DUI Service Reporting System (eDSRS) User Reference Manual

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SECTION 1 - INTRODUCTION

The Unified Health Systems DUI Service Reporting System (eDSRS) application is designed to generate the Alcohol and Drug Evaluation Uniform Report and other forms and reports associated with a DUI Evaluation or DUI Risk Education program for individuals who have violated Illinois laws relative to driving under the influence of alcohol or other drugs. It also submits bills for reimbursement from the Drunk and Drugged Driving Prevention Fund (DDDPF).

eDSRS must be used by every licensed DUI Evaluation and DUI Risk Education provider in accordance with the provisions of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/1-1], and the rules and regulations promulgated under this Act, Part 2060. The forms, documenting the results of the DUI Evaluation or Risk Education, are produced from eDSRS and are the only documents that should be submitted to the Circuit Court of Venue or the Office of the Secretary of State.

Drunk and Drugged Driving Prevention Fund

The Drunk and Drugged Driving Prevention Fund (DDDPF) was authorized by the Illinois General Assembly in Public Act 85-1304 in order to make Evaluation and Risk Education services available to DUI offenders who have inadequate financial resources. All providers with a valid DUI Evaluation or DUI Risk Education license must serve indigent DUI offenders and should submit bills for reimbursement using eDSRS.

The only reimbursable services from DDDPF are DUI Evaluation and DUI Risk Education. DUI Evaluations shall be limited to one evaluation per offender per DUI episode. DUI Risk Education shall be limited to one completed course per offender per DUI episode. For billing purposes the unit of service shall be one completed evaluation or course as described in part 2060. In order to submit a claim for reimbursement from the Drunk or Drugged Driving Prevention Fund, a provider must verify that the offender's annual household income meets the following poverty guidelines issued by the U.S. Department of Health and Human Services, Washington, D.C. (Federal Register, January 26, 2017):

<table>
<thead>
<tr>
<th>Number of Dependents</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,490</td>
</tr>
<tr>
<td>2</td>
<td>$16,910</td>
</tr>
<tr>
<td>3</td>
<td>$21,330</td>
</tr>
<tr>
<td>4</td>
<td>$25,750</td>
</tr>
<tr>
<td>5</td>
<td>$30,170</td>
</tr>
<tr>
<td>6</td>
<td>$34,590</td>
</tr>
<tr>
<td>7</td>
<td>$39,010</td>
</tr>
<tr>
<td>8</td>
<td>$43,430</td>
</tr>
<tr>
<td>For each additional person,</td>
<td>add $4,420</td>
</tr>
</tbody>
</table>

The “Qualifications for DUI Services as an Indigent” form [IL-444-2034] is generated by eDSRS. This form and the most recently filed Federal or State Income Tax Return or any notarized document attesting to any change in status since the last filing must be maintained in the offender’s record. Other supporting documentation can include and may help prove indigent status: unemployment security documentation, pension information, retirement information, pay check stubs, SSI, Medicaid IDHFS Recipient (ID card/award letter), or a notarized affidavit of assets and liabilities. These forms and any supporting documentation should not be submitted to the Department of Human Services, Division of Substance Use Prevention and Recovery (SUPR).
The current state rate of reimbursement from the DDDPF is $135.00 for an Evaluation and $110.00 for Risk Education. The provider may assess an additional indigent fee if the provider’s usual and customary charge exceeds the rate. In all cases, the indigent fee may not exceed the difference between the rate and the usual and customary charge for the service. All reasonable efforts shall be made to collect any assessed indigent fee from the offender prior to completion of the Evaluation or Risk Education service. However, if the fee is not collected from the indigent offender by the completion of services, the evaluation or certificate of completion for Risk Education shall still be released to the appropriate Circuit Court of Venue or the Office of the Secretary of State.

Claims for reimbursement will be processed in the order received according to the following billing procedures:

Providers must submit a bill within 30 days after the end of the month in which the service was provided.
Services to the indigent DUI offender must be complete prior to billing. Billing for partial or incomplete services is not allowed. Should two bills be submitted for the same DUI offender for the same service for the same episode, the first bill alone shall be reimbursed.

SUPR may conduct periodic post-payment audits of indigent DUI offender records for which reimbursement was sought to determine if the services billed for were conducted in accordance with the established standards and to ensure offender eligibility and financial status. If such audit reveals that the provider does not have the required supporting documentation, a demand for repayment will be sent to the provider showing why payment was improper. If the provider does not prove that payment was proper within 30 days of this notification, a “Final Notice of Intent to Recover Unsubstantiated Billings” will be sent to initiate recovery of the amount in question. Upon receipt of this final notice, the provider may request an informal review regarding the recovery of DDDPF disbursement. The request must be submitted in writing, along with any supporting documentation, within ten working days after the date of receipt of the notice. Providers will be notified of the resolution of the informal review. DDDPF funds will be recouped via certified cashier’s check or money order due and payable within thirty calendar days of receipt of the final notice or ten calendar days after notice of resolution of the informal review, if one is requested.

**Contact Information**

Questions concerning the eDSRS application should be directed to the MIS Unified Health Systems Help Desk by email at [DoIT.UhsInfo@Illinois.gov](mailto:DoIT.UhsInfo@Illinois.gov)

Questions concerning DUI policy should be directed to the DHS Division of Substance Use Prevention and Recovery Help Desk by email at [DoIT.SuprHelp@Illinois.gov](mailto:DoIT.SuprHelp@Illinois.gov).
SECTION 2 – GENERAL SYSTEM INFORMATION

System Requirements
All licensed DUI Evaluation and DUI Risk Education providers must have internet service and maintain an active email account. Changes to email account addresses must be submitted to DHS/SUPR by email Dolt.SuprHelp@illinois.gov. The following computer specifications were established by Management Information Services based on eDSRS requirements as currently developed. Your computer will need to meet (or exceed) the following specifications:

Required
- Internet Explorer (IE) Version 8 or newer or Mozilla Firefox – most current Version
- Adobe Acrobat or Adobe Reader

Recommended
- High Speed Internet Connection
- Wide-Screen Monitor (16x9)

System Security
To protect against unauthorized access, DHS Web Applications have a timeout functionality which automatically closes your session if no activity is detected between your PC and the Web Server for a period exceeding 30 minutes. If an Evaluation segment requires lengthy narratives which require more than 30 minutes to complete, we suggest that the segment be saved with minimal data, at which time you may re-enter the segment to complete the narrative. This will prevent loss of entered data if a session timeout should occur!

NOTE: Keyboard activity does not reset the timer. Only clicking a button on a page will reset the timer! After 25 minutes have elapsed, a warning message will appear with a 5 minute countdown to when the application will log you off. You have the option during this 5 minute countdown to click on the refresh button to continue.

The eDSRS application uses Transport Layer Security (TLS) encryption which is the industry-standard security system and meets the Health Insurance Portability and Accountability Act (HIPAA) compliance standards.

Worker Registration and Security Roles
Each eDSRS worker must register with DHS in order to receive appropriate system access for their security role(s). Access to the UHS web-based application requires entry and approval of the email address used for registration into the Security Access Manager (SAM) as required by the DHS MIS Bureau of Security and Quality Assurance (BSQA). During the registration process, workers indicate the roles they desire and the appropriate approving entity will either grant or deny the access. A worker may have one or all four security roles.

<table>
<thead>
<tr>
<th>Security Role</th>
<th>Approving Entity</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Representative</td>
<td>DHS/SUPR</td>
<td>This worker is responsible for the overall operations at the provider.</td>
</tr>
<tr>
<td>Provider Administration</td>
<td>Initial: Provider Representative Final: DHS/SUPR</td>
<td>This worker is responsible for daily business operations. A list of workers awaiting TAM approval will be displayed on the home page. This worker will manage Final: DHS/SUPR Provider Entrants (change status to active or inactive, update credentials, etc). This role also may allow changes to Evaluations after marked as completed.</td>
</tr>
<tr>
<td>Provider Fiscal Operations</td>
<td>Initial: Provider Administration Final: DHS/SUPR</td>
<td>This worker is responsible for the financial aspect and approving DDDPF bills for submission to DHS then tracking vouchers.</td>
</tr>
<tr>
<td>Provider Entrant</td>
<td>Initial: Provider Administration Final: DHS/SUPR</td>
<td>This worker is responsible for entering Evaluation and/or Risk Education data (evaluator/instructor). Provider Entrants must have the appropriate credentials in order to enter Evaluation information.</td>
</tr>
</tbody>
</table>
Change Password / Request User ID Change

By clicking on the OPTION link at the top of the user's home screen, the user is given the option to change their password or request that their User ID be changed.

The following new window will appear. The user will then select the function they wish to do – Change their current password or Change their User ID and complete the required fields.

Credential Update

When Evaluators renew their credentials, the Provider Administrator is required to update the Provider Evaluator's credential expiration date in the system. The Provider Administrator can click on the Evaluator's name anywhere it appears on the website, the **Evaluator Information** screen will then show where the Expiration date can then be updated. After which the SAVE button should be clicked to save the updated information. If this is not done on time and prior to the expiration date, the Evaluator will not be able to enter data into the system.
The Unified Health Systems eDSRS application may be accessed by entering the URL https://dui.dhs.illinois.gov/duisecure/dui in the address line of your browser. This is the first page that the user will see once they have accessed the Unified Health Systems application.

1. The user should type in his/her User ID. The User ID will be the email address used for eDSRS registration.

2. After entry of a valid User ID, the application prompts the user for a "Password". The user should type in his/her unique password. When the password is entered, it will not be visible. Passwords must be eight characters in length and contain at least one letter, one number, and one special character (#, @, etc). The password MUST be changed every 30 days to keep it active. For TAM password assistance, email the DHS MIS Bureau of Security and Quality Assurance (BSQA) at the following address: DoIT.DHS.MISSecurity@illinois.gov. Or email the MIS Unified Health Systems Help Desk at DoIT.Uhsinfo@illinois.gov.

   - The user must not login to the application, unless the user has followed the logout procedures. To logoff the application, click "Logoff" on the menu bar at the top of the page.
   - The user should only have one active session of Unified Health Systems running at a time.

3. The user must select "Login". The worker’s eDSRS Home Page will be displayed.
The **eDSRS Worker Home Page** is displayed after logging into the application. The information shown on this page will be dependent upon the worker’s security role. **Help** on the menu bar displays a drop down list which includes the **eDSRS User Reference Manual**, access to **Provider Administration** and **System Message Administration** functions, and information **About** the application and technical assistance information.

Active Evaluations/Risk Educations will be displayed with **Arrest Date/Time**, **Offender Name**, and **County**. **Arrest Date/Time** is a link that when clicked on will display the **Evaluation** page or **Risk Education** page depending on what is in progress. **Offender Name** is a link that when clicked on will display the **Offender Summary** page for the offender. **Services Ready for Billing Approval** will display the **Evaluator Name**, **Offender Name**, **Completion Date** and **Service Type**. Depending on the role of the worker there will also be a section for **Notifications** when a site’s license or service provider certification/license are about to expire.

A Sort function is available at the top of each table. By clicking on the up or down the column can be sorted in ascending or descending order.

**Unlocking A Completed Evaluation or Risk Education**

After an Evaluation or Risk Education has been completed and it becomes necessary to change its information, the Evaluator may “unlock” the record for data collection within the first 10 days. By clicking “unlock” and selecting **OK** on the window shown below, the record becomes active again and changes may be made. After the 10 day grace period, a Provider Administration worker may “unlock” the record for data correction using the same process.

**Note:** If an Evaluation has been Vouchered or is older than 180 days it cannot be Unlocked!

If a Risk Education has been Vouchered or is older than 60 days it cannot be Unlocked!
3.1 OFFENDER SEARCH

The **Offender Search** page is displayed after selecting **Offender Search** on the menu bar. A search is to be implemented to determine if an offender already exists or will need to be added to the system. A basic search must consist of either Last Name or Illinois Driver's License Number. If Last Name/First Name is entered a **Name Search Type** may be selected for Sounds Like, Exact Match or Begins With to limit the number of matches. There is also additional search criteria which may be entered to limit the number of matches. After the selected information has been entered click on **Search**.
3.1 OFFENDER SEARCH – continued

When it has been determined that the offender does not exist in the system, the Offender Search Results will be displayed with the message “No Results Found”. Select Add to enter new offender information or Search to search for another offender.

When search criteria was entered and a match found, the Offender Search Results page will be displayed with a list of the Name(s) found for the match. Name(s) is a hyperlink which can be clicked on to add/edit Offender information. Details is also a hyperlink that will allow viewing only of details on the offender.
3.2 DUI OFFENDER INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's License Number(s)</td>
<td>License number(s)</td>
</tr>
<tr>
<td>IL Driver's License Status</td>
<td>- Driver's License available</td>
</tr>
<tr>
<td></td>
<td>- Out of state record does not exist at this time</td>
</tr>
<tr>
<td></td>
<td>- Other (Alternate License# and Description below)</td>
</tr>
<tr>
<td>IL License Number or State Id</td>
<td>State ID</td>
</tr>
<tr>
<td>Other License Number</td>
<td>License number(s)</td>
</tr>
<tr>
<td>Other License State</td>
<td>State ID</td>
</tr>
<tr>
<td>Religion</td>
<td>Religion</td>
</tr>
<tr>
<td>Interpreter Services</td>
<td>Interpreter Services</td>
</tr>
<tr>
<td>Physical or Mental Disability</td>
<td>Physical or Mental Disability</td>
</tr>
<tr>
<td>Employment Status</td>
<td>Employment Status</td>
</tr>
<tr>
<td>Occupation</td>
<td>Occupation</td>
</tr>
<tr>
<td>Annual Income:</td>
<td>Annual income</td>
</tr>
<tr>
<td>Number of Dependents (Including Self):</td>
<td>Number of dependents (including self).</td>
</tr>
<tr>
<td>Emergency Contact</td>
<td>Last Name: First Name: Phone:</td>
</tr>
</tbody>
</table>

The **Add DUI Offender Information** page will be displayed when a person is found in the system and DUI offender information is to be added to the system. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Offender Search** page.
3.3 OFFENDER DEMOGRAPHICS

The **Add Offender** page will be displayed when a new person is to be added to the system. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. When selecting **Race** information, select all of the race groups the offender appears to belong to, identifies with, or is regarded in the community as belonging. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to create the Offender record and continue to the **Offender Summary** page or **Cancel** when information has been entered in error and is not to be saved and return to the **Offender Search** page.
3.4 OFFENDER SUMMARY

The Offender Summary page will be displayed when an offender name was selected from the Offender Search Results page. Hyperlinks are below each section to allow editing of offender information. If an Evaluation or Risk Education is already in progress, click on the desired date of arrest to access the data entry page. If there are no active Evaluation or Risk Education in progress, select the appropriate site then click on “New” to add the information.

The official DHS forms for Circuit Courts of venue and Secretary of State may also be printed from the Offender Summary page. The appropriate DUI service form can be printed by clicking the desired evaluation or risk education entry’s status/disposition when the printer symbol is present. If the offender has qualified as an indigent, the button to print/view the form will be located in the Demographics section.

An Evaluation, or Risk Education, may be “Unlocked” from the Offender Summary screen. The functionality of the “Unlock” is the same as that on the Home page –

- Evaluators have 10 days to unlock a completed Evaluation or Risk Education.
- A Provider Representative or Provider Administrator has 180 days to unlock an Evaluation.
- A Provider Representative or Provider Administrator has 60 days to unlock a Risk Education.
- An Evaluation or Risk Education which does not meet the preceding criteria, or one which has entered the Billing process, cannot be unlocked!
The **Evaluation** page is displayed after selecting an evaluation already in progress from the **Offender Summary** page. A green checkmark (✓) next to the evaluation sub-section indicates the information is complete and passed validation; no further required information to be entered. A red asterisk (*) next to the evaluation sub-section indicates the information is incomplete and all required fields have not been entered. The worker can save partial information (to be completed at a later date) without completing all checklist items. All fields are hyperlinks and can be clicked on to access the information on the following pages.

On many of the data collection pages, the response to a question posed may require entry of additional information. In these instances a text box will appear for data entry. These narrative responses will be displayed on the official forms, as appropriate.

A DRAFT or “Preview” of the Evaluation form can be printed for review purposes.

When all information has been entered, select **Disposition** to finish the Evaluation process.

If the Disposition selected was for “Completed”, the **Alcohol and Drug Evaluation Uniform Report** form can now be printed by clicking on **Print/View Evaluation Form (Completed)**. If the Disposition selected was for “Not Completed”, the **Notice of Incomplete/Refused Alcohol and Drug Evaluation** form can now be printed by clicking on **Print/View Evaluation Form (Not Completed)**.

If there is a previously completed and billed DUI Evaluation for the same arrest date by another agency you will see the following appear at the top of this screen:
4.1 CURRENT ARREST INFORMATION

**Current DUI Arrest Information Results**

<table>
<thead>
<tr>
<th>Required Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Source: Court</td>
</tr>
<tr>
<td>Beginning Date of Evaluation: 04/18/2013</td>
</tr>
<tr>
<td>Date of Arrest: 04/21/2013 Day of Arrest: Thursday</td>
</tr>
<tr>
<td>Time of Arrest: (hh:mm am/pm): 11:11 PM</td>
</tr>
<tr>
<td>County of Arrest: Edwards</td>
</tr>
<tr>
<td>Blood-Alcohol Concentration (BAC) at Time of Arrest: * (Enter RT II Relaxed Test or NA for Not Applicable)</td>
</tr>
<tr>
<td>Was Blood and/or Urine Testing performed? If yes, please provide results. Yes No</td>
</tr>
</tbody>
</table>

Specify up to five mood altering substances (alcohol/drugs) consumed which led to this DUI arrest (in order of most to least):

1. [Most consumed]
2. 
3. 
4. 
5. [Least consumed]

**Arrest Substance Narrative**
Specify the amount and time frame in which the alcohol and/or drugs were consumed which led to this DUI arrest.

(500 characters max)
You have 300 characters left.

Does the Blood-Alcohol Concentration (BAC) for the current arrest correlate with the offender's reported consumption? If no, please explain.

Yes No Not Applicable

This page is displayed after selecting **Current DUI Arrest Information** from the Evaluation page or New from the Offender Summary page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select Save to save the information or Cancel when information has been entered in error and is not to be saved. This will then return to the Evaluation page.
## ALCOHOL and DRUG RELATED LEGAL & DRIVING HISTORY

**Add Alcohol and Drug Related Legal & Driving History**

Does the offender have any alcohol and drug related driving information to be reported, any discrepancies between information reported by the offender and information on the driving record?

- Yes
- No

### CAUTION: DO NOT INCLUDE INFORMATION REPORTED IN THE FIRST SEGMENT -- CURRENT DUI ARREST INFORMATION -- IN THIS PRIOR HISTORY SECTION.

**DUI Dispositions Prior to Current Date of Arrest**

Prior DUI dispositions including boating and snowmobiling (list chronologically from first arrest to most recent, and include out-of-state arrests):

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Date of Conviction or Court Supervision</th>
<th>Blood Alcohol Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mm/dd/yyyy)</td>
<td>(mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

*Additional dispositions should be listed in an addendum to the Uniform Report*

**Statutory Summary/Implied Consent Suspension Prior to Current Date of Arrest**

Prior statutory summary or implied consent suspension (may have same arrest date of DUI listed above):

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Effective Date of Suspension</th>
<th>Blood Alcohol Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mm/dd/yyyy)</td>
<td>(mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Additional dispositions should be listed in an addendum to the Uniform Report*

**Reckless Driving Convictions Prior to Current Date of Arrest**

Prior reckless driving convictions reduced from DUI (may have same arrest date of summary of suspension listed above):

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Date of Conviction</th>
<th>Blood Alcohol Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mm/dd/yyyy)</td>
<td>(mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Additional dispositions should be listed in an addendum to the Uniform Report*
4.2 ALCOHOL and DRUG RELATED LEGAL & DRIVING HISTORY - continued

Zero Tolerance Suspensions
Zero tolerance suspensions as reported by the offender and/or indicated on the driving record (including out-of-state dispositions):

<table>
<thead>
<tr>
<th>Date of Arrest (mm/dd/yyyy)</th>
<th>Effective Date of Suspension (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Illegal Transportation Convictions
Illegal transportation convictions as reported by the offender and/or indicated on the driving record (including out-of-state dispositions):

<table>
<thead>
<tr>
<th>Date of Arrest (mm/dd/yyyy)</th>
<th>Date of Conviction (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Driving Record Discrepancies
Were there any discrepancies between information reported by the offender and information on the driving record? If yes, please provide results:
- Yes
- No

This page is displayed after selecting Alcohol and Drug Related Legal & Driving History from the Evaluation page and indicating there is alcohol and drug related legal and driving information to be reported. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. When a disposition date is pending or unknown, enter 01/01/9999 and "Pending/Unknown" will be displayed on the Alcohol and Drug Evaluation Uniform Report. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select Save to save the information or Cancel when information has been entered in error and is not to be saved. This will then return to the Evaluation page.
4.3 SIGNIFICANT ALCOHOL/DRUG USE HISTORY

Significant Alcohol/Drug Use History Results

**Chronological History**
Provide a complete and accurate chronological history of the offender's alcohol and drug use from the onset of use up to and including his/her last alcohol/drug-related arrest and from the last alcohol/drug-related arrest through the date of this evaluation and/or current abstinent date. Report alcohol/drug use by frequency, type, amount, and duration of said patterns with a clear and complete explanation for any variance in said patterns. This must include frequency of intoxications and any drug use, amounts needed to become intoxicated, list the dates and locations of all prior attempts the offender has made to limit consumption or achieve abstinence as a means to avoid any further consequences of substance use. List the dates and locations of all services the offender has received where substance use was a primary or contributing factor for attendance. These can include, but are not limited to medical care, mental health services, relationship or pastoral counseling, Employee Assistance Programs (EAP), and Student Assistance Programs (SAP). List the dates and locations of all previous substance abuse treatment and intervention services. 

- Indicate if mixed drinks are single shot, doubles, or free poured; 
- Indicate if beers are 12-ounce, 16-ounce, 24-ounce, 32-ounce or 40-ounce containers; and 
- Indicate the glass size in ounces if consuming wine or mixed drinks.

Report offender's first intoxication and whether offender exhibited vivid recall of this event. Report when offender first exhibited alcohol and drug related problems.

<table>
<thead>
<tr>
<th>Alcohol/Drug Use</th>
<th>Age of First Use</th>
<th>Age of First Intoxication</th>
<th>Age of Regular Use</th>
<th>Age of Last Use</th>
<th>Year of Last Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Chronological History Narrative:**
(2000 characters max)
You have characters left:
10

**Current Medications**
Review any prescription or over-the-counter medication the offender is currently taking that has the potential for abuse. List the medication, what it is used for, and how long it has been taken. Report whether the offender has ever abused medication and whether he/she has ever illegally obtained prescription medication.

- Applicable
- Not Applicable

**Family Member Addictions**
Specify any immediate family member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the family member is in frequent contact with the offender and whether he/she is still using any substance.

- Applicable
- Not Applicable

**Peer Group Addictions**
Specify any immediate peer group member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the peer group member is in frequent contact with the offender and whether he/she is still using any substance.

- Applicable
- Not Applicable

**Substance Use**
List all dates, locations, and charges for which the offender has been arrested where substance use, possession, or delivery was a primary or contributing factor (including out-of-state dispositions):

(350 characters max)
You have characters left:
14

**Significant Other Interview**
Identify the significant other and summarize the information obtained in the interview.

- Applicable
- Not Applicable
This page is displayed after selecting **Significant Alcohol/Drug Use History** from the **Evaluation** page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

After completing the chronological narrative there are several areas to add specific information. By checking applicable, a dialog box will open that will allow you to enter relevant information. In the section titled **Impairments**, almost all cases should include some applicable information. Such as in legal - it is apparent that the client had some legal issues since they have at least 1 DUI. This may have also, impacted other life areas such as economics, family or social life.
This page is displayed after selecting **Objective Test Information** from the **Evaluation** page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.
### 4.5 CRITERIA FOR SUBSTANCE USE DISORDER

<table>
<thead>
<tr>
<th>Substance Use Disorder Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify any Substance Use Disorder criteria occurring within a 12 month period. This may be done using the offender's current presentation or a past episode for which the offender is currently assessed as being in remission. One symptom will result in a Moderate Risk Level classification. Two or three symptoms will result in a Significant Risk classification. Four or more symptoms will result in a High Risk classification.</td>
</tr>
</tbody>
</table>

- Alcohol or drugs are taken in larger amounts or over a longer period than intended.
- There is a persistent desire or unsuccessful efforts to cut down or control alcohol or drug use.
- A great deal of time is spent in activities necessary to obtain, use, or recover from the effects of alcohol or drug use.
- Craving, or a strong desire or urge to use alcohol or drugs.
- Recurrent alcohol or drug use resulting in a failure to fulfill major role obligations at work, school or home.
- Continued alcohol or drug use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol or drugs.
- Important social, occupational, or recreational activities are given up or reduced because of alcohol or drug use.
- Recurrent alcohol or drug use in situations in which it is physically hazardous.
- Alcohol or drug use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol or drugs.
- Tolerance - Either a need for markedly increased amounts of alcohol or drugs to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of alcohol or drugs.
- Withdrawal - As manifested by either the characteristic withdrawal syndrome for alcohol or drugs, or alcohol or drugs are taken to relieve or avoid withdrawal.

<table>
<thead>
<tr>
<th>Remission Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the offender meets Substance Use Disorder criteria based on a past episode and is now assessed as being in remission, identify and describe the course specifier that reflects the offender's current status.</td>
</tr>
</tbody>
</table>

**Early Remission:** After full criteria for Substance Use Disorder were previously met, none of the Substance Use Disorder criteria have been met for at least 3 months but less than 12 months. (With the exception of craving, or a strong desire or urge to use alcohol or drugs)

**Remission Status Narrative**

**Prior History**

Has the offender ever met Substance Use Disorder criteria by prior history but is now considered recovered (no current Substance Use Disorders)? If yes, please explain when the criteria was met and why it is not clinically significant for the purposes of a current risk assessment. The explanation must include the length of time since last episode, the total duration of the episode, and any need for continued evaluation or monitoring.

**Yes**

**Substance Use Disorder History Narrative**

**Written narrative...**

---

This page is displayed after selecting **Criteria for Substance Use Disorder** from the **Evaluation** page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.
Add Offender Behavior

* Required Fields

Offender Behavior Responses
Were the offender's behavior and responses consistent, reliable, and non-evasive? (*
(800 characters max)
You have characters left.

Offender Behavior Disorders
Identify indications of any significant physical, emotional/mental health, or psychiatric disorders.
(800 characters max)
You have characters left.

Offender Behavior Assistance
Identify any special assistance provided to the offender in order to complete the evaluation.
(800 characters max)
You have characters left.

Offender Evaluation Location
Where was the offender interview conducted? (*
- Licensed Site
- Non-Licensed Site

Save  Cancel

This page is displayed after selecting **Offender Behavior** from the **Evaluation** page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.
4.7 CLASSIFICATION/ MINIMAL REQUIRED INTERVENTION

This page is displayed after selecting Classification/Minimal Required Intervention from the Evaluation page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select Save to save the information or Cancel when information has been entered in error and is not to be saved. This will then return to the Evaluation page.
4.8 EVALUATION DISPOSITION

This page is displayed after selecting **Disposition** from the **Evaluation** page. Fields marked with an asterisk (*) are required. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page. Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page after the verification process is complete.

When **Completed** is selected, the screen will expand to collect the date on which the evaluation was completed.

Select **Save** to save the information as **Completed**. The following window will appear for verification. After selecting **OK** on the window, no changes can be made to the Evaluation information.
4.8 EVALUATION DISPOSITION - continued

When Not Completed is selected, the following screen will appear to select the reason why the evaluation could not be completed. **NOTE:** Entering Not Completed will make all previously entered information inaccessible. Do Not enter a Not Completed if you wish to access this information at a later date.

Select **Save** to save the information as Not Completed. The following window will appear for verification. After selecting **OK** on the window, no changes can be made to the Evaluation information.

![Select Save](image)

When Entered in Error is selected, select **Save** and the following window will appear for verification. After selecting **OK** on the window, the Evaluation information will be permanently deleted.

![Select OK](image)
5.1 RISK EDUCATION

The Risk Education page is displayed after selecting a risk education already in progress or New from the Offender Summary page. Fields marked with an asterisk (*) are required fields but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. The worker can save partial information (to be completed at a later date) without completing all items. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select Save to save the information or Cancel when information has been entered in error and is not to be saved. This will then return to the Offender Summary page.

If a previous Risk Education Certificate has been completed and billed by another agency you will see the following at the top of your new Risk Education Certificate screen:
5.2 RISK EDUCATION DISPOSITION

Select **Complete/Terminate** on the previous screen to enter the disposition. The following window will appear.

After selecting **OK** on the window above, the Disposition area will be displayed on the screen. Once the appropriate disposition has been saved, no changes can be made to the Risk Education information.

Once the Disposition is selected, the **Certificate of Completion** or **Notice of Involuntary Termination** form can be printed from the **Offender Summary** page. Risk Education Certificate of Completion forms may be run within 6 months.
SECTION 6 – PROVIDER INFORMATION

6.1 PROVIDER INFORMATION

Select Provider from the menu bar to display the Provider Summary page. Basic provider information on file with DHS will be displayed along with active workers by approved provider level security role. All licensed sites and evaluators will be displayed in a table format with a hyperlink to detailed information. Click on the Evaluator Name hyperlink to view/change information on an evaluator.

Provider and site information can only be changed by the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery.
Removal of Workers

Next to each worker's name on the Provider Summary page, after each Security role, there is a link (*Remove*) which allows the removal of a worker from that role. A Provider Representative may remove a worker from any role; however, Provider Administrators may only remove those in a Fiscal or an Entrant role. In the list of Evaluators this functionality is located in the last column of the Evaluator table. When "Remove" is clicked, the following screen will appear –

![User Removal Screen](image)

If the worker is no longer actively employed then you may check "Remove User from All DUI Roles" which will permanently close the worker and disassociate the worker from your Provider. If the worker is on temporary leave, it is best to mark the Evaluator as "InActive" which will prevent the worker from logging on but will not require the worker to repeat the Registration process once they have returned.

Note:

1) The worker will still be identified by name on all prior Evaluations or Risk Educations!
2) If the worker belongs to only one role, and is removed from that role, the worker will be dis-associated from your Provider
6.2 SITE INFORMATION

License Number: A-9999-0000-A  Site Name: Test Site

Approval Date: 07/01/2011  Expiration Date: 06/30/2012
Effective Date: 07/01/2011  Termination Date: 01/01/9999

Street Address: 1313 Mockingbird Ln
City: Springpatch  State: Illinois  Zip Code: 62701  County: Sangamon
Phone Number: (217) 555-5555

Representative Name: Eddie Munster  Phone Number:  Email Address: TestSite@work.com

Services Provided
- DUI Evaluation
- DUI Risk Education
- Level I Outpatient (Adult)
- Level I Outpatient (Adolescent)
- Level II Intensive Outpatient (Adult)
- Level II Intensive Outpatient (Adolescent)

The Site Information window is displayed after selecting Provider from the menu bar and clicking on the License Number hyperlink for a specific licensed site listed on the page. Close the window to return to the Provider Summary page.
### 6.3 EVALUATOR INFORMATION

The **Evaluator** page will be displayed after an evaluator was selected on the **Provider Summary** page. Fields marked with an asterisk (*) are required fields but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Provider Summary** page.

![Evaluator Information Form](image)

<table>
<thead>
<tr>
<th>Credentials</th>
<th>Expiration Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Advanced Alcohol &amp; Other Drug Abuse Counselor (CAADC)</td>
<td></td>
</tr>
<tr>
<td>Certified Alcohol, Tobacco &amp; Other Drug Abuse Preventionist (CADP) - Risk Ed Only</td>
<td></td>
</tr>
<tr>
<td>Certified Alcohol &amp; Drug Counselor (CADC)</td>
<td></td>
</tr>
<tr>
<td>Certified Assessment &amp; Referral Specialist (CARS)</td>
<td></td>
</tr>
<tr>
<td>Certified Reciprocal Alcohol &amp; Other Drug Abuse Counselor (CRADC)</td>
<td></td>
</tr>
<tr>
<td>Certified Supervisor Alcohol &amp; Other Drug Abuse Counselor (CSADC)</td>
<td></td>
</tr>
<tr>
<td>Certified Senior Alcohol, Tobacco &amp; Other Drug Abuse Preventionist (CSADP) - Risk Ed Only</td>
<td></td>
</tr>
<tr>
<td>Doctor of Medicine (MD)</td>
<td></td>
</tr>
<tr>
<td>Doctor of Osteopathy (DO)</td>
<td></td>
</tr>
<tr>
<td>Licensed Clinical Professional Counselor (LCPC)</td>
<td></td>
</tr>
<tr>
<td>Licensed Clinical Psychologist (LCP)</td>
<td></td>
</tr>
<tr>
<td>Licensed Clinical Social Worker (LCSW)</td>
<td></td>
</tr>
<tr>
<td>Licensed Professional Counselor (LPC)</td>
<td></td>
</tr>
<tr>
<td>Licensed Social Worker (LSW)</td>
<td></td>
</tr>
</tbody>
</table>

---

**Add Evr,Ju.,to r**

Evaluator Information

Evaluator Email Address: puppy@home.com

Last Name: ____________________________ First Name: ____________________________ Middle Initial: __________

DUI Orientation Status:  
- Yes  
- No

Employment Status: 
- Active  
- Inactive

---

Required Fields

---

*** At least one Expiration Date must be entered ***
Evaluator Maintenance

Under the Provider tab on the Home page, there is a drop-down selection that can be used to change the assignment of an Evaluator to Evaluations and/or Risk Education Certificates. This function can only be accessed by those individuals who have registered with the Provider Representative or Provider Administrator role.

First hover on the Provider menu item – then click on the Evaluator Maintenance option that will appear in the drop-down. Once that is done the following window will appear.

![Evaluator Maintenance Window]

Only Evaluations and/or Risk Education certificates having a Status of “Active” or “Active Revised” can be transferred from one Evaluator to another at the Provider security level.

Once the appropriate Source Evaluator (the individual who created the Evaluation/Risk Education certificate) is selected, the Evaluations and/or Risk Education Certificates currently associated with that Evaluator are displayed by Site (shown on the next page). For each Site displayed, the option of “None”, “All”, or a specific Evaluation and/or Risk Education certificate must be selected for Evaluations and Risk Education certificates displayed for each Licensed Site. The Target Evaluator must also be indicated prior to transfer. An Evaluation and/or Risk Education certificate may be transferred to a different Licensed Site number; however, the default sets the Target Site number to that of the Source Site number.
Once all required fields have been entered, click the “Process” button. When the transfer has been completed the following window will appear to the right of the Evaluator Maintenance window or it will appear just below the Evaluator Maintenance window depending upon the resolution of your screen.

This new window displays a numbered list of each Evaluation and/or Risk Education Certificate which was transferred between the two Evaluators by Licensed Site number. This window is printable so that you have a record of the transfer.
The DDDPF Billing Approval and DDDPF Vouchers pages are displayed by selecting Billing from the Menu Bar and selecting either Billing Approval or Vouchers from the drop down list.

### 7.1 DDDPF BILLING APPROVAL

The DDDPF Billing Approval page displays the DDDPF billings for DUI offenders that have met the qualifications for inadequate financial resources. The type of service, evaluator name, offender name, service completion date, and bill amount are displayed on the screen. The Provider Fiscal worker must mark the Approval Indicator in order for the bills to be submitted for reimbursement. The approved billings are collected and processed by DHS on a weekly basis, normally on Sunday evening.

DDDIF bills will only be displayed and billable when they are within the last day of the succeeding month from the completion date of the service. If the DDDPF does not have sufficient funds, no bills may be submitted to DHS.

Upon clicking “Save”, you will be prompted to verify that the offenders are all indigent and payment was not received for any of the Evaluations or Driver Risk Educations which are being submitted to the DDDPF.

---

Message from webpage

CAUTION: DO NOT BILL THE STATE UNLESS THE CLIENT HAS SIGNED FOR AND BEEN GIVEN A COPY OF THE UNIFORM REPORT and or THE ORE CERTIFICATE!

I have reviewed and verified each client record to ensure that the record contains documented proof of indigence. I have further verified for each Evaluation or Driver Risk Education submitted to the DDDPF that the provider has NOT received payment from the client which exceeds the difference between the current Fiscal Year State rate and the provider’s usual and customary charge for the service!
7.2 DDDPF SUBMITTED VOUCHERS

The **DDDPF Submitted Vouchers** page displays the submitted vouchers with the Voucher Date, Voucher Number, Total Amount, Voucher Status and Warrant Date.

The values for Voucher Status are:

- **New**: no voucher has been issued
- **DHS**: is in processing at DHS, not sent to Comptrollers
- **Comptroller**: has been sent to Comptroller's Office, no waiver as yet
- **Paid**: Comptroller has issued a warrant and
- **Voucher Missing**: voucher is missing from DHS and Comptroller's office

The **Voucher Number** is a link that when clicked on will display the **Voucher Details** page. This page will display the breakdown of billing information on the particular voucher.
SECTION 8 – REPORTS

The statistical reports are generated by selecting Reports from the Menu Bar and clicking on the desired report from the drop down list. Available reports include:

- **Evaluation Statistics** – displays offender and select evaluation summary information
- **Evaluation Services** – list of offenders receiving evaluation services
- **Risk Education Statistics** – displays offender and select course summary information
- **Risk Education Services** – list of offenders receiving risk education services
- **Evaluator/Educator Info** – list of entrant role staff and their credentials
- **DDDPF Billing** – list of offenders qualified for billing and corresponding bill/voucher information
- **Provider Worker List** – list of active workers and their security role(s) approved during registration

The following window will appear for those reports requiring additional selection options. The service completion begin date and end date will contain default dates and may be changed to the desired period. Reports may be generated for a single site or all sites for a provider. After the selection criteria are entered, click on **Print/View Report** to produce the report or **Cancel** when the report is not to be generated.
SECTION 9 – RESOURCES

External Web Sites
- **University of Illinois in Springfield** – this web site link takes you to the Center for State Policy and Leadership – Institute for Legal, Legislative and Policy Studies. Here you will find information on DUI Service Provider Training and contact information.
- **Secretary of State Cyber Drive** – this web site link takes you to Jesse White, Secretary of State’s web site for the Administrative Hearings Department.
- **eDSRS Registration** – this link will take you to the web site where new eDSRS Evaluators/Users can register for access to the web site application.

Forms
- Informed Consent – English
- Informed Consent – Spanish
- Referral List Verification – English
- Referral List Verification – Spanish
- **Backup/Draft Uniform Report**

Instructions for the Backup/Draft Uniform Report: To obtain a Backup/Draft copy of a Uniform Report that you can use when the system is not available, follow these instructions:
- After logging into the eDSRS system, use your mouse to activate the drop down menu for **Resources**.
- In the drop down menu under **Forms**, select **Backup/Draft Uniform Report**.
- The screen below will then appear giving you the option to complete as is and print or to save to your computer for later use.
- This form can only be opened and saved while using your internet browser. So you can save it to your computer hard drive, then when you want to use it later you will need to open it while you have your internet browser open.

DUI Information
The following links will provide you with PDF copies of the brochures that explain the DUI processes and evaluations:
- Processes and Evaluation – English
- Processes and Evaluation – Spanish
APPENDIX A – DHS FORMS
IL 444-2030
Upon successful completion of an alcohol/drug evaluation, the DHS Alcohol and Drug Evaluation Uniform Report form (IL 444-2030) shall be provided directly to the circuit court of venue and a copy given to the offender.
PART 2: CURRENT DU ARREST INFORMATION

2.1 Referral Source:

2.2 Beginning Date of Evaluation:

2.3 Completion Date of Evaluation:

2.4 Date of Arrest:

2.5 Time of Arrest:

2.6 County of Arrest:

2.7 Blood-Alcohol Concentration (BAC) at Time of Arrest:

2.8 Specify up to five mood altering substances (alcohol/drugs) consumed which led to this DU arrest (in order of most to least):

2.9 Specify the amount and time frame in which the alcohol and/or drug were consumed which led to this DU arrest:

2.10 Does the Blood-Alcohol Concentration (BAC) for the current arrest correlate with the offender’s reported consumption? If no, please explain:

2.11
PART I. ALCOHOL AND DRUG RELATED LEGAL DRIVING HISTORY

1.1 Prior DUI convictions excluding hunting and non-detected (not chronologically, from first arrest to most recent, and include out-of-state arrests):

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Court Supervision</th>
<th>BAC</th>
</tr>
</thead>
</table>

Additional dispositions should be listed in an addition to the Uniform Report.

1.2 Prior suspension and/or implied consent suspensions (may have same arrest date as DUI listed above):

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Effective Date of Suspension</th>
<th>BAC</th>
</tr>
</thead>
</table>

Additional dispositions should be listed in an addition to the Uniform Report.

1.3 Prior reckless driving convictions reduced from DUI (may have same arrest date as sentence of suspension listed above):

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Date of Conviction</th>
<th>BAC</th>
</tr>
</thead>
</table>

Additional dispositions should be listed in an addition to the Uniform Report.

1.4 Other alcohol and/or drug related driving dispositions by type and date of arrest as reported by the offender and/or acts noted on the driving record (including out-of-state convictions):

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Effective Date of Suspension</th>
<th>Date of Conviction</th>
</tr>
</thead>
</table>
PART 3. ALCOHOL AND DRUG RELATED LEGAL & DRIVING HISTORY (continued)

3.5 Describe any discrepancies between information reported by the offender and information on the driving record.
### PART 4. SIGNIFICANT ALCOHOL/DUPLICATE HISTORY

<table>
<thead>
<tr>
<th>Alcohol/Drug</th>
<th>Age of First Use</th>
<th>Age of First Intoxication</th>
<th>Age of Regular Use</th>
<th>Year of Last Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inh</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Chronicllogical History Narrative:**

4: Review any prescription or over-the-counter medication the offender is currently taking that has the potential for abuse. List the medication, what it is used for, and how long it has been taken. Report whether the offender has ever abused medication and whether he/she has ever illegally obtained prescription medication.
PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY

4.3 Specify any immediate family member(s) with a history of alcoholism, alcohol abuse, drug addiction abuse, or any other problem related to any substance abuse. State whether the family member is in frequent contact with the offender and whether he/she is still using any substance.

4.4 Specify any immediate peer group member(s) with a history of alcoholism, alcohol abuse, drug addiction abuse, or any other problem related to any substance abuse. State whether the peer group member is in frequent contact with the offender and whether he/she is still using any substance.

4.5 List all date, location, and charges for which the offender has been arrested where substance use, possession, or delivery was a primary or contributing factor (excluding out-of-state dispositions).

4.6 Identify the significant other and summarize the information obtained in the interview.

4.7 Provide the name, location, and dates of any treatment programs reported by the offender.

4.8 Provide the names of any self-help or sobriety-based support group participation reported by the offender and the dates of involvement.
PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY

4.9 Has substance use abuse negatively impacted the client’s major life areas?

Impairments:

Family

Marriage or significant other relationship:

Legal Status

Socially

Vocational/work

Economic status

Physically/Health
## Part 5: Objective Test Information

5.1 Morninor Files

<table>
<thead>
<tr>
<th>Source</th>
<th>Category</th>
</tr>
</thead>
</table>

5.2 ASLDS-RT Risk Level Guidelines

<table>
<thead>
<tr>
<th>Source</th>
<th>Category</th>
</tr>
</thead>
</table>

5.3 Driver Risk Inventory (DRI) Scales and Risk Range

<table>
<thead>
<tr>
<th>Scale Type</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Validity</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Driver Risk</td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>Stress Coping Abilities</td>
<td></td>
</tr>
</tbody>
</table>


PART 3: OFFENDER BEHAVIOR

7.1 Were the offender’s behavior and responses consistent, reliable, and non-evasive?

7.2 Identify any significant physical, emotional, mental health, or psychiatric disorders.

7.3 Identify any special circumstances provided to the offender in order to complete the evaluation.

7.4 Where was the offender interview conducted?
PART 8. CLASSIFICATION

8.1 Classification:

8.2 Discuss how corroborative information from both the interview and the objective test either correlates or does not correlate with the information obtained from the DUT alcohol-drug offender.

PART 9. MINIMAL REQUIRED INTERVENTION

9.1 Minimal Intervention:

9.2 The offender was referred as follows:
PART 10. VERIFICATION

Licensed Site Information:

Name:

Address:

Telephone Number:

License Number:

Evaluator Name:

Evaluator Credentials:

Evaluator Verification:

Under penalty of perjury, I affirm that I have accurately summarized the data collected and required in order to complete this evaluation.

Signature: __________________________ Date: ___________

Offender Verification:

The information I have provided for this evaluation is true and correct. I have read the information contained in this Alcohol and Drug Evaluation and its recommendations have been explained.

Signature: __________________________ Date: ___________

PART II. DISPOSITION

This evaluation may only be released to the Illinois Circuit Court or its court officials as specified by local court rules, to the Office of the Secretary of State, or to the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery. Any other release requires the written consent of the DUI offender.

If this evaluation was prepared for the Circuit Court, send the signed original to the court in accordance with established local court rules or policy.

If this evaluation was prepared for the Secretary of State, give the signed original to the DUI offender so that it may be presented to the hearing officer at the time of the formal or informal hearing.
Upon non-completion of a DUI evaluation, the DHS DUI Evaluation Notice of Incomplete/Refused Alcohol and Drug Evaluation form (IL 444-2031) shall be sent within five calendar days to the circuit court of venue or the Office of the Secretary of State, whichever is applicable.

State of Illinois
Department of Human Services

DUI Evaluation
Notice of Incomplete / Refused Alcohol and Drug Evaluation

This form serves as an official notification that the offender identified below failed to complete an Alcohol and Drug Evaluation as a result of an arrest and as conviction of DUI.

Offender Information

Name:
Home Address:

County of Arrest:

IL Driver’s License Number or Social ID:

Other Valid Driver’s License Number/State:

Specify the Reason for the Non-Authorized Evaluation

1. Offender would not sign the informed consent form
2. Offender did not return to obtain a copy of the evaluation within 30 days
3. Offender did not return to sign a copy of the evaluation within 30 days
4. Offender refused to sign evaluation
5. Offender refused to accept evaluation
6. Offender did not complete the evaluation
7. Other (please specify):

Licensed Site Information

Name:
Address:

Phone Number:
License Number:
Evaluator Name:

Signature: ___________________________ Date: ___________________________

Disposition of this form is as follows:

For Court reference send to:
The Circuit Court of venue
individuals are office designated
in local police file

For Secretary of State reference send to:
Ward Leh, Department of Administrative Hearings
Hewlett Building, Room 506
Springfield, IL 62706
Upon successful completion of a risk education course, the DHS DUI Risk Education Certificate of Completion form (IL 444-2032) shall be issued to an offender.

State of Illinois
Department of Human Services

DUI Risk Education
Certificate of Completion

Offender Information
Name:
Home Address:
County of Arrest:
IL Driver’s License Number or State ID:
Other Valid Driver’s License Number/State:

Risk Education Verification
Did the DDI offender complete a total of at least 16 hours of alcohol and drug education?

Test Scores: Pre-test Score: Post-test Score:
Please specify the date the offender attended risk education.

Licensed Site Certification
Name:
Address:
Phone Number:
License Number:
Instructor Name:

Under penalty of perjury, I affirm that the offender listed above has successfully completed DDI risk education and that all the information specified on this form is true and correct.

Signature: ________________________________ Date: ____________

IL 444-2032
Upon termination from a risk education course, the DHS DUI Risk Education Notice of Involuntary Termination form (IL 444-2033) shall be sent within five calendar days to the circuit court of venue or the Office of the Secretary of State, whichever is applicable.

**IL 444-2033**

Upon termination from a risk education course, the DHS DUI Risk Education Notice of Involuntary Termination form (IL 444-2033) shall be sent within five calendar days to the circuit court of venue or the Office of the Secretary of State, whichever is applicable.

---

**State of Illinois**  
Department of Human Services  

**DUI Risk Education**  
Notice of Involuntary Termination

This form serves as official notification that the offender identified below has been involuntarily terminated from a DUI Risk Education program.

**Offender Information**

Name:  
Home Address:  

County of Arrest:  

**IL Driver’s License Number or State ID:**

**Other Valid Driver’s License State/Number:**

**Risk Education Information**

Course Start Date:  
Course Termination Date:  
Reason for Termination:

**Licensed Site Information**

Name:  
Address:  

Phone Number:  
License Number:  

Instructor Name:  

Signature:  
Date:

Dissemination of this form is as follows:  
For Court referrals send to:  
The Circuit Court of venue  
Indicated on Offender Designation.  
In court policy in rule  

For Secretary of State referrals send to:  
The Secretary of State  
Mary Lyon, Department of Administrative Services  
Hawkins Building, Route 296  
Springfield, IL 62702
Upon verification an offender meets the poverty guidelines issued by the U.S. Department of Health and Human Services, the DHS DUI Evaluation/Risk Education Qualification for DUI Services as an Indigent form (IL 444-2034) shall be maintained in the offender's record.

State of Illinois
Department of Human Services

DUI Evaluation/Risk Education Qualification for DUI Services as an Indigent

Offender Information

Name:

IL Driver's License Number or State ID:

Date of Arrest:

County of Arrest:

Specify on the chart below the adjusted gross income and number of dependents as indicated on the most recently filed Federal or State income tax return(s). If there has been any change to the offender's income or dependant status since the last filing or if the offender has never filed a tax return, the offender must provide a sustained document showing current status.

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>Number of Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;= $30,000</td>
<td>1 or more</td>
</tr>
<tr>
<td>$31,000 - $40,000</td>
<td>2 or more</td>
</tr>
<tr>
<td>$41,000 - $50,000</td>
<td>3 or more</td>
</tr>
<tr>
<td>$51,000 - $60,000</td>
<td>4 or more</td>
</tr>
<tr>
<td>$61,000 - $70,000</td>
<td>5 or more</td>
</tr>
<tr>
<td>$71,000 - $80,000</td>
<td>6 or more</td>
</tr>
<tr>
<td>$81,000 - $90,000</td>
<td>7 or more</td>
</tr>
<tr>
<td>$91,000 - $100,000</td>
<td>8 or more</td>
</tr>
<tr>
<td>$101,000 - $125,000</td>
<td>9 or more</td>
</tr>
<tr>
<td>$126,000 - $152,000</td>
<td>10 or more</td>
</tr>
</tbody>
</table>

Specify Type of Service(s):

- Evaluation
- Risk Education
- Post Test Score

Service Completion Date:

IMPORTANT NOTICE:
The Illinois Department of Human Services, Division of Substance Use Prevention and Recovery is requesting disclosure of information that is necessary to accomplish purposes outlined in the Alcoholism and Other Drug Abuse and Dependancy Act [20 ILCS 505 (1-1)]. Failure to provide this information may result in the suspension or revocation of your license to provide DUI services in Illinois.

IL 444-2034 (Rev 1/19)
APPENDIX B – SAMPLE REPORTS
### EVALUATION STATISTICS

**EVALUATION SERVICES**

State of Illinois  
Department of Human Services  
DUI Service Reporting System

**Evaluation Services**  
02/01/2012 - 03/31/2012

<table>
<thead>
<tr>
<th>Provider Name: Test Provider</th>
<th>Test Location: 1355 Lincolnway St, Springfield, IL 62704</th>
<th>License Number: A-9099-0000-1</th>
</tr>
</thead>
</table>

#### Offender Information

<table>
<thead>
<tr>
<th>Number of Male Offenders</th>
<th>Average Household Income</th>
<th>33000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Female Offenders</td>
<td>Average Number of Dependents</td>
<td>2</td>
</tr>
<tr>
<td>Average Offender Age</td>
<td>Number Qualified for Indigency</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Current DUI Arrest Information

<table>
<thead>
<tr>
<th>Reason for Arrest</th>
<th>Reason for Arrest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Alcohol Level</td>
<td>BAC 0.08 or Higher</td>
</tr>
<tr>
<td>Blood Alcohol Level</td>
<td>BAC 0.08 or Higher</td>
</tr>
<tr>
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<tr>
<td>Blood Alcohol Level</td>
<td>Blood Alcohol Level</td>
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</tbody>
</table>

#### Case Information

<table>
<thead>
<tr>
<th>Total Number of Violations</th>
<th>Total Number of Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
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</tbody>
</table>

#### Disposition

<table>
<thead>
<tr>
<th>Reason for Disposition</th>
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<tbody>
<tr>
<td>Average Number of Days Between Arrest Date &amp; Beginning Date of Disposition</td>
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</tr>
<tr>
<td>Average Number of Days Between Arrest Date &amp; Beginning Date of Disposition</td>
<td>2</td>
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State of Illinois  
Department of Human Services  
DUI Service Reporting System

**Evaluation Services**  
02/01/2012 - 03/31/2012

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#### Current DUI Arrest Information

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</table>

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<td>1</td>
</tr>
</tbody>
</table>

#### Disposition

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</thead>
<tbody>
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<tr>
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<td>Average Number of Days Between Arrest Date &amp; Beginning Date of Disposition</td>
<td>2</td>
</tr>
<tr>
<td>Average Number of Days Between Arrest Date &amp; Beginning Date of Disposition</td>
<td>2</td>
</tr>
</tbody>
</table>
RISK EDUCATION STATISTICS

Provider Name: Test Provider
Site Location: 1313 Welchesfield Ln. Springfield, IL 62704
License Number: A 0000-0000-0

Offender Information

<table>
<thead>
<tr>
<th>Number of Male Offenders</th>
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<tbody>
<tr>
<td>Average Household Income</td>
<td>$50,000</td>
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<tr>
<td>Number of Female Offenders</td>
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</tr>
<tr>
<td>Average Number of Dependents</td>
<td>2</td>
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<tr>
<td>Average Offender Age</td>
<td>21</td>
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<tr>
<td>Number Qualified as Indigent</td>
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</table>

RISK EDUCATION CENTER INFORMATION

Average Pre-Test Score: 70
Average Post-Test Score: 80
Trend Terminated Courses: 0
Trend Completed Courses: 1

RISK EDUCATION SERVICES

Provider Name: Test Provider
Site Location:

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Driver's License</th>
<th>Arrest Date</th>
<th>Disposition</th>
<th>Educator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Location</td>
<td>State ID Number</td>
<td>End Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Edsrs User Reference Manual | 55
EVALUATOR/EDUCATOR INFORMATION

<table>
<thead>
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<th>Provider Name</th>
<th>Test Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Orientation</td>
</tr>
<tr>
<td></td>
<td>Employment</td>
</tr>
<tr>
<td></td>
<td>Status</td>
</tr>
<tr>
<td></td>
<td>Credentials</td>
</tr>
<tr>
<td></td>
<td>with Expiration Date</td>
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</table>

DDDVF BILLING

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<tr>
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<th>Test Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Location</td>
<td>License Number</td>
</tr>
<tr>
<td>Offender Name</td>
<td>Driver's License Number</td>
</tr>
<tr>
<td></td>
<td>State ID Number</td>
</tr>
<tr>
<td></td>
<td>Service Type</td>
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<td></td>
<td>Service Completion Date</td>
</tr>
<tr>
<td></td>
<td>Status Date</td>
</tr>
<tr>
<td></td>
<td>Bill Amount</td>
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<td></td>
<td>Bill Number</td>
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</table>

No ZDDVF Information Found.

PROVIDER WORKER LIST

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<th>Provider Name</th>
<th>Test Provider</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>eMail Address</td>
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<td></td>
<td>Security Roles</td>
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<td>Provider Representation</td>
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<td></td>
<td>Provider Administration</td>
</tr>
<tr>
<td></td>
<td>Provider Fiscal Operations</td>
</tr>
<tr>
<td></td>
<td>Provider Extract</td>
</tr>
</tbody>
</table>

No Workers were found.
The rules of the Secretary of State Department of Administrative Hearings require that certain documentation be presented at the time of a hearing to be considered for driving relief (Restricted Driving Permit (RDP) and/or Reinstatement). These documents are required regardless of when the DUI(s) occurred.

This form may be used as a guide to help you prepare for your upcoming hearing. It is important to be fully prepared for your hearing, as a continuance will not be granted if you do not have the proper documentation. Also note that you must have NO TRAFFIC TICKETS pending at the time of your hearing, unless the pending ticket is the only cause of the current loss of driving privileges.

GENERAL DOCUMENTATION REQUIREMENTS

You must submit an Alcohol/Drug Evaluation Uniform Report, completed subsequent to your most recent DUI arrest by an agency licensed by the Division of Alcoholism and Substance Abuse (DASA). THIS REPORT MUST INCLUDE A RECITATION OF YOUR COMPLETE ALCOHOL/DRUG USE HISTORY, FROM FIRST USE TO PRESENT USE. If your Uniform Report evaluation or the last updated evaluation is more than six months old at the time of your hearing, you also must submit a current updated evaluation. An updated evaluation must be completed by the agency that completed your Alcohol/Drug Evaluation Uniform Report or by the agency that completed your treatment. An updated evaluation cannot be completed by the agency that completed the moderate (early intervention) counseling. A treatment provider may not conduct an update evaluation if it waives treatment, unless the provider verifies in writing that the petitioner's case file has been transferred.

The petitioner must provide a Treatment Needs Assessment whenever another Uniform Report is composed, regardless of whether the petitioner successfully completed intervention or treatment after the previous Uniform Report. The Treatment Needs Assessment shall be composed on the treatment provider's letterhead stationery. The Assessment must be signed and dated by the counselor responsible for the assessment or incorporated into the "Treatment Verification" form.

The Uniform Report will place you at a specific classification level. Depending on the classification level, you must comply with additional requirements as explained below. Completion of the DUI Risk Education Course must occur after the last DUI arrest date.

PLEASE REFER TO YOUR CLASSIFICATION LEVEL BELOW FOR COMPLETE REQUIREMENTS.

Minimal Risk

- Must document successful completion of a DUI Risk Education Course.

Moderate Risk

- Must document successful completion of a DUI Risk Education Course.
- Must document successful completion of an Early Intervention Program on the providing agency's letterhead indicating the number of hours completed, dates of involvement, a summary of what was explored/addressed and the outcome of your involvement.
- Must document successful completion of any other substance abuse treatment recommended by a licensed evaluator or treatment provider.
Significant Risk
- Must document successful completion of a DUI Risk Education Course.
- Must document on an original Secretary of State Treatment Verification form successful completion of any substance abuse treatment recommended by a licensed evaluator or treatment provider, including:
  - Copy of the Individualized Treatment Plan.
  - Copy of Discharge Summary.
  - Copy of Continuing Care Plan.
  - Original Continuing Care Status Report.
- If no treatment provided, must submit a treatment waiver prepared on the providing agency’s letterhead.

High Risk — (four or more DSM V Criteria)
- Must document on an original Secretary of State Treatment Verification form successful completion of any substance abuse treatment recommended by a licensed evaluator or treatment provider, including:
  - Copy of Individualized Treatment Plan.
  - Copy of Discharge Summary.
  - Copy of Continuing Care Plan.
  - Original Continuing Care Status Report.
- If no treatment provided, must submit a treatment waiver prepared on the providing agency’s letterhead.
- Must document complete abstinence from the use of all alcoholic beverages and controlled substances (drugs) by submitting at least three original letters, signed and dated within 45 days prior to your hearing, from individuals (friends, family, etc.) who can verify your abstinence from alcohol/drugs for at least 12 months if seeking reinstatement, but no less than six months for a Restricted Driving Permit. (Witness testimony is acceptable instead of letters.)
- Must document the establishment of a support/recovery program (Alcoholics Anonymous, church, etc.) by submitting:
  (Witness testimony is acceptable instead of letters.)
  - At least three original letters, signed and dated within 45 days prior to your hearing, from fellow members/participants, verifying your active involvement in your support program.
  - If you have a support recovery program sponsor, must submit an original letter from your sponsor documenting your active involvement in your support program, signed and dated within 45 days prior to your hearing.

High Risk — “Non-Dependent” (three DUI dispositions in last 10 years)
- Must document on an original Secretary of State Treatment Verification form, successful completion of any substance abuse treatment recommended by a licensed evaluator or treatment provider, including:
  - Copy of Individualized Treatment Plan.
  - Copy of Discharge Summary.
  - Copy of Continuing Care Plan.
  - Original Continuing Care Status Report.
- If no treatment provided, must submit a treatment waiver prepared on the providing agency’s letterhead.
- Must submit at least three original letters, signed and dated within 45 days prior to the hearing, from individuals (friends, family, etc.) who can verify either your alcohol/drug use pattern or abstinence for at least the last 12 months if seeking reinstatement, but no less than six months for a Restricted Driving Permit. (Witness testimony is acceptable instead of letters.)
- Must submit an additional report from the treatment provider explaining why dependency was ruled out and the cause of your behavior that resulted in three or more DUI dispositions. This requirement cannot be waived.

Lifetime Revocation
In addition to the list above:
- Must document three years of uninterrupted abstinence.
- If classified Level 2 significant risk or Level 3 high risk non-dependent, must show three years of uninterrupted abstinence during any period of time after the most recent arrest for DUI.

Any questions regarding these requirements should be directed to an Informal Hearing Officer at a Secretary of State Driver Services facility or call 217-782-7065. Information also is available at www.cyberdriveillinois.com.
ILLINOIS PETITIONER
ALCOHOL/DRUG EVALUATION
REPORT UPDATE

INSTRUCTIONS:

An Alcohol/Drug Evaluation Report Update cannot be used if the petitioner has been arrested for DUI since his/her Uniform Report/Investigative Report was completed (a new Uniform Report must be submitted).

Investigative Reports that did not recommend intervention normally do not require an updated evaluation unless otherwise directed by the Secretary of State Department of Administrative Hearings.

If your agency only completed a Treatment Needs Assessment (TNA), early intervention or continuing care, your agency may not complete the Alcohol/Drug Evaluation Report Update (a new Uniform Report must be submitted).

This petitioner's case file transferred to this agency on ____/____/____ from ____________________________

☐ YES ☐ NO

My agency completed a Uniform Report/Investigative Report on ____/____/____.

☐ YES ☐ NO

My agency provided primary alcohol/drug-related treatment to this petitioner on ____/____/____.

☐ YES ☐ NO

(Discharge Date)

If you answered yes to any of the last three statements, your agency may conduct the Alcohol/Drug Evaluation Update. This document shall report the nature and extent of the petitioner's use of alcohol and other drugs from the time period from his/her last evaluation to the present. Any new or additional recommended countermeasures must be reported and completed by the petitioner and documented for his/her application for driving relief. A petitioner is expected to complete the recommended countermeasures. If it is an ongoing countermeasure (such as support system attendance, abstinence, etc.), he/she is expected to follow those recommendations.

All items contained in this form must be completed. The information provided should be typed, as illegible documents will delay the application process or result in the denial of petitioner's application. If more space is needed, attach additional sheets. Before completing this evaluation, review all previous evaluations, treatment summaries and the petitioner's last Denial Order from the Secretary of State (if applicable).

NOTE: If not previously submitted, attach a copy of the Alcohol/Drug Evaluation Uniform Report, any subsequent Alcohol/Drug Evaluation Update and a copy of the petitioner's chronological alcohol and drug use history. If the Alcohol/Drug Evaluation Update is being completed by a treatment agency, a Comprehensive Discharge Summary also must be submitted.

PERSONAL:

This Alcohol/Drug Evaluation Report Update form reports the nature and extent of the use of alcohol or drugs and the resulting recommendations for the following petitioner.

Name: (Last, First, Middle) Illinois Driver's License Number:

Address: (Street/City/State/ZIP):

Sex: ☐ M ☐ F

Date of Birth: Home Telephone Number: Work Telephone Number:

/ / ( ) ( )

Beginning Date of Evaluation: Completion Date of Evaluation: _____________________
Instructions: All items under the following sections must be answered. If more space is needed, attach additional sheets. When including any direct-quote statements, identify them with appropriate quotation marks. This evaluation covers the time between the petitioner's last evaluation through the completion date of this Alcohol/Drug Evaluation Update.

1. **ALCOHOL/DRUG USE HISTORY:**

Since the petitioner's last evaluation, report any periods of abstinence from alcohol, the length of each period of abstinence, and the reasons for becoming abstinent. If currently abstinent, report petitioner's abstinent date __________.

What is your clinical impression on the petitioner's ability to maintain abstinence from alcohol?

Since the petitioner's last evaluation, has he/she become intoxicated while using alcohol? □ YES □ NO

If yes, how many times: ________

On the occasions the petitioner became intoxicated, did he/she typically consider himself/herself:

□ slightly intoxicated, □ moderately intoxicated or □ heavily intoxicated?

On the occasions the petitioner became intoxicated, how much alcohol was typically consumed and over what time period?

```
2. Since the petitioner's last evaluation, report any periods of abstinence from substances other than alcohol. Identify the substance used, the length of each period of abstinence, and the reasons for becoming abstinent. If currently abstinent from all substances (excluding alcohol), report petitioner's abstinent date __________.

What is your clinical impression on the petitioner's ability to maintain abstinence from illicit drug use?

Since the petitioner's last evaluation, has he/she become intoxicated while using substances other than alcohol? □ YES □ NO

If yes, how many times: ________

On the occasions the petitioner became intoxicated, did he/she typically consider himself/herself:

□ slightly intoxicated, □ moderately intoxicated or □ heavily intoxicated?

On the occasions the petitioner became intoxicated, how much of the substance(s) were typically used and over what time period?
```
3. Since the petitioner's last evaluation, did he/she concurrently use alcohol and other substances?  □ YES □ NO
   If yes, explain:

4. If the petitioner has used alcohol and/or drugs since his/her last evaluation, describe the petitioner's drinking and drug use pattern since the last evaluation, including frequency, type, amount, duration of said pattern, and report frequency of intoxications.

5. Since the petitioner's last evaluation, has he/she exhibited any impairments in significant life areas (social, legal, family, marital, physical, economic), and/or has he/she exhibited any alcohol/drug-related problems, including but not limited to blackouts, increased tolerance, loss of control, withdrawal symptoms, increased alcohol or drug use, and using substances to self-medicate chronic pain or symptoms of depression?  □ YES □ NO Report frequency of each.

6. Report any current significant physical, medical, emotional/mental health or psychiatric problem(s) and participation in and/or completion of any treatment not previously reported or which has occurred since the last evaluation. A treatment discharge summary should be submitted for any treatment completed. A progress report should be submitted for any treatment not completed. The petitioner will be informed whether a Medical Report Form is required.
7. Is the petitioner taking any medication (prescription or over-the-counter) that when taken alone or in combination with alcohol or other drugs might impair driving ability? [ ] YES [ ] NO If yes, identify the medication and discuss any potential impairment. Petitioner will be informed whether a Medical Report Form is required.

8. Review the information previously obtained regarding the petitioner's most recent DUI arrest or, if not revoked for DUI, the most recent alcohol/drug-related arrest. This should include, at a minimum, the time and date of the arrest, reason for arrest, type and amount of alcohol or drugs consumed over what time period, petitioner's perception of the effect of the alcohol and/or drugs consumed, and any chemical test results.

   a. Date of offense: ___________________ Type of offense: ________________________

   b. Time of first drink: _________ Time of last drink: _________ Time breath or chemical test given: _________
   Total consumption metabolism time (from first drink until test given): ______________________

   c. Does the blood-alcohol (BAC) reading of _________ correlate with the amount of alcohol consumed, total consumption metabolism time and petitioner's body weight _________ at that time? [ ] YES [ ] NO Explain:

   d. Type of substance used (other than alcohol): ___________________________ Amount of substance used: ___________________________ Time period substance was used: ___________________________
   Last time substance used before the alcohol- or drug-related arrest: ___________________________

9. Indicate any significant lifestyle changes, including employment, marital, social, family, economic, etc., if applicable.
10. Identify current peer group and recreational activities, if applicable.

11. If the petitioner is still using alcohol/drugs, what is his/her intent toward the future use of alcohol and/or drugs? Or, if the petitioner is abstinent, what is the petitioner's intent toward maintaining long-term abstinence?

12. If the petitioner is "Alcoholic/Chemically Dependent," identify his/her support system, frequency of contacts with other members, duration of current attendance, petitioner's intent to continue with this support system, and the evaluator/treatment provider's impression as to whether this support system is sufficient to maintain long-term abstinence.

13. Report any alcohol/drug-related arrests not previously reported or which have occurred since the last evaluation, in any state, including felonies, misdemeanors, petty offenses and local ordinance violations since the petitioner's last evaluation, including the name of the offense(s), where and when it occurred, disposition of the offense(s), and whether the petitioner is on probation or parole regarding the offense(s).
14. If you have been using the BAIID device how many, if any, BAIID violations have you had from the date of installation to date? _______________________________ ~---------

CORROBORATION:

Interview with a Significant Other — May be a family member, friend, employer, parent/guardian, etc. The summary should include, but not be limited to, the following information: significant other’s name, age and relationship to the petitioner; how long he/she has known the petitioner; how often he/she sees the petitioner; how long he/she has maintained his/her present level of contact with the petitioner; his/her perception of the petitioner’s current alcohol or other drug use pattern and/or abstinence; and whether he/she can verify the duration of the petitioner’s current alcohol use or other drug use and/or abstinence. Discuss how corroborative information from the interview either correlates or does not correlate with the information obtained from the DUI/alcohol/drug offender. This interview requirement cannot be waived and must be conducted in every updated alcohol/drug evaluation completed.

RESPONSE TO PRIOR DENIAL OF DRIVING RELIEF AND/OR ALL BAIID VIOLATIONS:

The evaluator/treatment provider’s response may be completed on agency letterhead and attached.

a. The petitioner must submit to the evaluator/treatment provider his/her (a) last Order/Letter of Denial; (b) and/or Letter of Rejection of Explanation from the BAIID Department regarding a BAC violation incurred while driving on an RDP or MDDP; (c) and/or Order/Letter issuing a Restricted Driving Permit but containing unresolved issues to be addressed prior to reinstatement. The evaluator/treatment provider must effectively address the significant issues raised therein. Was this documentation submitted? □ YES □ NO Petitioner’s failure to provide this information may result in the denial of the application for driving relief.

b. Summarize how each significant issue was effectively addressed and/or resolved.

c. Provide a clear and complete explanation of why this additional information either changes or does not change the petitioner’s classification and/or alters your clinical impression.
d. Provide a clear and complete explanation as to whether this additional information warrants or does not warrant additional treatment hours. Additional treatment hours must be completed and properly documented before applying for driving relief.

CLASSIFICATION:
This classification is based on the petitioner's alcohol/drug-related driving arrests, criminal arrests and symptoms of alcohol/drug abuse/dependency. Any reclassification to a higher classification requires referral to a licensed treatment provider to assess the petitioner's current need for treatment.

<table>
<thead>
<tr>
<th>CURRENT CLASSIFICATION</th>
<th>PREVIOUS CLASSIFICATION</th>
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<tbody>
<tr>
<td>MINIMAL RISK</td>
<td>MINIMAL RISK</td>
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<tr>
<td>MODERATE RISK</td>
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<tr>
<td>SIGNIFICANT RISK</td>
<td>SIGNIFICANT RISK</td>
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<tr>
<td>HIGH RISK NON-DEPENDENT</td>
<td>HIGH RISK NON-DEPENDENT</td>
</tr>
</tbody>
</table>

(3 DUI dispositions in a 10 year period from the date of the most recent DUI arrest; further assessment required)

<table>
<thead>
<tr>
<th>HIGH RISK CHEMICAL DEPENDENCY</th>
<th>HIGH RISK CHEMICAL DEPENDENCY</th>
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<tr>
<td>ACTIVE</td>
<td>ACTIVE</td>
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<tr>
<td>IN REMISSION</td>
<td>IN REMISSION</td>
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</tbody>
</table>

Provide your rationale for selecting this classification, including an explanation if the classification appears to conflict with those symptoms or general indicators you have identified and described in this report.
1. **RECOMMENDATIONS:**
   
   Report previous recommendations and when they were successfully completed.

2. Report any new or additional recommendations and provide a rationale for such recommendations. If "d" was completed under PRIOR DENIAL OF DRIVING RELIEF, no response is necessary. Additional treatment hours must be completed and properly documented before applying for driving relief.

---

**EVALUATOR VERIFICATION (required):**

I certify that I have accurately reported the data collected and required in order to complete the evaluation update.

<table>
<thead>
<tr>
<th>Provider's Name: (type or print)</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Provider's Signature:</td>
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<tr>
<td>Provider's Title:</td>
<td>Telephone Number:</td>
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<tr>
<td>Program Name:</td>
<td>Accreditation/License Number:</td>
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<tr>
<td>Address: (Street/City/State/ZIP)</td>
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</table>

This evaluation update must be signed, dated and be no more than six months old from the Completion Date of Evaluation found on page 1 when received by the Secretary of State's office.

---

**PETITIONER VERIFICATION:**

Must be verified in the presence of the evaluator/treatment provider.

The information I have provided for this Alcohol/Drug Evaluation Report Update is true and correct. I have read the information contained in this report and all the recommendations have been explained to me.

Petitioner's Signature: ___________________________ Date: ________________
Please see guidelines at www.cyberdriveillinois.com, search for Medical/Vision Conditions for completion of form.

SECTION I — To be completed by driver. (Please print or type.)

Name: ___________________________ Driver's License Number: ___________________________

Street Address: ___________________________ Date of Birth: ___________ Gender: □ Male □ Female

City: ___________________________ ZIP Code: ___________________________

Agreement/Release of Information

I agree to remain under the care of my physician and follow the treatment exactly as prescribed. I hereby authorize and request my physician to release information regarding my medical condition to the Illinois Secretary of State, and to report any change in the status of my condition that would impair my ability to safely operate a motor vehicle. I understand that failure to abide by the conditions set forth in this agreement are grounds for the Secretary of State to deny or cancel my driving privileges. This report shall remain valid for three months (90 days).

Signature of Individual: ___________________________________________ Date of Signature: ___________________________

SECTION II MEDICAL HEALTH — To be completed by MD/DO and/or medical professional (NP/PA).

DATE OF COMPLETION OF MEDICAL HEALTH SECTION II: ___________________________

1. **Required:** In your professional opinion, is this individual MEDICALLY FIT to safely operate a motor vehicle? □ YES □ NO

2. Conditions: Yes or No required for each condition listed.

   (a) Cardiovascular YES □ NO □ (provide condition)

   (b) Neurological YES □ NO □ (provide condition)

   (c) Musculoskeletal YES □ NO □ (provide condition)

   (d) Respiratory YES □ NO □ (provide condition)

   (e) Seizure YES □ NO □ (provide condition)

   (f) Diabetes YES □ NO □

   (g) Dizzy/Fainting Spell YES □ NO □

   (h) Alcohol/Drug Abuse YES □ NO □

   (i) Other Medical Condition(s) (provide condition)

   *For mental health disorders, please refer to Section III-Mental Health.

3. List all current medications. (If medications are listed, a condition must be disclosed above in Question #2.) ___________________________________________

4. □ No medications prescribed.

5. **Required:** Current Status of Condition:

   (A) Controlled □

   (B) Not Controlled: will not affect driving □

   (C) Not Controlled: may affect driving □

   (If Not Controlled is marked, you must provide details, which may include pertinent clinical information, i.e., test results, lab values.)

(continued on back)
6. **Required**: In the past six months, has the driver's ability to safely operate a motor vehicle been impaired (due to any reason) or has driver experienced an attack of unconsciousness? 
   - YES □
   - NO □
   Date of Attack: ______
   (If YES, you must provide details, which may include pertinent clinical information.)

7. Date of last impaired ability to safely operate a motor vehicle or attack of unconsciousness. Date: ______
   (You must provide details, which may include pertinent clinical information.)

---

**SECTION III MENTAL HEALTH** — To be completed ONLY if driver has a Mental Health Disorder marked “YES” by MD/DO and/or medical professional (NP/PA).

- **Mental Health Disorder**: 
  - YES □
  - NO □

**DATE OF COMPLETION OF MENTAL HEALTH SECTION III:**

1. **Required**: In your professional opinion, is this individual MENTALLY FIT to safely operate a motor vehicle? 
   - YES □
   - NO □

2. Mental Health Disorder Diagnosis/Condition(s):

3. List all current mental health medications. (If medications are listed, a condition must be disclosed above in Question #2.)

4. □ No medications prescribed.

5. (A) Controlled □
   (B) Not Controlled: will not affect driving □
   (C) Not Controlled: may affect driving □
   (If Not Controlled is marked, you must provide details, which may include pertinent clinical information, i.e., test results, lab values.)

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**SECTION IV** — Additional information, special restrictions, etc.

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**SECTION V** — MD/DO and/or medical professional (NP/PA) — Failure to provide license information will result in return of form to the driver.

(Unacceptable Signatures: Chiropractors, Podiatrists, Residents, Fellows, Interns, RN's, LPN's, Co-signatures)

**MEDICAL:**

- Provider Name (PRINTED)
- Professional License Number/State License Issued
- Medical Provider's Signature — Date of Completion

**MENTAL:**

- Provider Name (PRINTED)
- Professional License Number/State License Issued
- Medical Provider's Signature — Date of Completion

---

**PLEASE MAINTAIN A COPY FOR YOUR RECORDS.**
A DUI service provider should use this form to verify that a document(s) is a true and correct copy (identical reproduction) of the original, or to provide reasons why it is unable to provide the original of a document(s).

Client/Petitioner's Name

Illinois Driver's License Number

1. □ The following document(s) is a true and correct/identical copy of the original(s) as verified by the service provider whose signature appears on the following page.

Check Appropriate Document(s):

☐ Alcohol/Drug Evaluation Uniform Report
☐ Addendum to Uniform Report
☐ DUI Risk Education Certificate of Completion
☐ Discharge/Transfer Authorization and Treatment Summary Including Individualized Treatment Plan
☐ Secretary of State Treatment Verification Form
☐ Secretary of State Alcohol/Drug Evaluation Uniform Report Update(s)
☐ Other (specify): _____________

Date of Document

2. □ The original of the following document(s) is no longer available for the following reason(s) as verified by the service provider whose signature appears on the following page.

Check Appropriate Document(s):

☐ Alcohol/Drug Evaluation Uniform Report
☐ Addendum to Uniform Report
☐ DUI Risk Education Certificate of Completion
☐ Discharge/Transfer Authorization and Treatment Summary Including Individualized Treatment Plan
☐ Secretary of State Treatment Verification Form
☐ Secretary of State Alcohol/Drug Evaluation Uniform Report Update(s)
☐ Other (specify): _____________

Date of Document

Check Appropriate Reason:

☐ The document has been destroyed.
☐ The client informs this agency that he/she lost the original document.
☐ The agency that composed the document is no longer in operation and did not transfer its records to this agency when it ceased operation.
☐ Other (explain):

__________________________________________
Service Provider's Name and Title (type or print)

__________________________________________
Date

__________________________________________
Service Provider's Signature

__________________________________________
Accreditation/License Number

Printed by authority of the State of Illinois. August 2009 — 1 — DAH H 82
IL 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.

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.
   3. A mild problem.

76. My drug use is:
   1. A serious problem.
   3. A mild 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.

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.

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.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rare or Never</td>
<td>3. Often</td>
</tr>
<tr>
<td>2. Sometimes</td>
<td>4. Very Often or Always</td>
</tr>
</tbody>
</table>

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.
IL DRI-2
Answer Sheet

Accurately Complete the Following Information

Name: ____________________________
First Name Middle Initial Last Name

Age: ______ Date of Birth: ___/___/____
Month Day Year

Sex: M □, F □ Education (Highest Grade Completed): ______

Ethnicity (Race): ____________________________

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

Last Four Digits of Your SSN: ____________

Today’s Date: ___/___/____
Month Day Year

INSTRUCTIONS: If the answer is none, put in a zero. If the item does not apply to you put in an “N”. If the BAC is refused enter “R”. If there is no BAC enter “N” otherwise enter an attained three digit BAC level number.

1. Date of your present DUI/DWI: ___/___/____

2. Do you have other or additional DUI/DWI offenses pending? ____________________________ Y □ N □

3. Primary/underlying reason for your present DUI/DWI (select one):
   - Alcohol □
   - Marijuana (pot) □
   - Drugs □
   - Substance abuse □
   - Zero Tolerance □
   - Impaired due to other substances □

4. Blood Alcohol Content (BAC) level at time of DWI arrest: ____________

5. Did you refuse a breath/blood test? ____________________________ Y □ N □

6. Number of DUI/DWI arrests in your lifetime (include current arrest): ____________________________

7. Is your driver’s license suspended or revoked? ____________________________ Y □ N □

8. Was your current arrest reduced to careless or reckless driving? ____________________________ Y □ N □

9. Number of alcohol-related (not DUI/DWI) arrests in your lifetime: ____________________________

10. Number of drug-related (not DUI/DWI) arrests in your lifetime: ____________________________

11. Number of at-fault motor vehicle accidents in your lifetime: ____________________________

12. Total number of traffic violations (tickets) in your lifetime: ____________________________

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
  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.   ______
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Section 1, continued

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Section 2

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

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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.

<table>
<thead>
<tr>
<th></th>
<th>1= Rare or Never</th>
<th>2= Sometimes</th>
<th>3= Often</th>
<th>4= Very Often or Always</th>
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</table>

When finished turn in your questionnaire and answer sheet.

Thank you for your cooperation.
**Illinois Driver Risk Inventory-2 (DRI-2) Profile**

<table>
<thead>
<tr>
<th>Truthfulness Scale</th>
<th>Low Risk</th>
<th>Medium</th>
<th>Problem</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truthfulness Score</td>
<td>25%</td>
<td></td>
<td></td>
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</table>

**Attained Score: 25%**

Mr.   

Truthfulness Scale score is in the low risk (zero to 39th percentile) range. Low risk scorers are generally sincere, candid and plain spoken. Client (DUI offender) truthfulness has been linked to positive counseling and treatment outcomes (Simpson, 2004). In contrast, denial (problem minimization or refutation) has been linked to negative treatment outcomes (Marshall, et al, 2001). References or citations are available on www.driver-risk-inventory.com and DRI-2 truthfulness research is presented on www.bds-research.com. Assessors can rely upon Mr.   answers to Driver Risk Inventory-2 (DRI-2) questions because he was honest and truthful while completing the DRI-2.

**Illinois' Mandatory Minimum DUI Risk Classification uses court-related data and DSM-5 Substance Use Disorder criteria to classify DUI risk.** While the Substance Use Disorder scale consists of admissions to eleven DSM-5 questions, the Alcohol and Drug Scales focus on client opinions regarding their drinking and drug use. That said, different measures may produce different results. **Illinois mandatory minimums take precedence.**
ADDITIONAL INFORMATION PROVIDED BY CLIENT

<table>
<thead>
<tr>
<th>Date of Present DUI Arrest</th>
<th>09/02/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Arrest</td>
<td>Drugs</td>
</tr>
<tr>
<td>Additional DUI Offenses Pending?</td>
<td>No</td>
</tr>
<tr>
<td>BAC at Time of Current Arrest</td>
<td>N/A</td>
</tr>
<tr>
<td>Refused Breath/Blood Test in Current DUI?</td>
<td>No</td>
</tr>
<tr>
<td>Lifetime DUI Arrests</td>
<td>1</td>
</tr>
</tbody>
</table>

Driver's License Suspended/Revoked? Yes
Arrest Reduced to Careless/Reckless Driving? No
Lifetime alcohol-related (not DUI) arrests 0
Lifetime drug-related (not DUI) arrests 4
Lifetime At-Fault Motor Vehicle Accidents 4
Lifetime Traffic Violations (Tickets) 3

Scale Score Paragraphs

All seven Illinois DRI-2 scale-related paragraphs explain when problems exist and what each attained scale score means. It should be understood that the Illinois Mandatory Minimum DUI risk range has priority and takes precedence. Nevertheless, when problems exist, risk-related recommendations are offered.

Substance Use Disorder: SEVERE

The DSM-5 postulates eleven substance use severity criterion. Substance use severity is then determined by the number of the eleven substance use severity criteria that are admitted to. Mr. admits to six or more of the eleven severity criteria, which meets the DSM-5 severe substance use classification. Admitting to six or more of the eleven criteria is the highest or most severe classification. This DSM-5 codification is equivalent to a Driver Risk Inventory-2 (DRI-2) severe problem (90 to 100th percentile) classification. By DSM-5 substance use severity standards Mr. has a severe substance abuse problem. Severe problems require intensive outpatient or inpatient treatment.

Alcohol Scale: SEVERE

Mr. Alcohol Scale score is in the severe problem (90 to 100th percentile) range. Mr. has a severe drinking problem. Recommendations: consideration should be given to either "intensive outpatient treatment" or "partial hospitalization." This level of care allows patients to live in their home (real world) while receiving treatment. In other words, patients can sustain relationships, employment and maintain their income. Should Mr. relapse his optimum level of care would likely increase to "residential/inpatient" treatment. Self-help or mutual-help group meetings would likely augment, but should not replace treatment.

Drug Scale: SEVERE

Mr. Drug Scale score is in the severe problem (90 to 100th percentile) range. Consideration might be given to either "intensive outpatient treatment" or "partial hospitalization." These levels of care allow patients to continue to live at home and keep their jobs while receiving chemical dependency treatment. This helps patients sustain relationships and employment while in treatment. Self-help meetings are generally available on-site to augment, not replace, treatment. An interdisciplinary treatment team would be advantageous when treating co-occurring disorders and "imminent danger" cases. Should Mr. relapse his optimum level of care would likely increase.

Driver Risk: MODERATE

Mr. Driver Risk Scale score is in the moderate risk (40 to 69th percentile) range. Some indicators of inattentive driving are present, but an established pattern of irresponsible driving is not present. Mr. may only be a driving risk after using alcohol (beer, wine or liquor) or drugs (prescription and/or nonprescription). Prudent assessors will check out the other Driver Risk Inventory-2 (DRI-2) scales that can directly contribute to Mr. driving risk, e.g., Truthfulness Scale, Alcohol Scale, Drug Scale, Substance Use Scale and the Stress Management Scale. Any elevated (70th percentile and higher) scale scores would contribute to driver risk. On its own merits Mr. Driver Risk Scale indicates he is a safe driver.
Stress Management Scale: MODERATE

Mr. Stress Management Scale score is in the moderate (40 to 69th percentile) range. Stress management issues are becoming apparent. If left unattended these potential issues or concerns could worsen. Recommendations: a "brief intervention" might be considered. Brief interventions range from 15 to 30 minutes of direct face-to-face staff-client (offender) discussion, they can be a valuable intervention for clients with early stage stress-related problems. There are also many good self-help stress management books that help readers recognize their stress, reframe it and positively manage it. They also discuss stress reduction techniques like relaxing body parts, deep breathing exercises, meditation, etc. Another alternative is enrollment in a stress management class. Stress-related issues are emerging.

Significant Items. The following self-report responses represent areas that may help in understanding the respondent's situation and status.

**Alcohol**
6. Drinking caused serious problems.
11. Feels guilty about drinking.
46. Admits has drinking problem.
56. Been treated for drinking.
*Additional Items: #72, 9, 20, 28, 41, 62 and 84.

**Substance Use Disorder**
9. Often drinks more than intended.
26. Fail to fulfill important duties.
44. Gave up important activities.
71. Continue using despite knowing causes problems.
*Additional Items: #80, 83 and 88.

**Drug**
8. Guilt about using drugs.
53. Has lied about drug use.
*Additional Items: #57, 59, 67, 76, 79, 17, 37, 48, 70 and 89.

**Driver Risk**
14. Use cell phone while driving.
47. Admits to 2 or more scale items.
* Only two significant items were selected.

Comments/Recommendations:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Use back of this page, if necessary

STAFF MEMBER SIGNATURE ___________________________ DATE ___________________________

IL DRI-2 RESPONSES
1 - 50 TFFTFTFTTT TFFTFTFTFT TTTFTTTTFF TFFTFTTFFT TFTTTTTTTT
51 - 100 FFTFFTTFTTF TTTFFTTTTT TFT4324242 3433434233 2342213233
101 - 113 2133321321 423

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Adult Substance Use and Driving Survey (Revised for Illinois) - ASUDS-RI

Instructions

Answer each question in this booklet as to how you see yourself. Choose the answer that best fits you. Give careful thought to your answers. It is important that you answer each question as accurately as you can.

Please give an answer to every question.

Mark only one answer for each question.

Please read the instructions that are provided for the different parts of this survey. In some parts, you are asked to give answers as to how they apply to your life time and then as to how they apply during the last 12 months that you have been in the community.

Carefully read each question and each possible answer before making your choice.

You are asked to mark your answers on this survey booklet.

If you have any questions, ask the person who is giving you this survey.

Your answers will be treated as confidential according to the laws of your state and the Federal confidentiality laws and within the guidelines of the consent you have provided to your agency for the release of confidential information about you. Before you start to answer the questions, please complete the following information:

Name: **TEEDDY TROUBLE**

Date: 10/02/07

Agency: DRC

Date of Birth: 12/20/1984

Age: 20

□ Male  □ Female

Ethnic Group: □ African American  □ Anglo-American White

□ Asian American  □ Hispanic American

□ Native American

Marital Status: □ Never Married  □ Married

□ Separated  □ Divorced

□ Remarried  □ Widowed

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Center for Addictions Research and Evaluation - CARE

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ADULT SUBSTANCE USE AND DRIVING SURVEY - REVISED FOR ILLINOIS (ASUDS-Rl)

Please circle the letter by the answer to each question that best fits how you see yourself.

1. Did you drink* (alcohol) to have fun or to be happy?
   a. No.
   b. Sometimes.
   c. Often.
   d. Very often.

2. Did you drink to relax socially?
   a. No.
   b. Sometimes.
   c. Often.
   d. Very often.

3. Did you take a drink or two to relieve yourself of worries?
   a. Never.
   b. Sometimes.
   c. Often.
   d. Very often.

4. Have you had a bad headache because of having too much to drink?
   a. No.
   b. Once or twice.
   c. Three or four times.
   d. Five or more times.

5. How many times have you been drunk?
   a. Never.
   b. Once or twice.
   c. Several times.
   d. Many times.

6. Have you been "half with it" at work or called in sick because you had too much to drink?
   a. No.
   b. One time.
   c. Two or three times.
   d. Four or more times.

7. Have you ever been unable to think or concentrate clearly after drinking?
   a. No.
   b. One time.
   c. Two or three times.
   d. Four or more times.

8. Did you drink when feeling down and depressed?
   a. Never.
   b. Sometimes.
   c. Often.
   d. Very often.

9. Did you ever drive an automobile knowing you had too much to drink?
   a. No.
   b. Once.
   c. A few times.
   d. Many times.

10. Have you ever passed out as a result of drinking?
    a. No.
    b. Once.
    c. A couple of times.
    d. Four or five times or more.

11. Have you ever felt down in the dumps after drinking?
    a. No.
    b. Once.
    c. A few times.
    d. Several times.

12. Have you ever been unable to recall what you did when you were drinking?
    a. No.
    b. Once.
    c. Two times.
    d. Three or more times.

13. Did you drink to relieve stress?
    a. No.
    b. Sometimes.
    c. Often.
    d. Very often.

14. I exceed the speed limit if road conditions are safe.
    a. Never.
    b. Seldom.
    c. Often.
    d. Very often.

15. I have found myself driving fast without realizing it.
    a. Never.
    b. Seldom.
    c. Often.
    d. Very often.

16. When other drivers do stupid things, I lose my temper.
    a. Never.
    b. Seldom.
    c. Often.
    d. Very often.

17. I drive fast and take my chances of getting caught.
    a. Never.
    b. Sometimes.
    c. Often.
    d. Very often.

18. High speed driving gives me a sense of power.
    a. Never.
    b. Very seldom.
    c. Sometimes.
    d. Often.

19. I have taken a risk when driving just because I felt like it.
    a. Never.
    b. Very seldom.
    c. Sometimes.
    d. Often.

20. I swear out loud or cuss under my breath at other drivers.
    a. Never.
    b. Seldom.
    c. Often.
    d. Very often.

21. I have outrun other drivers.
    a. Never.
    b. Very seldom.
    c. Sometimes.
    d. Often.

22. I pass other drivers when not in a hurry.
    a. Never.
    b. Seldom.
    c. Often.
    d. Very often.

23. I am a driver who likes to stay ahead of or out in front of traffic.
    a. Never.
    b. Sometimes.
    c. Often.
    d. Very often.

24. I have tried to beat a red light.
    a. Never.
    b. Sometimes.
    c. Often.
    d. Very often.

25. I dodge and weave through traffic.
    a. Never.
    b. Seldom.
    c. Often.
    d. Very often.
For the list of drugs below, circle the letter for the answer that best fits you. For alcohol, it is the number of times in your lifetime you have been intoxicated. For all other drugs, it is the number of times in your lifetime that you have used the drug. On the right side of the page opposite the drug, indicate the number of times in the last 12 months in the community, that you have been intoxicated on alcohol or you have used the other drugs. Circle "a" if you did not use alcohol or the other drugs in the past 12 months. Circle "b" if you were intoxicated on alcohol or used the other drugs from one to 10 times, etc.. Then for each drug that you have used in your lifetime, put your age you last used that drug.

<table>
<thead>
<tr>
<th>Total Number of Times In Lifetime</th>
<th>Never used</th>
<th>One to 10 times</th>
<th>11-25 times</th>
<th>26-50 times</th>
<th>More than 50 times</th>
<th>Times used in the last 12 months</th>
<th>Age last used</th>
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<tbody>
<tr>
<td>26. Number of times intoxicated or drunk on alcohol (beer, wine, hard liquor, mixed drinks).</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>20</td>
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<td>27. Marijuana (pot, hashish, hash, THC, dope, etc.).</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>20</td>
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<td>28. Cocaine (coke, snow, crack, rock, blow, etc.).</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>20</td>
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<td>29. Amphetamines/methamphetamine/stimulants (meth, ice, crystal, speed, uppers, stimulants, diet pills, black beauties, bennies, white crosses, Dextroine, Desoxyn, and other stimulants used for nonmedical reasons such as Ritalin, Adderall, etc.).</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>18</td>
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<td>30. Hallucinogens (LSD, acid, peyote, mushrooms, PCP, angel dust, ecstasy, ketamine, etc.).</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>32</td>
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<td>31. Inhalants (rush, gasoline, paint, glue, nitrous oxide, poppers, anaphans, etc.).</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>32</td>
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<td>32. Heroin (horse, H, smack, junk, etc.).</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>32</td>
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<td>33. Other opiates or pain killers used for nonmedical reasons (codeine, opium, morphine, Percodan, Dilaudid, Darvon, Methadone, Oxycodeone, Oxycodone, Vicodin, Darvon, etc.).</td>
<td>a b c d e</td>
<td>a b c d e</td>
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<td>a b c d e</td>
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<tr>
<td>34. Barbituates/sedatives used for nonmedical reasons (Seconal, Nembutal, Amytal, Phenobarbital, Dalmiane, quaaludes, placidyl, sleeping medicines, blues, reds, yellows, ludes, etc.).</td>
<td>a b c d e</td>
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<td>32</td>
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<td>35. Tranquilizers use for nonmedical reasons (Librium, Valium, Ativan, Xanax, Serax, Miltown, Equanil, Halcion, meprobamates, etc.).</td>
<td>a b c d e</td>
<td>a b c d e</td>
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<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>32</td>
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<tr>
<td>36. As to your use of cigarettes (tobacco).</td>
<td>Never smoked</td>
<td>Do not smoke now</td>
<td>Up to half pack a day</td>
<td>Up to a pack a day</td>
<td>Up to two packs a day</td>
<td>More than two packs a day</td>
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<tr>
<td></td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td>a b c d e</td>
<td></td>
</tr>
<tr>
<td>Have you used alcohol or other drugs for any of the following reasons? Circle the letter for the answer that best fits you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason</th>
<th>No</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. To have fun and relax?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>38. To relieve stress and tension?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>39. To feel less depressed?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>40. To be less shy?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>41. To be able to express myself better?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>42. To relieve your worries and troubles?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>43. To forget your problems?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>44. To calm yourself down?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
</tbody>
</table>
As a result of using alcohol or any of the other drugs on page 4, indicate how often any of the following have happened to you in your lifetime. Then, for each of the following statements, in the column on the right side of the page, indicate how many times it has happened to you in the last 12 months in the community. Circle an "a" if it did not happen to you, circle a "b" if it happened to you 1-3 times, circle a "c" if it happened to you 4-6 times, circle a "d" if it happened to you 7-10 times and circle an "e" if it happened more than 10 times.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Total Number of Times in Lifetime</th>
<th>Number of times in the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>45. Had a blackout (forgot what you did but were still awake).</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>46. Became physically violent.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>47. Staggered and stumbled around.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>48. Passed out (became unconscious).</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>49. Triad to take your own life.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>50. Became physically sick or nauseated.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>51. Saw or heard things not there.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>52. Became mentally confused.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>53. Thought people were out to get you or wanted to cause you harm.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>54. Had physical shakes or tremors.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>55. Had a seizure or a convulsion.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>56. Had a rapid or fast heart beat.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>57. Became very anxious, nervous and tense.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>58. Became feverish, hot or sweaty.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>59. Did not eat or sleep.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>60. Were weak, tired and fatigued.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>61. Unable to go to work or school.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>62. Neglected your family.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>63. Broke the law or committed a crime.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
<tr>
<td>64. Could not pay your bills.</td>
<td>a b c d e</td>
<td>a b c d e</td>
</tr>
</tbody>
</table>

For the following questions, please choose the answer that best fits you.

<table>
<thead>
<tr>
<th>Question</th>
<th>Hardly at all</th>
<th>Yes sometimes</th>
<th>Yes A lot</th>
<th>Yes, all the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>65. Have you felt down and depressed?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>66. Have you been nervous and tense?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>67. Have you been irritated and angry?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>68. Have your moods been up and down - from very happy to very depressed?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>69. Do you tend to worry about things?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>70. Have you felt like not wanting to live or taking your own life?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>71. Have you had problems sleeping?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>72. Have you had thoughts that upset or disturb you?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td>73. Have you been discouraged about your future?</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
</tr>
</tbody>
</table>
Please circle the letter for the answer for each question that best fits you.

74. Have you ever gotten angry at someone?  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

75. Have you lied about something or not told the truth?  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

76. Do you ever find yourself unhappy?  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

77. Have you felt frustrated about a job?  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

78. Do you hold things in and not tell others what you think or feel?  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

79. Have you been unkind or rude to someone?  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

80. Have you ever cried about someone or something?  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

81. When I was in my teen years, I got into trouble with the law.  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

82. I was suspended or expelled from school when I was a child or teenager.  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

83. I have been in fights or brawls.  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

84. I have been charged with driving while impaired or under the influence of alcohol or other drugs.  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

85. I have had trouble because I don't follow the rules.  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

86. I don't like police officers.  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

87. There are too many laws in society.  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

88. It is all right to break the law if it doesn't hurt anyone.  
   a) Never  b) Hardly at all  c) A few times  d) Yes a lot

Please answer these questions as to how they apply to you during your lifetime and during the last 12 months in the community. Circle the letter for the answer of your choice.

89. Number of times I have received a ticket for a driving violation (speeding, driving without a license, running a red light, etc.).  
   a) Never  b) Sometmes  c) A lot  d) Most of the time  
   During the last 12 months:  
   a) Never  b) Sometmes  c) A lot  d) Most of the time

90. When in the community, I have spent time with people who have been in trouble with the law.  
   a) Never  b) Sometmes  c) A lot  d) Most of the time  
   During the last 12 months:  
   a) Never  b) Sometmes  c) A lot  d) Most of the time

91. My friends and/or family get into trouble with the law.  
   a) Never  b) Sometmes  c) A lot  d) Most of the time  
   During the last 12 months:  
   a) Never  b) Sometmes  c) A lot  d) Most of the time

92. When I have broken the law, I have been high or under the influence of alcohol or other drugs.  
   a) Never  b) Sometmes  c) A lot  d) Most of the time  
   During the last 12 months:  
   a) Never  b) Sometmes  c) A lot  d) Most of the time

93. When I have committed a crime, I knew that I was involved in criminal behavior.  
   a) Never  b) Sometmes  c) A lot  d) Most of the time  
   During the last 12 months:  
   a) Never  b) Sometmes  c) A lot  d) Most of the time
Please answer these questions as to how they apply to you during your lifetime and during the last 12 months in the community. Circle the letter for the answer of your choice.

94. As an adult, I have been in trouble with the law other than while driving a motor vehicle.
   a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

95. Number of times that I have been arrested and charged with a crime.
   a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

96. Number of times that I have been convicted of a crime (misdemeanor or felony).
   a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

97. Number of times my probation or parole has been revoked (circle "a" if never been on parole or probation).
   a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

98. Number of times I have been arrested for a crime committed against a person (such as robbery, burglary, assault, rape, manslaughter, murder).
   a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

99. Number of times I have been arrested for a domestic violence related offense.
   a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

100. Total amount of time I have spent on probation.
    a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

101. Total amount of time I have spent on parole.
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

102. Total amount of time I have spent in jail or prison.
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

103. I have been violent in my behavior or actions.

Please answer these questions as to how they apply to you during your lifetime and during the last 12 months in the community. Circle the letter for the answer of your choice.

104. Number of times I have been sentenced for a crime to county jail.
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

105. Number of times I have been sentenced for a crime for which I have been on probation or conditional discharge or conditional supervision.
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

106. Number of times I have been sentenced for a crime to state or federal prison.
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

Please answer the following questions as to how you see yourself at this time.

107. Have you felt a need to make changes in your use of alcohol or other drugs?
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

108. Do you want to stop using alcohol; or to continue not using alcohol?
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

109. Do you want to stop using other drugs; or continue not using other drugs?
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

110. Have you felt a need to have help with problems having to do with alcohol use?
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

111. Have you felt a need to have help with problems with the use of other drugs?
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

112. Is it important for you to make changes around the use of alcohol or other drugs?
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times

113. Would you be willing to come to (or continue in) a program where people get help for alcohol or other drug use problems?
     a) Never   b) 1-2 times   c) 3-4 times   d) 5 or more times
**ADULT SUBSTANCE USE AND DRIVING SURVEY - REVISED FOR ILLINOIS (ASUDS-RI)**

Authors: Kenneth W. Wanberg and David S. Timken

### CLIENT INFORMATION

| Name: | Teddy Trouble |
| DOB: | 12/06/1986 |
| Age: | 20 |
| Gender: | Male |
| Ethnicity: | Anglo-American White |
| Marital Status: | Never married |
| Assess Date: | 04/09/2019 |
| Client ID: | 0001 |
| Evaluator: | rjk |
| Agency Name: | Don't Drive DUI |
| Arrest BAC: | .149 |
| Failed Blood/Urine Test: | No |
| Prior DWI/DUI Convictions: | 0 |
| Prior DWI/DUI Education Hrs: | 0 |
| No. AOD OP Treatment Sessions: | 8 |
| No. AOD Inpatient Days: | 0 |

### DRUG AND ALCOHOL USE HISTORY

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Times in lifetime</th>
<th>Times last 12 months</th>
<th>Age Last Use</th>
<th>Drug Category</th>
<th>Times in lifetime</th>
<th>Times last 12 months</th>
<th>Age Last Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Drunk</td>
<td>More than 50 times</td>
<td>11-25 times</td>
<td>20</td>
<td>Heroin</td>
<td>Never Used</td>
<td>Never Used</td>
<td>N/A</td>
</tr>
<tr>
<td>Marijuana</td>
<td>More than 50 times</td>
<td>26-50 times</td>
<td>20</td>
<td>Other Opiate</td>
<td>Never Used</td>
<td>Never Used</td>
<td>N/A</td>
</tr>
<tr>
<td>Cocaine</td>
<td>Never Used</td>
<td>Never Used</td>
<td>N/A</td>
<td>Sedatives</td>
<td>Never Used</td>
<td>Never Used</td>
<td>N/A</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>Never Used</td>
<td>Never Used</td>
<td>N/A</td>
<td>Tranquilizers</td>
<td>Never Used</td>
<td>Never Used</td>
<td>N/A</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>One to 10 times</td>
<td>Never Used</td>
<td>18</td>
<td>Cigarettes</td>
<td>Up to a pack a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>Never Used</td>
<td>Never Used</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CRITICAL ITEMS

- Drove a few times when had too much to drink
- Passed out often when drinking
- Not recall what did when drinking twice
- Blackouts 1-3 times
- Physically violent 4-6 times
- Passed out 1-3 times
- Committed a crime 4-6 times
- Charged with impaired driving 1-2 times
- Arrested and charged with crime 1-2 times
- Convicted of a crime 1-2 times
- Violent behavior sometimes
- Have problems sleeping a lot of the time
- For sure, want to make changes in use of alcohol or other drugs
- Most likely want to stop using or continue not to use alcohol

### SUGGESTED SERVICE LEVEL BENEFITS OR GUIDELINES

<table>
<thead>
<tr>
<th>Level</th>
<th>Suggested Service Level Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Client could benefit from a basic alcohol-drug / DUI risk education program plus an extended-enhanced alcohol/drug treatment program followed with an aftercare plan.</td>
</tr>
</tbody>
</table>
## ASSESSMENT SUMMARY

- Fairly open around driving risk behavior; may benefit from driving risk education.
- High level of past alcohol involvement with very strong indication of a past disruptive pattern of alcohol problems.
- Low-moderate defensiveness quite open to self-disclosure.
- Moderate to high levels of mood and psychological distress. Consider mental health assessment if collateral information supports this.
- Moderate to high past AOD involvement based on drugs (drugs include alcohol) listed in the survey.
- Reports very significant AOD involvement in last 12 months.
- Past AOD negative outcomes or consequences to indicate past moderate disruptive effects and problems with possible Substance Abuse Disorder.
- Indicates low to moderate history of social-legal non-conforming.
- Indicates moderate to high motivation and desire for change and reluctant to get help for AOD problems.
- Overall history of psychosocial and AOD problems and disruption is very high.

### ASSESSMENT SCALES

<table>
<thead>
<tr>
<th>Scale</th>
<th>Percentile</th>
<th>Decile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Involvement:</td>
<td>25</td>
<td>98</td>
</tr>
<tr>
<td>Driving Risk:</td>
<td>9</td>
<td>89</td>
</tr>
<tr>
<td>AOD Involvement 1:</td>
<td>9</td>
<td>96</td>
</tr>
<tr>
<td>AOD Use Benefits:</td>
<td>17</td>
<td>98</td>
</tr>
<tr>
<td>AOD Disruption 1:</td>
<td>34</td>
<td>98</td>
</tr>
<tr>
<td>AOD Last 12 Months:</td>
<td>22</td>
<td>99</td>
</tr>
<tr>
<td>Mood Adjustment:</td>
<td>10</td>
<td>97</td>
</tr>
<tr>
<td>Social Legal Non-Conformity:</td>
<td>14</td>
<td>79</td>
</tr>
<tr>
<td>Global AOD Psychological:</td>
<td>67</td>
<td>97</td>
</tr>
<tr>
<td>Defensive:</td>
<td>15</td>
<td>32</td>
</tr>
<tr>
<td>Motivation:</td>
<td>13</td>
<td>88</td>
</tr>
<tr>
<td>Involvement 2:</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Disruption 2:</td>
<td>34</td>
<td>39</td>
</tr>
</tbody>
</table>

| A. Behavioral Disruption:                 | 11         | 52          |
| B. Psychophysical Disruption:            | 16         | 41          |
| C. Social Role Disruption:               | 7          | 38          |
| D. Social Non-Conforming:                | 8          | 80          |
| E. Legal Non-Conforming:                 | 6          | 80          |
| F. Social-Legal Non-Conform 12 Mon.:     | 4          | 70          |

*Information in the ASUDS-RI summary is based on the client's self-report. It is dependent on his or her ability to validly respond to the questions. It represents the individual's perception of self regarding alcohol and other drug use, driving attitudes and behaviors, concerns about self, relationship with the community, legal history, and willingness to be involved in the change process. This information should be used only in conjunction with information from all other sources when making referral, education or treatment recommendations. No one piece of information from this or any other source should be used solely to make such decisions. When possible, it is helpful to engage the client in a partnership when making referral and treatment recommendations and decisions. The final referral and treatment recommendations are always made by the evaluator.*
### Answer Sheet

Questions are based on user entry; 1 = A, 2 = B, 3 = C, 4 = D, 5 = E, 6 = F

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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</tr>
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<tbody>
<tr>
<td>3</td>
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<td>1</td>
<td>26b</td>
<td>N/A</td>
<td>29</td>
<td>1</td>
<td>30a</td>
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<td>30b</td>
<td>N/A</td>
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<td>31a</td>
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<td>31b</td>
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<td>32a</td>
</tr>
<tr>
<td>N/A</td>
<td>53</td>
<td>1</td>
<td>33a</td>
<td>1</td>
<td>33b</td>
<td>N/A</td>
<td>34a</td>
<td>1</td>
<td>34a</td>
<td>1</td>
<td>34b</td>
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<td>35a</td>
<td>1</td>
<td>35b</td>
</tr>
<tr>
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