

DUI/DWI OFFENDER TEST

Instructions:

We realize this is a difficult time for you. Nevertheless, we need more information so we can better understand your situation.

All questions in this questionnaire should be answered. Do **not** skip any questions. Your cooperation is appreciated.

The term “substance use” refers to alcohol and drug use.

You may begin.

Section 1

The statements in this section are to be answered true or false. If a statement is **true**, put an X under **T** for **True** on your answer sheet. If a statement is **false**, put an X under **F** for **False** on your answer sheet.

1. I have been frustrated and irritated by other drivers.
2. I enjoy drinking (beer, wine or liquor).
3. I am easily annoyed or angered while driving.
4. I have used a nonprescription, illicit or illegal drug.
5. I often drink more or use more drugs than I intended.
6. It bothers me when I am overlooked or ignored by people I know.
7. I know I drink more than I should.
8. Almost all of my normal daily activities are affected by my substance (alcohol/drug) use or abuse.
9. I have smoked marijuana (pot or cannabis).
10. I am quick tempered and need to learn how to control my temper while driving.
11. I use drugs (marijuana, crack, cocaine, and heroin, etc.) more than I should.
12. I spend a lot of time getting and using alcohol and/or drugs and recovering from their effects.
13. There have been times when I knew I should not drive – but did.
14. There are times when I feel guilty about my drinking.
15. When offered marijuana (cannabis), I may or may not smoke it. It depends on how I feel at the time.
16. When frustrated, annoyed or angered by another driver, I tend to “fly off the handle” and curse and swear a lot.
17. When offered drugs, I may or may not use them. It depends on how I feel at the time.
18. I have done things when angry or mad that I regret.
19. Within the last year, I have had persistent urges and strong cravings or desires for my substance (alcohol/drug) of choice.
20. I am concerned about my drinking.
21. I have lied about my use of marijuana, either minimizing how much I use, or hiding the fact that I use marijuana at all.
22. I use my cell phone (for incoming and/or outgoing calls) while driving.
23. There have been times when I have felt guilty about my use of drugs.
24. There have been times when my desire or cravings for my substance (alcohol/drug) of choice has been so intense that I couldn’t think of anything else.
25. There are times when I really worry about myself, my responsibilities or my happiness.
26. When I drink, my personality changes and I seem like a different person.
27. I have been smoking marijuana (cannabis) in larger amounts or over a longer period of time than I intended.
28. I am a fast and aggressive driver.
29. I am concerned about my nonprescription drug use.
30. I continue using substances (alcohol/drugs) even though I know they cause physical and psychological problems for me.
31. I use and sometimes abuse marijuana.
32. I do not always tell the whole truth when asked about my personal life (e.g., my relationships, sex or money matters).
33. My recurrent substance (alcohol/drug) use has resulted in my failure to fulfill major role responsibilities or obligations at home or work.

34. There are times when I am down, depressed and discouraged.
35. My drinking has caused serious social and family problems for me.
36. In spite of my persistent desire to cut down or control my marijuana use, I have been unsuccessful.
37. I continue my substance (alcohol/drug) use despite the recurrent family, interpersonal and social problems this causes me.
38. I have lied about my use of drugs – either saying I use less than I really do, or hiding the fact that I use drugs at all.
39. I have been embarrassed and worried about mistakes I have made.
40. I use and sometimes abuse drugs.
41. Even though I drink a lot, I often deny drinking or say I drink less than I really do.
42. I spend a lot of time getting marijuana, using it and recovering from its effects.
43. I have a persistent desire to cut down or regulate my substance (alcohol/drug) use.
44. Sometimes I worry about myself, my happiness and my future.
45. My drinking is more than just a little or minor problem.
46. I have strong cravings or desires for marijuana.
47. My use of drugs is more than just a little or minor problem.
48. I drink more or over a longer time than I used to.
49. There are times when I am concerned that others may think badly of me.
50. My recurrent marijuana use often results in my failing to fulfill role obligations at home or work.
51. I attend Narcotics Anonymous (NA) or Cocaine Anonymous (CA) meetings for my drug problem.
52. I have a drinking problem.
53. It annoys me and I get defensive or upset when others criticize or blame me.
54. I continue to use marijuana despite recurrent social and interpersonal problems caused or worsened by my marijuana use.
55. I have had to drink more or use more drugs to get the same effect (intoxicated or high) I used to get.
56. I have been offended and hurt by what someone said about me.
57. Drinking has interfered with my happiness and success in life.
58. Important family, social, occupational and recreational activities have been given up or reduced because of my marijuana use.
59. People tell me I am a careless and inattentive driver.
60. My use of drugs has threatened my happiness and success in life.
61. There have been times when I have had a job, but did not want to go to work.
62. Largely because of my substance (alcohol or drug) use, I have greatly reduced or given up important family, occupational, social and recreational activities.
63. I frequently use marijuana before or during physically hazardous activities like swimming, boating or driving.
64. I send and receive text messages while driving.
65. Despite family arguments about my drug use, I continue to use drugs.
66. There have been times when I strongly disliked someone.
67. I attend Alcoholics Anonymous (AA) meetings because of my drinking problem.
68. Despite knowing some of my physical, psychological and social problems are caused or worsened by my marijuana use, I continue to smoke it.
69. Within the last year, I have had persistent cravings and strong urges for nonprescription drugs.
70. I usually get one or more speeding tickets each year.
71. To achieve intoxication or my desired effect, I need larger amounts of marijuana.
72. I have a drug-related problem.
73. Sometimes I worry about what people think or say about me.
74. When I use the same amount of marijuana I used to use, I get a significantly diminished effect.

75. I have driven without proper automobile insurance.
 76. I often take substances (alcohol/drugs) in larger amounts or over a longer period than I intended.
 77. I have lied to a family member or friend to avoid a confrontation or argument.
 78. I have gotten two or more driving under the influence (DUI) or driving while intoxicated (DWI) citations, tickets or arrests.
 79. When I stopped using marijuana, I experienced three or more of the following symptoms: irritability; anxiety; sleeping problems; decreased appetite; restlessness; and a depressed mood.
 80. My driver's license has been suspended or revoked.
 81. I have withdrawn from family activities, hobbies and social events because of my substance (alcohol/drug) abuse.
 82. There are times when I get very angry and upset at myself.
 83. I am in counseling or treatment for my drinking problem.
 84. My marijuana withdrawal symptoms cause me a lot of discomfort like sweating, shaking or experiencing pain, tremors, chills or headaches.
 85. To be honest, there are times when I have a few drinks (beer, wine or liquor) and drive.
 86. I regret some of the things I have said and done when I was angry or mad.
 87. In the last month, drinking has been a problem for me.
 88. Sometimes I smoke marijuana to avoid withdrawal symptoms.
 89. I have been responsible for one or more "at fault" accidents.
 90. I continue using substances (alcohol/drugs) despite serious substance-related problems.
 91. People tell me I am a careless and unsafe driver.
 92. I am dependent on drugs and may even be addicted.
 93. I need help to control or stop my drinking.
 94. My automobile insurance rate (cost) has been increased because of my poor driving record.
 95. There are times when I get very discouraged.
 96. It's like marijuana has taken over my life. I have lost interest in almost everything else.
 97. I am presently in chemical dependency treatment or counseling for my drug problem.
 98. My thinking, cravings and life seem to center around marijuana.
- Section 2**
- The statements in this section describe you or your situation. Put an **X** under the number (**1, 2, 3** or **4**) on your answer sheet that is most accurate for you.
99. How would you describe your driving? I am a:
 1. Poor driver.
 2. Below average driver.
 3. Average driver.
 4. Good driver.
 100. My drinking is:
 1. A serious problem.
 2. A moderate problem.
 3. A mild problem.
 4. Not a problem.
 101. My drug use is:
 1. A serious problem.
 2. A moderate problem.
 3. A mild problem.
 4. Not a problem.
 102. Describe your marijuana use:
 1. Almost daily.
 2. Frequently.
 3. Occasionally.
 4. I don't smoke marijuana.
 103. When drinking or using drugs, I often:
 1. Use more than I intended.
 2. Use over a longer period of time than I intended.
 3. Both 1 and 2.
 4. None of the above.
 104. I frequently use alcohol and/or drugs:
 1. In hazardous or dangerous situations like before swimming, boating or skiing.
 2. Before driving or operating machinery.
 3. Both 1 and 2.
 4. None of the above.

105. My repeated substance (alcohol/drug) use has contributed to:
1. My absences and poor work performance.
 2. My neglecting household duties.
 3. Both 1 and 2.
 4. None of the above.
106. I have noticed within the last year:
1. I use a lot more alcohol/drugs to get intoxicated or high.
 2. I do not get intoxicated or high when I use the same amount of alcohol/drugs that I used to use.
 3. Both 1 and 2.
 4. None of the above.
107. When I try to cut down or stop my substance (alcohol/drug) use I have withdrawal symptoms like trouble sleeping, sweating, tremors, nausea, vomiting, etc. which occurs:
1. After I reduce my alcohol/drug use.
 2. When I stop my alcohol/drug use.
 3. Both 1 and 2.
 4. None of the above.
108. Rate your drinking on a scale from one to ten. One represents “no problem” and ten represents a “severe problem.” I rate my drinking as:
1. No problem (rare 1 or 2).
 2. A little problem (rate 3, 4 or 5).
 3. A moderate problem (rate 6, 7 or 8).
 4. A severe problem (rate 9 or 10).
109. Rate your drug use on a ten point scale. One represents “no drug use” whereas ten represents “severe drug use.” I rate my drug use as:
1. No nonprescription drug use (rate 1 or 2).
 2. Mild drug use (rate 3, 4 or 5).
 3. A drug use or abuse problem (rate 6, 7 or 8).
 4. A severe drug abuse problem (rate 9 or 10).
110. I have tried but I cannot:
1. Reduce, cut down or control my substance (alcohol/drug) use.
 2. Stop abusing alcohol and/or drugs.
 3. Both 1 and 2.
 4. None of the above.
111. I have reduced or given up important family, social, occupational and/or recreational activities because of my:
1. Drinking.
 2. Drugs.
 3. Both 1 and 2.
 4. None of the above.
112. My driving is:
1. A serious problem.
 2. A moderate problem.
 3. A mild problem.
 4. Not a problem.
113. Rate your marijuana use on a ten-point scale. One represents everyday use, whereas ten represents no marijuana use. I rate my marijuana use as:
1. Habitual or everyday use (rate 1 or 2).
 2. Regular or frequent use (rate 3, 4 or 5).
 3. Occasional or infrequent use (rate 6, 7 or 8).
 4. No marijuana use (rate 9 or 10).
114. How would you describe your desire to get drug treatment or help?
1. I want help.
 2. I may need help.
 3. Maybe, not sure.
 4. No need.
115. “Recovering” means having an alcohol or drug problem, but not drinking or using drugs anymore. I am a recovering:
1. Alcoholic.
 2. Drug abuser.
 3. Substance (alcohol/drugs) abuser.
 4. None of the above.
116. How would you describe your desire to get alcohol treatment or help?
1. I want help.
 2. I may need help.
 3. Maybe, not sure.
 4. No need.
117. I have been diagnosed or treated for:
1. Marijuana dependence.
 2. Marijuana addiction.
 3. Both 1 and 2.
 4. None of the above.

DUI/DWI Offender Test

Answer Sheet

Accurately Complete the Following Information

Name: _____
First Name Middle Initial Last Name

Age: _____ Last Four Digits of Your SSN: _ _ _ _

Sex: M- F- Education (Highest Grade Completed): _____

Ethnicity (Race): _____

Marital Status: _____
Separated, Widowed Single, Married, Divorced,

Date of Birth: ____ / ____ / ____ Today's Date: ____ / ____ / ____
Day Year Month Day Year Month

INSTRUCTIONS: Answer all of the following. If the answer is none, put in a zero (0). Unless otherwise stated, time referent is "in the last ten years."

1. Primary or underlying reason for your present DUI/DWI (select one):
 Alcohol- Marijuana (pot)- Other
 Drugs-
 Substance (alcohol & drug) abuse- Other-
2. Do you have other or additional DUI/DWI offenses pending? Y__ N__
3. Blood Alcohol Content (BAC) or Blood Alcohol Level at time of DUI/DWI arrest: •__ __
4. Did you refuse a breath/blood test? Y__ N__
5. Number of DUI/DWI arrests in the last 10 years: _____
6. Is your driver's license suspended or revoked? Y__ N__
7. Was your current arrest reduced to careless or reckless driving? Y__ N__
8. Number of alcohol-related (not DUI/DWI) arrests in the last 10 years:..... _____
9. Number of drug-related (not DUI/DWI) arrests in the last 10 years:..... _____
10. Number of at-fault motor vehicle accidents in last 10 years: . _____

Section 1

If a statement is True, put an **X** under **T** for **True**. If a statement is False, put an **X** under **F** for **False**.

- | | T | F | | T | F |
|-----|-------|-------|-----|-------|-------|
| 1. | _____ | _____ | 29. | _____ | _____ |
| 2. | _____ | _____ | 30. | _____ | _____ |
| 3. | _____ | _____ | 31. | _____ | _____ |
| 4. | _____ | _____ | 32. | _____ | _____ |
| 5. | _____ | _____ | 33. | _____ | _____ |
| 6. | _____ | _____ | 34. | _____ | _____ |
| 7. | _____ | _____ | 35. | _____ | _____ |
| 8. | _____ | _____ | 36. | _____ | _____ |
| 9. | _____ | _____ | 37. | _____ | _____ |
| 10. | _____ | _____ | 38. | _____ | _____ |
| 11. | _____ | _____ | 39. | _____ | _____ |
| 12. | _____ | _____ | 40. | _____ | _____ |
| 13. | _____ | _____ | 41. | _____ | _____ |
| 14. | _____ | _____ | 42. | _____ | _____ |
| 15. | _____ | _____ | 43. | _____ | _____ |
| 16. | _____ | _____ | 44. | _____ | _____ |
| 17. | _____ | _____ | 45. | _____ | _____ |
| 18. | _____ | _____ | 46. | _____ | _____ |
| 19. | _____ | _____ | 47. | _____ | _____ |
| 20. | _____ | _____ | 48. | _____ | _____ |
| 21. | _____ | _____ | 49. | _____ | _____ |
| 22. | _____ | _____ | 50. | _____ | _____ |
| 23. | _____ | _____ | 51. | _____ | _____ |
| 24. | _____ | _____ | 52. | _____ | _____ |
| 25. | _____ | _____ | 53. | _____ | _____ |
| 26. | _____ | _____ | 54. | _____ | _____ |
| 27. | _____ | _____ | 55. | _____ | _____ |
| 28. | _____ | _____ | 56. | _____ | _____ |

Section 1, continued

	T	F		T	F
57.	___	___	78.	___	___
58.	___	___	79.	___	___
59.	___	___	80.	___	___
60.	___	___	81.	___	___
61.	___	___	82.	___	___
62.	___	___	83.	___	___
63.	___	___	84.	___	___
64.	___	___	85.	___	___
65.	___	___	86.	___	___
66.	___	___	87.	___	___
67.	___	___	88.	___	___
68.	___	___	89.	___	___
69.	___	___	90.	___	___
70.	___	___	91.	___	___
71.	___	___	92.	___	___
72.	___	___	93.	___	___
73.	___	___	94.	___	___
74.	___	___	95.	___	___
75.	___	___	96.	___	___
76.	___	___	97.	___	___
77.	___	___	98.	___	___

Section 2

Put an X under the number (1, 2, 3 or 4) that is accurate for you.

	1	2	3	4
99.	___	___	___	___
100.	___	___	___	___
101.	___	___	___	___
102.	___	___	___	___
103.	___	___	___	___
104.	___	___	___	___
105.	___	___	___	___
106.	___	___	___	___
107.	___	___	___	___
108.	___	___	___	___
109.	___	___	___	___
110.	___	___	___	___
111.	___	___	___	___
112.	___	___	___	___
113.	___	___	___	___
114.	___	___	___	___
115.	___	___	___	___
116.	___	___	___	___
117.	___	___	___	___

When finished turn in your questionnaire and answer sheet.

Thank you for your cooperation.