INSTRUCTIONS

Many clients tend to minimize their problems by under-reporting their problems. This emphasizes the importance of oral instructions to the client before beginning the Alcohol-Drug-Screen. A straightforward approach is recommended. For example:

"This test contains a truthfulness measure to determine how cooperative and truthful you are while completing it. It is also important that you do not read anything into the questions that is not there. **There are no trick questions or "hidden meanings."** Your records may be checked to verify the information you provide. Just answer each question truthfully."

Giving the client an example often helps them understand. The example that you use will be influenced by your client population, experience, and intent. Your example should be individualized to your situation and needs.

The following example is presented for clarification as to how an example might be included in your oral instructions to the client.

Last week a client told me while taking the MMPI that he could not answer this true-false question, "I am attracted to members of the opposite sex." When asked why, the client replied, "If I answer True, you will think I am a sex maniac. If I answer False, you will think I am a homosexual." I told the client that "this test item does not ask you about being a sex maniac or a homosexual. It simply asked if you are attracted to members of the opposite sex. When you interpreted it to refer to sex maniacs or homosexuals, you were answering different questions. **Do not read anything into these questions that isn't there, because if you do, you will invalidate the test and you may have to take it over.** Simply answer the questions True or False. There are no trick questions or hidden meanings. If you misinterpret or change the questions in the test, you will invalidate the test."

Oral instructions are important. Do not just give the test to the client without providing some guidance as to how the client should proceed. We have found that when you treat clients with respect, and provide some direction or guidance as to what they are to do -- they cooperate positively. It's usually when a client feels he/she is not being dealt with respectfully or they are simply being told what to do -- that they become resistant, passive-aggressive or non-compliant.

RETEST

Alcohol-Drug-Screen (ADS) tests results are invalidated (not accurate, often due to problem minimization, denial and untruthful answers) when the ADS Truthfulness Scale is at or above the 90th percentile. When this occurs, it is recommended that the client be given the opportunity to be retested. Retest interval is determined by the assessor's opinion of the client's attitude, behavior, emotional and mental state. Retesting can occur immediately or several days or weeks later.

Prior to retesting, the test administrator should review the ADS retest instructions with the client. A straightforward approach is recommended. For example,

Please answer all questions truthfully. It is important that you do not read anything into a question that isn't there. Last week, while completing another test, a client involved in a custody case said, "I cannot answer this question true or false." The question was "There are times when I worry about my court case or the charges made against me." When asked why not, the client replied, "If I answer true, you'll tell the judge that I am guilty because I'm worried; if I answer false you'll tell the judge that I don't care and I'll never get my kids."

*I told the client, "This test item doesn't ask you about your guilt or caring for your kids. The question simply asked if you are worried about your court case. When you interpreted the question to refer to your guilt or innocence, you were answering a different question. **Do not read anything into these questions that isn't there, because if you do you will invalidate the test. Simply answer the question as instructed, (i.e., True or False). There are no trick questions or hidden meanings. If you misinterpret or change questions you will invalidate the test.**"*

A few minutes of oral instructions can put the client at ease while providing structure and clarifying the client's expectations. Do not tell the client they were lying – you will never win that argument. Note the above example reframes the issue from denial, problem minimization and noncompliance to reading questions correctly.

That said, nobody wants an invalid test. That is why problem tests (tests whose truth-corrected scores are in the problem risk range) are “truth-corrected” so test results are accurate and usable. Truthfulness Scale scores at or below the 89th percentile are accurate. **Truthfulness Scale scores at or above the 90th percentile are inaccurate due to client denial or attempts to fake good.**

If this was a retest, this person may not be “testable” at this time. However, an alternative approach includes using the Human Voice Audio program. Human Voice Audio is an automated computer presentation in which the questions are verbally read to the client (in English, Spanish, etc.) while simultaneously being presented on the computer monitor (screen). The Human Voice Audio program is available to you free or at no additional cost. For more information on the Human Voice Audio program it is discussed in this Training Manual. And additional information can be provided upon request. Our email address is info@bdsltd.com and our toll free number is 1 (800) 231-2401.

AUDIO (HUMAN VOICE) OPTION

This **Audio (Human Voice) Reading** test administration mode is a proprietary administration mode. The client sits before the computer with either speakers or earphones on. Earphones ensure clarity while eliminating distortions. The “arrow keys” allow the client to switch back and forth between questions and answers. As each question or answer is highlighted it is read to the client. The client can go back and forth as many times as needed. When the client selects an answer the program advances to the next question. **Reading of test items can be in any language**, e.g., English, Spanish, etc.

Sometimes a client is not testable if the client is reading impaired. If a client can read the newspaper, they can be tested with the Alcohol-Drug-Screen. The Alcohol-Drug-Screen is written at a high 5th grade -- low 6th grade reading level. A very resistant, angry or defiant person is usually not testable. Compassionate understanding, acceptance and rapport are often effective in relaxing the client, if sincere. Sometimes it helps to explain “These are established procedures for everyone . . .” When dealing with denial, minimizing problems and faking, simply discuss how the client “may have inadvertently read things into questions that isn’t there.” And some clients are emotionally disturbed or unstable. This is usually apparent in their demeanor, appearance and behavior. An emotionally upset or “stressed out” client may be appropriate for rescheduling.

Any Truthfulness Scale score at or above the 91st percentile invalidates that test **and all Scale scores included in the test**. If a client invalidates their Alcohol-Drug-Screen (and we estimate that 10 percent will) consideration should be given to a retest so that accurate Alcohol-Drug-Screen Scales scores are obtained.

PRESENT, PAST OR FUTURE TENSE

Clients should answer test items as the questions are stated -- in present, past or future tense. Questions are to be answered exactly as stated. There are no trick questions. If an item inquires about the past -- it will be stated in past tense. If the item inquires about the present -- it will be stated in present tense. And if an item asks about the future -- it will be stated in future tense.

SIGNIFICANT ITEMS

Some answers represent direct admissions to a problem or are highly unusual answers. These “significant” items are identified for easy reference. On the last page of the report significant items are printed for the Alcohol Scale and the Drug Scale. Sometimes seeing these self-admissions or important self-report answers helps in understanding the client. **Significant items alone do not determine Scale scores**. There may be several significant items for a Scale and a low Scale score or vice versa. Significant items are only presented in the report to highlight or dramatize some answers.

ALCOHOL-DRUG-SCREEN SCALE DESCRIPTIONS

There are several levels of Alcohol-Drug-Screen interpretation ranging from viewing the Alcohol-Drug-Screen as a self-report to interpreting scale elevations and scale inter-relationships. The following table is a starting point for interpreting Alcohol-Drug-Screen scale scores.

Risk Ranges		
Risk Category	Risk Range Percentile	Total Percentile
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	70 - 89%	20%
Severe Problem	90 -100%	11%

A problem is not identified until a scale score is at the 70th percentile or higher. Elevated scale scores refer to percentile scores that are at or above the 70th percentile. Severe problems are identified by scale scores at or above the 90th percentile. Severe problems represent the highest 11 percent of clients evaluated with the Alcohol-Drug-Screen.

Scale Descriptions

1. **Truthfulness Scale:** Measures how truthful the individual was while completing the test. It identifies guarded and defensive people who attempt to fake good. Scores at or below the 89th percentile mean that all Alcohol-Drug-Screen scales are accurate. Scale scores in the 70 to 89th percentile range are accurate because they have been Truth-Corrected. Scores at or above the 90th percentile mean that all Alcohol-Drug-Screen scales are inaccurate (invalid) because the individual was overly guarded, read things into test items that aren't there, was minimizing problems, or was attempting to fake answers. Respondents with reading impairments might also score in this 90-100th percentile scoring range. If not consciously deceptive, individuals with elevated Truthfulness Scale scores are uncooperative, fail to understand test items or have a need to appear in a good light. The Truthfulness Scale score is important because it shows whether-or-not the individual answered Alcohol-Drug-Screen test items honestly. Truthfulness Scale scores at or below the 89th percentile indicate that all other Alcohol-Drug-Screen scale scores are accurate. One of the first things to check when reviewing an Alcohol-Drug-Screen report is the Truthfulness Scale score. The Truthfulness Scale can be interpreted independently. Truthfulness Scale scores override all other Alcohol-Drug-Screen scale scores.

2. **Alcohol Scale:** Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. An elevated (70 to 89th percentile) Alcohol Scale score is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies serious drinking problems.

In intervention and treatment settings the individual's Alcohol Scale score helps staff work through the individual's denial. Most people accept the objective and standardized Alcohol Scale score as accurate and relevant in comparison to a person's subjective opinion. This is particularly true when it is explained that elevated scores don't occur by chance. The individual must answer a definite pattern of alcohol-related admissions for elevated scores to occur.

An elevated Alcohol Scale score in conjunction with other elevated scores magnifies the severity of the other elevated scores.

3. **Drug Scale:** Measures illicit drug use and the severity of abuse. Drugs refer to marijuana, cocaine, crack, ice, amphetamines, barbiturates and heroin. These are illicit substances. An elevated (70 to 89th percentile) Drug

Scale score is indicative of an emerging drug problem. A Drug Scale score in the severe problem (90 to 100th percentile) range identifies serious illicit drug abusers.

In intervention and treatment settings the individual’s Drug Scale score helps staff work through client denial. And an elevated Drug Scale score in conjunction with other elevated scale scores magnifies the severity of the other elevated scores.

- 4. **DSM-5 Substance Use Disorder:** Utilizes Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) to classify substance (alcohol and drugs) dependency. DSM-5 Substance Use Disorder **severity** is based upon the number of the 11 DSM-5 symptom criteria endorsed.
- 5. **Stress Management Scale:** Measures how well the individual copes with stress. It is now known that stress exacerbates symptoms of mental and emotional problems. Thus, an elevated Stress Management Scale score in conjunction with other elevated Alcohol-Drug-Screen scale scores helps explain the individual’s situation. For example, when a person doesn’t handle stress well, other existing problems are exacerbated. This problem augmentation applies to substance (alcohol and other drugs) abuse and stress-related problems.

An elevated Stress Management Scale score can also exacerbate emotional and mental health symptomatology. When a Stress Management Scale score is in the severe problem (90 to 100th percentile) range it is likely that the individual has a diagnosable mental health problem. In these instances referral to a certified/licensed mental health professional may be appropriate to obtain a diagnosis, prognosis and treatment plan. Lower elevated scores suggest less intensive referral alternatives like a stress management program. In summary, the Stress Management Scale can be interpreted independently or in conjunction with other elevated scales.

Note that there are several levels of Alcohol-Drug-Screen (ADS) scale interpretation that range from viewing Alcohol-Drug-Screen (ADS) scales as self-reports to interpreting scale elevations and scale inter-relationships.

In conclusion, it was noted that there are several “levels” of ADS interpretation ranging from viewing the ADS as a self-report to interpreting scale elevations and inter-relationships. Staff can then put ADS test report findings within the context of the client’s life situation.

RISK LEVEL CLASSIFICATION

Each Alcohol-Drug-Screen Scale score is classified in terms of the risk it represents. These risk level classifications are individually calculated for each of the empirically based scales each time an Alcohol-Drug-Screen is scored.

RISK LEVEL CLASSIFICATION	
PERCENTILE RANGE	RISK RANGE
0 to 39th percentile	Low Risk
40 to 69th percentile	Medium Risk
70 to 89th percentile	Problem Risk
90 to 100th percentile	Severe Risk

A problem is not identified until a Scale’s score (percentile) is at (or above) the 70th percentile. Percentile scores are obtained from a database of score distributions. **Scores in the 70 to 90th percentile range represent problems for which specific intervention and/or treatment recommendations (or referrals) are**

made. Severe problems are identified with Scale scores in the 91 to 100th percentile range. Recommendations are intensified for severe problem scale scores.

DELETE CLIENT NAMES (CONFIDENTIALITY)

You have the option to delete client names, however, once you delete client names -- they are gone and cannot be retrieved. Deleting client names does not delete demographic information or test data. Deleting client names protects client's confidentiality. This procedure is explained on the website www.online-testing.com. This procedure ensures compliance with HIPAA regulation (45 C.F.R. 164.501).

TEST DATA INPUT VERIFICATION

You have the option of verifying the accuracy of test data input into the computer. In brief, the test data input verification procedure involves entering the test data twice. If the test data entry is the same the first and second (verification) time, then the test data was accurately entered. If there is a discrepancy between the first and second (verification) time the test data is entered, each discrepancy (or inconsistent answer) will be highlighted until corrected. You can't proceed until all entries from the first and second data entries match. Test data entry takes less than two minutes.

CONTROL OF REPORTS

Alcohol-Drug-Screen reports contain sensitive and confidential information. And some of the terms used in the report may be misunderstood by the client. For these reasons clients should not be given their Alcohol-Drug-Screen report to read. Instead it is recommended that staff review Alcohol-Drug-Screen results with the respondent, but do not give the Alcohol-Drug-Screen report to the client to read. Alcohol-Drug-Screen test booklets and reports are privileged, highly sensitive and confidential. **No Alcohol-Drug-Screen related materials should be allowed to be removed from your office.**

* * *

How to Login

With your Username and Password you are now ready to login and begin testing. To login click the LOGIN button in the upper right corner.

Type in your username and password (both are case sensitive). Below these boxes click on the Login button, this takes you to your account page. On your first visit to this page you will see that you have 1 test credit in your account. We give you one free test credit to enable you to familiarize yourself with our tests and our website.

Click on the "Continue" button or the "Account Summary" button to go to your Account Summary Page.

The Account Summary Page shows Account History, Test Credits Used and Test Credits Available.

There is a drop down box to show the list of available tests and a link to print test booklets and answer sheets.

How to Administer a Test

Before you proceed, please be aware that there are *two test administration options described*.

1. Paper/Pencil Test Administration (Data Entry Method)

The first option is to print the test booklet and answer sheet, both of which are available in English and Spanish. The client then answers the questions on the answer sheet in pencil. The paper-pencil test administration option allows you to test in groups which can save considerable time. Some evaluators do not want to tie up their computers administering tests and prefer paper-pencil testing. When testing is completed the answer sheet data is entered online and a report is generated.

If the paper-pencil method is selected, click on the "Print Test Booklets" link on the screen and print the test booklet and answer sheet; both are available in English, Spanish and other languages.

2. On Screen Online (Internet) Test Administration

The second option is online (on the screen) test administration. This allows the client to sit at the computer and answer the test questions on the screen. Regardless of how tests are administered, all tests are scored and reports generated and printed while online.

Click on the name of the test to be administered. This takes you to the Main Menu page for the test selected.

How to Score a Test and Print a Report

When you have selected your preferred method of test administration click either "Administer Test to Client" (in which case the client would enter his/her answers on the screen), or "Enter Test from Answer Sheet" (client will use the paper/pencil method).

The next screen will be "Client Information" (name, age, sex, education etc.). When you have completed this information, click the "Information Correct" button which will take you to the "Court History" page. Depending on the test you have chosen some tests have a court history section, some do not. Each screen allows the option to choose "Cancel" or "Information Correct" to proceed.

After completing Court History, the next screen is for client answers to the test questions. If the client has used the on-screen method, the questions and answers will be displayed to the client on the screen. If the paper/pencil method was used to test the client, you may enter the answer sheet data at your convenience by typing 1 for true, 2 for false, etc. For multiple choice questions, enter 1, 2, 3 or 4.

Again, this screen allows the option to choose "Cancel" or "Information Correct." If "Information Correct" is chosen the option is still available to cancel or abort the entry and not charge the account. At the end of the test a notice will appear alerting you that one test credit is about to be used. To save the test record to the database click "Yes." To cancel or discard the test entry, click "No." ***When "Yes" is selected, your account will then be charged 1 test credit.***

Highlight the client's name and click on the "Supervisor Options" button to proceed to that client's supervisor options page. Here you can print the report, verify the answer sheet data entered and delete the client's name. The default page that appears is the Print Report page. To print the report, click the "Continue" button. To verify the data entered or delete the client's name, click on the appropriate tab at the top and follow the instructions.

In summary, procedures are designed to be concise, easily followed and swiftly executed, so that they will not detract from test administration.

The test administration is now complete. However, you are still in the test Main Menu screen and if you wish to administer another test, click on the "Account Summary" link on the right of the screen. This will take you back to your account summary page where you may check for available test credits, purchase additional test credits, select other tests to administer or edit previously administered tests. Otherwise just close your browser window to exit the website.

How to Verify Data Entry

The Verify Data Input procedure allows you to enter the answers a second time for any particular client. This feature insures that the responses are input into the computer correctly.

From the main menu select the client's name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled "Verify Data Entry" and then click on the "Continue" button. You will now be presented with the answer grid so that you can re-input the answers.

As you input each answer, the computer will verify that it matches the answer you originally entered. If it does, the computer will automatically move on to the next response. However, if the answer you input does not match the original answer, you will be immediately alerted to the discrepancy between the two responses via a message box.

The message box will notify you as to which answer did not match the original input. The message box will display what the current answer is and what the original response was.

At this point you should review the answer sheet to verify what the correct response for that particular question is. You will then click "OK" if the answer input this second time is correct and the computer will accept this response and move on to the next answer.

If, after reviewing the answer sheet, you discover that you have erroneously input the wrong answer, click the "Cancel" button and the computer will allow you to enter the response again.

Continue with these steps until all answers have been input. Using this feature insures the accuracy of the data input.

How to Delete Client Names

This procedure allows the user to delete the client's name from the test record. Use this option to protect client confidentiality once you are done with the test record.

From the main menu select the client' name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled, "Delete Client Name" and then click on the "Continue" button. You will be given the opportunity to cancel this procedure at this time. USE WITH CAUTION! Once the name has been deleted it CANNOT be restored. When you are absolutely certain that you are ready to proceed, click on the "Continue" button. That's all there is to it. The name will be deleted from the record and you will be returned to the main menu. Notice that the name you just deleted is no longer visible in the client list.

Live Support Chat

Throughout our site, after you have logged in, you will find "Live Support" buttons. Clicking on these buttons will open a "Live Support" chat window that puts you in touch with an Online-Testing.com technical support staff member.

Support staff is available for these "Live Support" sessions between the hours of 8:00 a.m. and 4:00 p.m. Mountain Standard Time, Monday through Friday. If you need to leave your computer during the chat session, you can return within 24 hours and resume your online conversation.

TECHNICAL SUPPORT

If you have any questions Professional Online Testing Solutions, Inc. is only a telephone call away. Our telephone number is (800) 231-2401, fax (602) 266-8227, and E-mail info@online-testing.com. Our offices are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.

Summary

The Alcohol-Drug-Screen (ADS) is an evidence based substance (alcohol or drugs) use or abuse self-report test that is focused upon understanding substance (alcohol & other drugs) users and abusers. ADS measures alcohol and drug severity while concurrently classifying substance (alcohol & drugs) abusers with DSM-IV criteria. Navigational links are provided on each www.alcohol-drug-screen.com webpage. These links include a How to Order link, Cost link, Example Report link, Comparison Checklist link, etc.

Professional Online Testing Solutions, Inc.

www.online-testing.com - info@online-testing.com

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