



Alcohol & Drug Use Questionnaire – Driver Wellness & Safety Division

Name (last) _____ (first) _____ (MI) _____

Driver's License #: _____ - _____ - _____ - _____ - _____

MVA DRIVER WELLNESS AND SAFETY DIVISION ALCOHOL AND DRUG USE QUESTIONNAIRE

ALCOHOL:

Have you used alcohol in the past year? Yes _____ No _____

If yes, what was the date of your last drink? _____

If no, if you used alcohol in the past, when was your last drink? _____ N/A _____

If you have been an alcohol user in the past year, please answer the following:

How often do you have a drink containing alcohol?

Never _____

Monthly or less _____ 2-3 times per week _____

2-4 times per month _____ 4 or more times per week _____

How many drinks do you have on a typical day when you are drinking?

None _____ 3 or 4 _____

1 or 2 _____ 5 or 6 _____ 7-9 _____

How often do you have 6 or more drinks on one occasion? Never _____

Less than monthly _____ Weekly _____

Monthly _____ Daily or almost daily _____

How often during the past year have you found that you were not able to stop drinking once you had started?

Never _____ Monthly _____

Less than monthly _____ Weekly _____ Daily or almost daily _____

How often during the past year have you failed to do what was normally expected of you because of drinking?

Never _____ Monthly _____

Less than monthly _____ Weekly _____ Daily or almost daily _____

How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never _____ Monthly _____

Less than monthly _____ Weekly _____ Daily or almost daily _____

How often during the past year have you had a feeling of guilt or remorse after drinking?

Never _____ Monthly _____

Less than monthly _____ Weekly _____ Daily or almost daily _____

How often during the past year have you been unable to remember what happened the night before because you had been drinking?

Never _____ Monthly _____

Less than monthly _____ Weekly _____ Daily or almost daily _____

Have you or someone else been injured as a result of your drinking?

Never _____ Yes, but not in the past year _____ Yes, during the past year _____

Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

Never _____ Yes, but not in the past year _____ Yes, during the past year _____

Name (last) _____ (first) _____ (MI) _____

Driver's License #: _____ - _____ - _____ - _____ - _____

ALCOHOL Questions:

Have you ever been cited for drinking and driving? Yes _____ If yes, how many times? _____ No _____

Do you think you ever had a problem with your use of alcohol? Yes _____ No _____ Unsure _____

Do you consider yourself as being in recovery from alcoholism? Yes _____ No _____

Have you been, or are you in treatment for an alcohol use problem? Yes _____ No _____

If yes, Name of treatment program? _____ Period of treatment _____

Do you attend self-help meetings? Yes _____ No _____

If yes, How many meetings per week? _____ Do you have a sponsor? Yes _____ No _____

DRUG Questions:

Have you ever used an illegal drug? Yes _____ No _____

If yes, What drug(s) did you use? _____

If yes, When was the last time you used any illegal drug? _____

Have you ever abused a prescription drug or a pain medication? Yes _____ No _____

If yes, What drug(s) did you use? _____

When was the last time you used the drug(s)? _____

Have you ever been cited for drug impaired driving? Yes _____ If yes, how many times? _____ No _____

Have you been arrested for a non-traffic drug offense? Yes _____ No _____

If yes, What was the offense? _____ When did it occur? _____

Have you ever been in treatment for drug abuse? Yes _____ No _____

If yes, Name of the program? _____ Period of treatment _____

Do you consider yourself as being in recovery from drug abuse? Yes _____ No _____

Do you attend self-help meetings? Yes _____ No _____

If yes, How many meetings per week? _____ Do you have a sponsor? Yes _____ No _____

If you want to provide additional information for any response, please attach an additional page.

Have you attached additional information? Yes _____ No _____

Please sign: _____ Date _____ / _____ / _____
(month) (day) (year)



Apply to register to vote with your driver's license transaction. For details ask your customer agent.