

# DRI-II

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## Instructions

Many statements in this booklet are personal. Your answers will be considered confidential. **Answer each statement truthfully and honestly.** Your court or driving records may be used to check your answers. Any dishonesty will likely be detected.

Mark your answers on your answer sheet. Match the number of the statement with the number on your answer sheet. Read each statement carefully and choose the answer that is accurate for you.

**Alcohol** or **drinking** refers to beer, wine or other liquor. **Drugs** refer to both prescription drugs and non-prescription drugs like marijuana (pot), cocaine (coke), crack, amphetamines, barbiturates and heroin.

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Starting with the first statement, answer every statement. **All statements must be answered.**

When you understand these instructions, you may begin.

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## 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, while driving, when I have not paid proper attention to what I was doing.
2. I am concerned about my drinking.
3. I am impatient and often drive fast.
4. I have used drugs more than I should.
5. I have gotten upset at another driver.
6. My drinking has caused serious family or social problems for me.
7. I have a quick temper and need to learn how to control it.
8. I am concerned about my drug use.
9. There are times when I feel really down and discouraged.
10. I have had two or more memory losses (blackouts) after drinking.
11. When I get annoyed or frustrated, I tend to “fly off the handle” and yell or argue.
12. I have had a drug abuse problem in the past.
13. Even though I was not caught, I have made mistakes while driving that were my fault.
14. I am a recovering alcoholic.
15. There are times when I am a dangerous or unsafe driver.
16. After using drugs, I have seen or heard things that were not really there.
17. I get annoyed when someone is critical of my driving.
18. I spend a lot of time getting alcohol and/or drugs, using them or recovering from their effects.
19. I go to Alcoholics Anonymous (AA) meetings because of my drinking.
20. I can get very angry quickly.

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21. I have had to use much more alcohol and/or drugs to get the same effect I used to.
  22. I have been treated for a drug problem.
  23. I have done things when angry that I later regretted.
  24. When offered drugs I may or may not use them. It depends on how I feel at the time.
  25. I often drink more or use more drugs than I intended.
  26. To be honest, I drive too fast.
  27. Because of my drug use I have given up or quit work, recreational activities or social functions.
  28. There have been times when I have gotten very angry at another driver.
  29. Once I begin drinking, it often seems as if I cannot stop.
  30. Two or more of the following apply to me (answer true or false on your answer sheet):
    - a. Loud or noisy
    - b. Aggressive or pushy
    - c. Impulsive or outgoing
    - d. Interruptive or disruptive
    - e. Outspoken, frank or blunt
  31. A family member has said I should get help for my drug use.
  32. Before my recent DUI or DWI arrest, there were times when I drove after drinking.
  33. At times I feel guilty about my drinking.
  34. My alcohol and/or drug use has resulted in absences from school and/or work, or poor work performance due to hangovers.
  35. I know I am too aggressive.
  36. I continue to drink despite family arguments about my drinking.
  37. There have been times when I have felt guilty about my use of drugs.
  38. There have been times while driving when I have been told to do something and did not like it.
  39. My drinking is more than just a little or minor problem.
  40. I have a lot of problems or conflicts with other people.
  41. I am in counseling or treatment for drug problems.
  42. I know I shouldn't, but I have been jealous of others' success.
  43. I often drink more (or for longer periods) than I intended.
  44. I have neglected my children, household duties or responsibilities because of my alcohol and/or drug use.
  45. A family member has told me that I am an aggressive and unsafe driver.
  46. I go to Narcotics Anonymous (NA) or Cocaine Anonymous (CA) meetings because of my drug use.
  47. There have been times while driving when I have been angry or upset.
  48. I have admitted to a family member that I have a drinking problem.
  49. Even though I am aware of the harmful effects of repeated substance use, I continue to drink and/or use drugs.
  50. When angry I become verbally abusive and shout or swear a lot.
  51. I am a recovering drug abuser.
  52. I have been worried, frightened or scared while riding in a car or truck.
  53. I have missed work because of my drinking.
  54. Two or more of the following apply to me (answer true or false on your answer sheet):
    - a. Careless or reckless driver
    - b. Drive fast or take some chances
    - c. Argumentative or quick tempered
    - d. Three or more moving violations (tickets) in the last five years
    - e. Two or more at-fault accidents in the last five years
  55. Within the last year I have had persistent cravings or strong urges for drugs.
  56. There have been times when I have been jealous or resentful of others.
  57. I have been treated for a drinking problem.
  58. I can be easily annoyed or angered while driving.
  59. My use of drugs has threatened my happiness and success in life.
  60. There have been times when I knew I should not drive, but did.
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61. A close family member told me to get help for my drinking problem.
62. I often lose control over little problems or minor frustrations.
63. 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.
64. I have been frustrated or irritated by other drivers.
65. When I drink my personality changes and I seem like a different person.
66. Important social, occupational or recreational activities have been given up or reduced because of my alcohol and/or drug problem.
67. I use and sometimes abuse drugs.
68. Sometimes I worry about what others think or say about me.
69. I am an aggressive driver.
70. I have a drinking problem.
71. I continue to use drugs despite family arguments about my drug use.
72. I lose my temper quickly.
73. I have a drug problem.
74. I have been embarrassed or felt uneasy about some of the things I have done while driving.
75. I am in counseling or treatment for my drinking problem.
76. There have been times when I have done something wrong and was not caught.
77. I have admitted to a close family member that I have a drug problem.
78. I get angry quickly.
79. I have wished I could go back in time and do some things over -- but differently.
80. Drinking has interfered with my happiness and success in life.
81. It bothers me when I am overlooked or ignored by people I know.
82. I speed and get tickets.
83. At times I get angry and upset at myself.
84. I have been diagnosed substance (alcohol or drug) dependent.

## Section 2

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.

- |                         |                      |
|-------------------------|----------------------|
| <b>1. Rare or Never</b> | <b>3. Often</b>      |
| <b>2. Sometimes</b>     | <b>4. Very Often</b> |

85. Positive Attitude/Outlook
86. Dissatisfied with Life
87. Anxious/Worried/Fearful
88. Depressed/Discouraged
89. Manage Time Effectively
90. Difficulty with Others/Conflict
91. Insomnia/Trouble Sleeping
92. Satisfied with Self/Like Self
93. Bored/Restless
94. Financially Stable/Responsible
95. Enthusiastic/Involved in Life
96. Quarrelsome/Aggressive/Impulsive
97. Tension/Stress/Pressure
98. Fatigued/Tired/Sluggish
99. Directly Deal with Problems
100. Emotionally Upset/Crying
101. Share My Thoughts Comfortably
102. Disruptive/Loud/Interruptive
103. Angry/Hostile with Others
104. Lonely/Unhappy
105. Able to Handle Life's Problems
106. Nervous/Unable to Relax
107. Patient/Tolerant/Understanding
108. Can't Make Decisions/Indecisive
109. Work/Job Satisfaction
110. Trust My Own Judgment
111. Express My Feelings Comfortably
112. Rebellious/Unruly/Defiant
113. Job or Work Problems/Concerns
114. Adaptable/Adjustable
115. Marital/Family Problems
116. Self-Reliant/Independent
117. Satisfied/Contented with Life
118. Troublesome/Resistant/Disobedient

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### Section 3

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 accurate for you.

119. My repeated alcohol and/or drug use has resulted in:
1. Absences or poor performance at school or work due to alcohol or drug use or recovery from hangovers
  2. My neglecting children and/or household duties or responsibilities
  3. Both 1 and 2
  4. None of the above
120. When drinking or using drugs I often:
1. Use more (larger amounts) than I intended
  2. Use over a longer period than I intended
  3. Both 1 and 2
  4. None of the above
121. 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
122. My repeated alcohol and/or drug use has resulted in:
1. Substance-related legal problems
  2. Alcohol and/or drug-related arrests
  3. Both 1 and 2
  4. None of the above
123. I have continued alcohol and/or drug use despite persistent or recurrent:
1. Social or interpersonal problems
  2. Arguments or fights with family or my significant other about my substance use
  3. Both 1 and 2
  4. None of the above
124. With regard to alcohol or drugs, I:
1. Spend a lot of time obtaining or getting alcohol or drugs
  2. Spend a lot of time taking or recovering from alcohol or drugs
  3. Both 1 and 2
  4. None of the above
125. I have:
1. Cut down or stopped doing many of the things I used to do because of alcohol or drugs
  2. Spent more time using alcohol or drugs and less time with my family or hobbies
  3. Both 1 and 2
  4. None of the above
126. I have:
1. Had serious physical, social, emotional or mental health problems due to my use of alcohol or drugs
  2. Continued to use alcohol and/or drugs even though I know they cause serious problems for me
  3. Both 1 and 2
  4. None of the above
127. 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
128. I have had withdrawal symptoms like trouble sleeping, tremors, sweating, anxiety, nausea, vomiting or headaches:
1. After reducing alcohol or drug use
  2. When I stopped heavy alcohol or drug use
  3. Both 1 and 2
  4. None of the above
129. After using alcohol and/or drugs I have been high, drunk or have had withdrawal symptoms:
1. Before or during school, work or important family functions
  2. While driving a vehicle (car, truck or machinery)
  3. Both 1 and 2
  4. None of the above
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130. I have tried but I cannot:
1. Reduce, cut down or control my use of alcohol or drugs
  2. Stop using alcohol or drugs
  3. Both 1 and 2
  4. None of the above
131. With regard to alcohol and/or drug use, I:
1. Use alcohol or drugs to avoid withdrawal symptoms
  2. Take more alcohol or drugs to relieve withdrawal symptoms
  3. Both 1 and 2
  4. None of the above
132. I would rate my alcohol and/or drug symptoms as:
1. Mild. They have little effect on my relationships and social or occupational (work) functioning
  2. Moderate. Between "mild" and "severe"
  3. Severe. They greatly interfere with my relationships and social or work (occupational) functioning
  4. None. I do not drink or use drugs
133. How many different drug treatment programs have you been enrolled in?
1. One
  2. Two or three
  3. Four or more
  4. None
134. My drinking is:
1. A serious problem
  2. A moderate problem
  3. A mild problem
  4. Not a problem
135. My drug use is:
1. A serious problem
  2. A moderate problem
  3. A mild problem
  4. Not a problem
136. How would you describe your desire to get alcohol treatment or help?
1. I want help (highly motivated)
  2. I may need help (moderately motivated)
  3. Maybe, not sure (mildly motivated)
  4. No need (not motivated)
137. How would you describe your desire to get drug treatment or help?
1. I want help (highly motivated)
  2. I may need help (moderately motivated)
  3. Maybe, not sure (mildly motivated)
  4. No need (not motivated)
138. Recovering means having a substance (alcohol or 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
139. On a scale from zero to ten, zero representing no alcohol use and ten representing severe alcohol abuse, I would rate myself at:
1. Zero, one or two (no problem)
  2. Three, four or five (mild problem)
  3. Six, seven or eight (moderate problem)
  4. Nine or ten (severe problem)
140. How would you describe your driving?
1. Seriously aggressive
  2. Moderately aggressive
  3. Slightly aggressive
  4. Not aggressive

Please return this booklet and answer sheet.

Thank you for your cooperation.

# DRI-II

## Accurately Complete the Following Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Four Digits of Your SSN: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Sex: M\_\_\_ F\_\_\_ Ethnicity (Race): \_\_\_\_\_

Marital Status: \_\_\_\_\_  
Single, Married, Divorced, Separated, Widowed

Education (Highest Grade Completed): \_\_\_\_\_

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**INSTRUCTIONS: Answer all of the following. If the answer is none, put in a zero (0). If the item does not apply to you put in an "N". Sometimes the symbol # is used in place of the word "number."**

1. Blood Alcohol Content level at time of DUI arrest:..... • \_\_\_
2. Number of DUI arrests in last 10 years:..... \_\_\_\_\_
3. Moving violations (not DUI but traffic tickets) in last 10 years: \_\_\_\_\_
4. Number of at-fault motor vehicle accidents in last 10 years: \_\_\_\_\_
5. Number of alcohol-related (not DUI) arrests in last 10 years: \_\_\_\_\_
6. Number of drug-related (not DUI) arrests in the last 10 years: \_\_\_\_\_
7. Number of DUI schools or programs previously attended:.... \_\_\_\_\_
8. Date of present DUI arrest:..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
9. Was this arrest reduced to careless or reckless driving? .Y\_\_\_ N\_\_\_
10. Did you refuse breathalyzer test in present DUI? ..... Y\_\_\_ N\_\_\_
11. Do you have other or additional DUI offenses pending?.. Y\_\_\_ N\_\_\_
12. Is your driver's license suspended or revoked? ..... Y\_\_\_ N\_\_\_

## Section 1

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

- |           | T   F | T   F     | T   F     |
|-----------|-------|-----------|-----------|
| 1. _____  | _____ | 29. _____ | 57. _____ |
| 2. _____  | _____ | 30. _____ | 58. _____ |
| 3. _____  | _____ | 31. _____ | 59. _____ |
| 4. _____  | _____ | 32. _____ | 60. _____ |
| 5. _____  | _____ | 33. _____ | 61. _____ |
| 6. _____  | _____ | 34. _____ | 62. _____ |
| 7. _____  | _____ | 35. _____ | 63. _____ |
| 8. _____  | _____ | 36. _____ | 64. _____ |
| 9. _____  | _____ | 37. _____ | 65. _____ |
| 10. _____ | _____ | 38. _____ | 66. _____ |
| 11. _____ | _____ | 39. _____ | 67. _____ |
| 12. _____ | _____ | 40. _____ | 68. _____ |
| 13. _____ | _____ | 41. _____ | 69. _____ |
| 14. _____ | _____ | 42. _____ | 70. _____ |
| 15. _____ | _____ | 43. _____ | 71. _____ |
| 16. _____ | _____ | 44. _____ | 72. _____ |
| 17. _____ | _____ | 45. _____ | 73. _____ |
| 18. _____ | _____ | 46. _____ | 74. _____ |
| 19. _____ | _____ | 47. _____ | 75. _____ |
| 20. _____ | _____ | 48. _____ | 76. _____ |
| 21. _____ | _____ | 49. _____ | 77. _____ |
| 22. _____ | _____ | 50. _____ | 78. _____ |
| 23. _____ | _____ | 51. _____ | 79. _____ |
| 24. _____ | _____ | 52. _____ | 80. _____ |
| 25. _____ | _____ | 53. _____ | 81. _____ |
| 26. _____ | _____ | 54. _____ | 82. _____ |
| 27. _____ | _____ | 55. _____ | 83. _____ |
| 28. _____ | _____ | 56. _____ | 84. _____ |

**Section 2**

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

	1= Rare or Never		3= Often	
	2= Sometimes		4= Very Often	
	1	2	3	4
85.	_____	_____	_____	_____
86.	_____	_____	_____	_____
87.	_____	_____	_____	_____
88.	_____	_____	_____	_____
89.	_____	_____	_____	_____
90.	_____	_____	_____	_____
91.	_____	_____	_____	_____
92.	_____	_____	_____	_____
93.	_____	_____	_____	_____
94.	_____	_____	_____	_____
95.	_____	_____	_____	_____
96.	_____	_____	_____	_____
97.	_____	_____	_____	_____
98.	_____	_____	_____	_____
99.	_____	_____	_____	_____
100.	_____	_____	_____	_____
101.	_____	_____	_____	_____
102.	_____	_____	_____	_____
103.	_____	_____	_____	_____
104.	_____	_____	_____	_____
105.	_____	_____	_____	_____
106.	_____	_____	_____	_____
107.	_____	_____	_____	_____
108.	_____	_____	_____	_____
109.	_____	_____	_____	_____
110.	_____	_____	_____	_____
111.	_____	_____	_____	_____
112.	_____	_____	_____	_____
113.	_____	_____	_____	_____
114.	_____	_____	_____	_____
115.	_____	_____	_____	_____
116.	_____	_____	_____	_____
117.	_____	_____	_____	_____
118.	_____	_____	_____	_____

**Section 3**

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

	1	2	3	4
119.	_____	_____	_____	_____
120.	_____	_____	_____	_____
121.	_____	_____	_____	_____
122.	_____	_____	_____	_____
123.	_____	_____	_____	_____
124.	_____	_____	_____	_____
125.	_____	_____	_____	_____
126.	_____	_____	_____	_____
127.	_____	_____	_____	_____
128.	_____	_____	_____	_____
129.	_____	_____	_____	_____
130.	_____	_____	_____	_____
131.	_____	_____	_____	_____
132.	_____	_____	_____	_____
133.	_____	_____	_____	_____
134.	_____	_____	_____	_____
135.	_____	_____	_____	_____
136.	_____	_____	_____	_____
137.	_____	_____	_____	_____
138.	_____	_____	_____	_____
139.	_____	_____	_____	_____
140.	_____	_____	_____	_____