

DRI-2

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 drugs.

Anticipate approximately 20 ± minutes to complete this questionnaire.

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. There have been times when I have been irritated and frustrated by other drivers.
2. I am concerned about my drinking.
3. I am an impatient person and usually drive fast.
4. I have used drugs more than I should.
5. There are times when I get very angry.
6. My drinking has caused serious family and social problems for me.
7. I am quick tempered and need to learn how to control it.
8. There have been times when I have felt guilty about my use of drugs.
9. I often drink more or use more drugs than I intended.
10. There are times when I really worry about myself and my happiness.
11. There are times when I feel guilty about my drinking.
12. I can be easily annoyed or angered while driving.
13. I am concerned about my drug use.
14. I have used my cell phone while driving.
15. My drinking is more than just a little or minor problem.
16. When I get frustrated and annoyed at another driver I tend to “fly off the handle” and curse or swear at them.
17. A family member has told me I should get help for my drug use.
18. I spend a lot of time using alcohol and/or drugs and recovering from their effects.
19. There have been times when I have driven after drinking.
20. I attend Alcoholics Anonymous (AA) meetings because of my drinking.
21. Even though I wasn't caught, I have made mistakes while driving that were my fault.
22. I have been treated for a drug problem.
23. I know I shouldn't, but there have been times when I have been jealous of others' success.
24. Once I begin drinking, it often seems as if I cannot stop.
25. I get angry quickly.
26. My repeated substance (alcohol/drug) use has resulted in my failing to fulfill important duties and responsibilities at home, school or work.
27. I get upset when others criticize or blame me.
28. I have had two or more memory losses (blackouts) after drinking heavily.
29. There are times when I get really frustrated and angry.
30. I admit I am often an aggressive driver.

31. I have had a drug abuse problem in the past.
32. I don't consider myself a fast or aggressive driver, but at some point I do exceed the speed limit almost every time I drive.
33. I continue to drink despite family arguments about my drinking.
34. I regret some of the things I have said or done when I was angry or mad.
35. To be honest, I am a fast and aggressive driver.
36. There are times when I am concerned that others may think badly of me.
37. I go to Narcotics Anonymous (NA) or Cocaine Anonymous (CA) meetings because of my drug use.
38. I do not always tell the whole truth when asked about my personal life.
39. I continue my substance (alcohol/drugs) use despite the recurrent social and interpersonal problems this causes.
40. There are times when I am really down, depressed and discouraged.
41. I am a recovering alcoholic.
42. When I am angry or mad I become verbally abusive and shout or swear a lot.
43. It bothers me when I am overlooked or ignored by people I know.
44. I have given up or reduced important social, occupational or recreational activities because of my substance (alcohol/drug) use or abuse.
45. There are times when I am very unhappy.
46. I have admitted to a family member that I have a drinking problem.
47. Two or more of the following apply to me (answer true or false on your answer sheet):
 - a. I have driven without proper insurance.
 - b. My driver's license has been suspended or revoked.
 - c. I use my cell phone while driving.
 - d. I have had three or more speeding tickets in the last ten years.
 - e. I have caused two or more at-fault accidents.
48. My use of drugs has threatened my happiness and success in life.
49. Even though I am aware of the harmful effects of repeated substance use, I continue to drink and/or use non-prescription drugs.
50. Sometimes I get angry and upset at myself.
51. I have had to use much more alcohol and/or drugs to get the same effect I used to.
52. I have missed school or work because of my drinking.
53. 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.
54. I am a careless, inattentive or indifferent driver.
55. People tell me I lose control over little problems and minor frustrations.
56. I have been treated for a drinking problem.
57. I have admitted to a close family member that I have a drug problem.
58. I often take substances (alcohol/drugs) in larger amounts or over a longer period than I intended.
59. I use and sometimes abuse drugs.
60. I send and receive text messages while driving.
61. I have done things when angry or mad that I later regretted.
62. I am in counseling or treatment for my drinking problem.
63. To be honest, I drive too fast.
64. I continue to use drugs despite family arguments about my drug use.
65. Almost all of my normal daily activities are associated with (or affected by) my substance use and abuse.
66. Drinking has interfered with my happiness and success in life.

67. I have a drug problem.
68. There are times when I really worry about myself and my future.
69. Within the last year I have had persistent cravings and strong urges for my alcohol and/or drug use.
70. Because of my drug use I have given up or quit social functions, work and/or recreational activities.
71. I continue using substances (alcohol/drugs) even though I know they cause physical and psychological problems for me.
72. I have a drinking problem.
73. There have been times when I knew I should not drive – but did.
78. Rate your drinking on a ten point scale. One represents “no problem,” whereas ten represents a “severe drinking problem.” I rate my drinking as:
1. No problem (rate 1 or 2).
 2. Mild alcohol use (rate 3, 4 or 5).
 3. A drinking problem (rate 6, 7 or 8).
 4. A severe drinking problem (rate 9 or 10).
79. Rate your drug use on a ten point scale. One represents “no drug use problem,” whereas ten represents a “severe drug abuse” problem. I rate my drug use as:
1. No drug use problem (rate 1 or 2).
 2. Mild drug use problem (rate 3, 4 or 5).
 3. A drug abuse problem (rate 6, 7 or 8).
 4. A severe drug abuse problem (rate 9 or 10).

80. Within the last year I have had intense urges or cravings for my substance of choice:
1. In settings where I had used the substance.
 2. Randomly, at different times and places.
 3. Both 1 and 2.
 4. None of the above.

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.

74. Rate your “driving” on a ten point scale. One represents a “poor” driver-rating whereas ten represents a “good” driver-rating I rate myself as:
1. A poor (rate 1 or 2) driver.
 2. An adequate (rate 3, 4 or 5) driver.
 3. A below average (rate 6, 7 or 8) driver.
 4. A good (rate 9 or 10) driver.
75. My drinking is:
1. A serious problem.
 2. A moderate problem.
 3. A mild problem.
 4. Not a problem.
76. My drug use is:
1. A serious problem.
 2. A moderate problem.
 3. A mild problem.
 4. Not a problem.
77. I have tried but I cannot:
1. Reduce, cut down or control my use of alcohol and/or drugs.
 2. Stop using alcohol and/or drugs.
 3. Both 1 and 2.
 4. None of the above.
81. 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.
82. My repeated substance (alcohol/drug) use has resulted in:
1. Absences or poor performance in school or work due to alcohol and/or drug use.
 2. Neglecting my household duties or responsibilities.
 3. Both 1 and 2.
 4. None of the above.
83. I have continued alcohol and/or drug use despite persistent and recurrent:
1. Social and/or interpersonal problems
 2. Arguments or fights with my family or significant other about my substance use.
 3. Both 1 and 2.
 4. None of the above.

84. Recovering means have a substance (alcohol/ drug) abuse problem, but not drinking or using drugs anymore. I am a recovering:
1. Alcoholic.
 2. Drug abuser.
 3. Both 1 and 2.
 4. None of the above.
85. I have repeatedly used alcohol or drugs:
1. In physically hazardous or dangerous situations like swimming, boating, driving or skiing.
 2. Before driving or operating machinery.
 3. Both 1 and 2.
 4. None of the above.
86. 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.
87. I have noticed within the last year:
1. I use a lot more alcohol and/or drugs to get intoxicated or high.
 2. I do not get intoxicated or high when I use the same amount of alcohol or drugs that I used to use.
 3. Both 1 and 2.
 4. None of the above.
88. I have had withdrawal symptoms like trouble sleeping, tremors, sweating, nausea, vomiting, headaches, etc.:
1. After reducing my alcohol/drug use.
 2. When I stopped my alcohol/drug use.
 3. Both 1 and 2.
 4. None of the above.
89. How many different drug treatment programs have you been enrolled in?
1. One.
 2. Two or three.
 3. Four or more.
 4. None.

Section 3

Rate each statement as it applies to you **now**. Put an **X** on your answer sheet under the number that you select for your answer. Use the following rating scale.

- | | |
|------------------|-------------------------|
| 1. Rare or Never | 3. Often |
| 2. Sometimes | 4. Very Often or Always |

90. Positive Attitude / Outlook
91. Anxious / Worried / Fearful
92. Satisfied with Self / Like Self
93. Nervous / Unable to Relax
94. Impulsive / Spontaneous
95. Financially Stable / Responsible
96. Dissatisfied with Life
97. Able to Handle Life's Problems
98. Insomnia / Trouble Sleeping
99. Careful / Considerate Driver
100. Enthusiastic / Involved in Life
101. Fatigued / Tired / Sluggish
102. Angry / Hostile with Others
103. Work / Job Satisfaction
104. Tension / Stress / Pressure
105. Trust My Own Judgment
106. Depressed / Discouraged
107. Rebellious / Unruly / Defiant
108. Content with Life / Satisfied
109. Lonely / Unhappy
110. Careless / Inconsiderate Driver
111. Patient / Tolerant / Understanding
112. Emotionally Upset / Crying
113. Express My Feelings Comfortably

When finished turn in your questionnaire and answer sheet.

Thank you for your cooperation.

Section 1, continued

	T	F		T	F
57.	_____	_____	65.	_____	_____
58.	_____	_____	66.	_____	_____
59.	_____	_____	67.	_____	_____
60.	_____	_____	68.	_____	_____
61.	_____	_____	69.	_____	_____
62.	_____	_____	70.	_____	_____
63.	_____	_____	71.	_____	_____
64.	_____	_____	72.	_____	_____
			73.	_____	_____

Section 2

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

	1	2	3	4
74.	_____	_____	_____	_____
75.	_____	_____	_____	_____
76.	_____	_____	_____	_____
77.	_____	_____	_____	_____
78.	_____	_____	_____	_____
79.	_____	_____	_____	_____
80.	_____	_____	_____	_____
81.	_____	_____	_____	_____
82.	_____	_____	_____	_____
83.	_____	_____	_____	_____
84.	_____	_____	_____	_____
85.	_____	_____	_____	_____
86.	_____	_____	_____	_____
87.	_____	_____	_____	_____
88.	_____	_____	_____	_____
89.	_____	_____	_____	_____

Section 3

Put an **X** under the number (1, 2, 3 or 4) that describes you best. Use the following rating scale to select your answers.

1= Rare or Never	3= Often
2= Sometimes	4= Very Often or Always

	1	2	3	4
90.	_____	_____	_____	_____
91.	_____	_____	_____	_____
92.	_____	_____	_____	_____
93.	_____	_____	_____	_____
94.	_____	_____	_____	_____
95.	_____	_____	_____	_____
96.	_____	_____	_____	_____
97.	_____	_____	_____	_____
98.	_____	_____	_____	_____
99.	_____	_____	_____	_____
100.	_____	_____	_____	_____
101.	_____	_____	_____	_____
102.	_____	_____	_____	_____
103.	_____	_____	_____	_____
104.	_____	_____	_____	_____
105.	_____	_____	_____	_____
106.	_____	_____	_____	_____
107.	_____	_____	_____	_____
108.	_____	_____	_____	_____
109.	_____	_____	_____	_____
110.	_____	_____	_____	_____
111.	_____	_____	_____	_____
112.	_____	_____	_____	_____
113.	_____	_____	_____	_____

When finished turn in your questionnaire and answer sheet.

Thank you for your cooperation.



JB Pritzker, Governor

Grace B. Hou, Secretary-designate

100 South Grand Avenue East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

REFERRAL LIST VERIFICATION FORM

I have been shown a listing of licensed DUI and/or substance abuse treatment programs. I understand that I may seek any necessary services at the program of my choice.

Offender Signature

Date

Evaluator Signature

Date



100 South Grand Avenue East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

INFORMED CONSENT

In order to obtain an Alcohol and Drug Evaluation for the Circuit Court or the Office of the Secretary of State, I agree to provide the following information:

- A copy of my driving abstract or a written summary of my driving history obtained from the Office of the Secretary of State;
The written results of any chemical testing or documentation of refusal of such testing that occurred after my arrest for driving under the influence of alcohol and/or other drugs (DUI); and
Alcohol and drug use history from first use to present.

I also attest to the fact that I have not undergone any other alcohol and drug evaluation as a result of my DUI arrest or if I have, I agree to provide a copy of all such evaluations, if completed and/or the name and address of such program(s). I also give my consent for this program to obtain information from any program(s) where I previously began and/or completed any alcohol and drug evaluation relative to my arrest for DUI. I have read the Department of Human Services brochure entitled "DUI Processes and Evaluations" explaining the alcohol and drug evaluation procedure. I understand that I have the right to withdraw from this evaluation process at any time, refuse the completed alcohol and drug evaluation or seek a second opinion by obtaining another evaluation. I further understand that any information I do provide can be released to the Circuit Court, the Office of the Secretary of State or the Department of Human Services upon request. If I do not complete the evaluation or do not return to sign and obtain my copy of the evaluation within 30 days of its completion date, notice will be sent to the Circuit Court or the Office of the Secretary of State along with any relevant information pertaining to my involvement with this program.

Offender Signature

Date

Parent/Guardian Signature (If offender is under age 18)

Date

Witnessed:

Signature

Date

IF CONSENT IS NOT GIVEN, PLEASE INDICATE THAT YOU HAVE READ THIS FORM BY INITIALING ON THIS LINE.