

PENNSYLVANIA ALCOHOL HIGHWAY SAFETY PROGRAM

* ALL INFORMATION --- CONFIDENTIAL *	
<b>PENNSYLVANIA ALCOHOL HIGHWAY SAFETY PROGRAM COURT REPORTING NETWORK (CRN) CENTRAL/UPPER BUCKS COUNTY</b>	
Name: [REDACTED]	Date Of Report: 10/25/2006
Address: [REDACTED]	Referral Source: Prior to receiving ARD (Pre-Trial Diversion)
Phone: [REDACTED]	Date Of Interview: 10/25/2006
Age at Violation: 49	Reported Date Of Arrest: 07/13/2006
Gender: Male	[REDACTED]
Marital: Married	Source Of Income: Salary/Wages
Employed: Yes	Income: \$60,090.00
<b>HIGHWAY SAFETY INVENTORY</b>	
<b>ALCOHOL / DRUG INFORMATION</b>	
BAC: .13%	M/F: 44
Impairment Index: 1	Driver's License Status: Valid License
	Insurance Status at time of arrest: Insured
Beverage Index: 0.1	Traffic Record Report From PennDOT: 3731 - DUI: 12/19/1993
Beer: 0.1	There are 10 other traffic offenses on record.
Wine: 0.0	
Liquor: 0.0	
Prior Alcohol Treatment: Yes	
Controlled Substance Use: No	
Reported Offenses: Prior arrest record alcohol or controlled substance related	
<b>RECOMMENDATIONS</b>	
1) Alcohol Highway Safety School - Required for 1st and 2nd Time Offenders 2) Comprehensive Alcohol Assessment	
BAC: .13% M/F: 44 Impairment Index: 1 Beverage Index: 0.10 NOTE: U.S. Beverage Index Norm - 0.8 (2 whiskies or equivalency per day). A beverage index score below the U.S. norm, in the absence of other data indicative of the trait of denial, indicates that the self-reported level of consumption is within the acceptable limits. Controlled Substances: NO USAGE OF ILLICIT CONTROLLED SUBSTANCE NO USAGE OF PRESCRIBED CONTROLLED SUBSTANCE	

Bucks County Council  
 on Alcoholism and Drug Dependence, Inc.  
 Driving Under the Influence Program  
 Bailiwick Office Campus-Unit 33  
 252 W. Swamp Road  
 Doylestown, Pennsylvania 18901-2444

AST: YES  NO  N/A   
 RECOMMENDATION: 12 Mths AU Prob

**PA ALCOHOL - HIGHWAY SAFETY PROGRAM  
COURT REPORTING NETWORK - CLIENT INTAKE FORM**

*Note: Answers marked with an asterisk (\*) and shaded are required and must be provided for Client Profile generation. Answers shaded but with no asterisk are conditionally required.*

**THE PERCEPTION OF OTHERS**

- \*C-16: C-16. Have any of your friends or members of your family suggested that you watch or cut down on your drinking?
- \*C-17: C-17. Have you ever been treated for drinking? (If yes): When?

**PHYSICAL SYMPTOMS**

- \*C-18: C-18. Have you ever found that you can't remember or wonder what you did the night before when you were drinking?
- \*C-19: C-19. Did you ever fall or seriously injure yourself when you were drinking?
- \*C-20: C-20. After drinking the night before, have you ever decided not to go to work or school the next morning?  
  
(If yes) How many times a year does this happen? (Enter number in space at left.)
- \*C-21: C-21. Have you ever found that your hands shake and tremble in the morning?
- \*C-22: C-22. Have you ever vomited or been very sick to your stomach, not while drinking, but the morning after drinking?
- \*C-23: C-23. Do you ever drink in the morning before breakfast or before going to work or school?
- \*C-24: C-24. Do you feel that your health would be better if you decreased or stopped drinking?
- \*C-25: C-25. Do you ever take tranquilizers, anti-depressants or amphetamines (prescription or nonprescription)?
- \*C-26: C-26. Have you ever been told (by medical personnel) that your drinking was injuring your liver?
- \*C-27: C-27. Have you ever hidden a bottle of alcoholic beverage (beer, wine or liquor)?

**SECTION D: ALCOHOL**

**BEHAVIORAL ASPECTS OF DRINKING**

- \*D-1: D-1. How many times in the month before your arrest would you say you drank to a point of .08% (whether or not you were driving)? Does not include present DUI.  
(Place letter in space at left).  
A. None  
B. 1-2  
C. 3-4  
D. 5-10  
E. 11 or more
- D-2: D-2. Generally, where does this occur?  
A. Home  
B. Friend's or relative's house  
C. Party or social gathering, riding/driving in an automobile  
D. Bar or restaurant  
E. Other \_\_\_\_\_
- D-3: D-3. How did you get home? (Place a letter in space at left.)  
A. Did not go home  
B. Drive  
C. Walk  
D. Public transportation  
E. Someone else drove (Police, friend)  
F. At home  
G. Other \_\_\_\_\_

*BEHAVIORAL ASPECTS of DRINKING: Questions D-4 through D-14 pertain to the client's drinking pattern for the month prior to arrest-up to and including the day of arrest. Place letter in spaces at left.*

- \*D-4: D-4. What was the longest period you went between drinks (i.e., drinking episodes) in the month prior to your arrest?  
A. 12 hours or more  
B. Less than 12 hours
- \*D-5: D-5. What was your longest period of continual drinking in the month prior to your arrest?  
A. Less than 6 hours  
B. 6-12 hours  
C. More than 12 hours
- \*D-6: D-6. What was the number of days you had a drink before or with breakfast in the month prior to your arrest?  
A. None  
B. 1-4  
C. 5-10  
D. 11 or more
- \*D-7: D-7. How many meals did you miss due to drinking in the month prior to your arrest?  
A. None  
B. 1-4  
C. 5-10  
D. 11 or more
- \*D-8: D-8. What percent of the time did you drink alone in the month prior to your arrest?  
A. Never or Seldom (0-9%)  
B. Occasional (10-25%)  
C. Frequently (26-50%)  
D. Most of the time (51% or more)

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- \*D-9. D-9. How often did you have memory lapses or "blackouts" in the month prior to your arrest? (Could not remember events during drinking episodes)
  - A. None
  - B. 1-2
  - C. 3-5
  - D. 6 or more
- \*D-10. D-10. How often did you experience nausea or trembling (must be alcohol related like "shakes" or "hangover") in the month prior to your arrest?
  - A. None
  - B. 1-2
  - C. 3-5
  - D. 6 or more
- \*D-11. D-11. How many times did you have difficulty sleeping in the month prior to your arrest?
  - A. None
  - B. 1-2
  - C. 3-5
  - D. 6 or more
- \*D-12. D-12. How many times did you quarrel with others when you drank in the month prior to your arrest? (Heated argument, not discussion of different views)
  - A. None
  - B. 1-2
  - C. 3-5
  - D. 6 or more
- \*D-13. D-13. Did you drink while on the job or at school (during working hours or before/between classes) in the month prior to your arrest? (Place Yes 'Y' or No 'N' at left.)
- \*D-14. D-14. How many days of work or school classes did you miss or were you inactive for a day due to drinking in that month?
  - A. None
  - B. 1-2
  - C. 3-5
  - D. 6 or more

**QUANTITY/FREQUENCY**

- \*D-15. D-15. About how often did you drink any beer during the month prior to your arrest (including the day of arrest)? (Place a letter in space to left.)
  - A. Never
  - B. Less often than weekly
  - C. 1-2 days a week (could be Fri. and Sat. night drinking only)
  - D. Weekends only (Fri. after work: all day Sat. & part of Sun.)
  - E. 3-4 days a week
  - F. Nearly every day
  - G. Every day
  - H. Constantly
- \*D-16. D-16. About how much did you drink during a typical drinking occasion in that month?
  - A. None
  - B. 1-3 glasses
  - C. 3-6 12 oz. bottles (1-2 qts.)
  - D. 7-9 12 oz. bottles (>2-3 qts.)
  - E. 10-12 12 oz. bottles (3-4 qts.)
  - F. 13-15 12 oz. bottles (4-5 qts.)
  - G. 16 or more 12 oz. bottles (More than 5 qts.)
- \*D-17. D-17. About how often did you drink any wine in the month prior to your arrest (including the day of arrest)?
  - A. Never
  - B. Less often than weekly
  - C. 1-2 days a week (could be Fri. and Sat. night drinking only)
  - D. Weekends only (Fri. after work: all day Sat. & part of Sun.)
  - E. 3-4 days a week (Fri. after work: all day Sat. & part of Sun.)
  - F. Nearly every day
  - G. Every day
  - H. Constantly
- \*D-18. D-18. About how much did you drink during a typical drinking occasion in that month?
  - A. None
  - B. 1 water glass or 1 to 3 wine glasses (6oz.)
  - C. 2 or 3 water glasses or 4-6 wine glasses (16oz.)
  - D. 1 Quart (32 oz.)
  - E. 1/2 gallon
  - F. 3/4 gallon
  - G. 1 gallon or more
- \*D-19. D-19. About how often did you drink any liquor in the month prior to your arrest (including the day of arrest)?
  - A. Never
  - B. Less often than weekly
  - C. 1-2 days a week (could be Fri. and Sat. night drinking only)
  - D. Weekends only (Fri. after work: all day Sat. & part of Sun.)
  - E. 3-4 days a week
  - F. Nearly every day
  - G. Every day
  - H. Constantly
- \*D-20. D-20. About how much did you drink during a typical drinking occasion in that month?
  - A. None
  - B. 1-3 shots
  - C. 4-6 shots
  - D. 7-10 shots
  - E. 11-14 shots
  - F. 1 pint
  - G. 2 pints
  - H. 3 pints
  - I. 4 pints or more

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**SECTION E: DRUG RELATED**

**BLOOD DRUG CONTENT**

*Evaluator Note: The Blood Drug Content is completed ONLY when the charge or charges of DUI are filed under 3802AD1, 3802D1II, 3802D1III. These sections charge Driving Under the Influence of Controlled Substances. The Blood Drug Content would be contained in the Criminal Complaint and Probable Cause Statement.*

E-1A \_\_\_\_\_ E-1A. Blood Drug Content (Enter results from laboratory tests. If no results are available, leave blank.)

**Prevalent Drug #1**

- A. Amobarbital (Sedative, Barbiturate)
- B. Amphetamine (Uppers, Speed)
- C. Benzoylcegonine (Metabolite of Cocaine)
- D. Cocaine (Coke or Crack)
- E. Codeine (Opium, Narcotic)
- F. Delta-9 Carboxy THC (Marijuana, Pot)
- G. Hydrocodone (Percodan, Percocet)
- H. Hydromorphone (Dilaudid)
- I. Methamphetamine (Meth, Crank, Crystal)
- J. Methadone (Narcotic)
- K. Morphine (Opium, Narcotic)
- L. Oxycodone (Oxycontin)
- M. Pentobarbital (Sedative, Barbiturate)
- N. Phencyclidine (PCP, Animal Tranquillizer)
- O. Secobarbital (Sedative, Barbiturate)
- P. 6-Monoacetylmorphine (Metabolite of Heroin)

E-1B \_\_\_\_\_ E-1B. (detected nanograms/milliliter)

E-2A \_\_\_\_\_ E-2A. Prevalent Drug #2

- A. Amobarbital (Sedative, Barbiturate)
- B. Amphetamine (Uppers, Speed)
- C. Benzoylcegonine (Metabolite of Cocaine)
- D. Cocaine (Coke or Crack)
- E. Codeine (Opium, Narcotic)
- F. Delta-9 Carboxy THC (Marijuana, Pot)
- G. Hydrocodone (Percodan, Percocet)
- H. Hydromorphone (Dilaudid)
- I. Methamphetamine (Meth, Crank, Crystal)
- J. Methadone (Narcotic)
- K. Morphine (Opium, Narcotic)
- L. Oxycodone (Oxycontin)
- M. Pentobarbital (Sedative, Barbiturate)
- N. Phencyclidine (PCP, Animal Tranquillizer)
- O. Secobarbital (Sedative, Barbiturate)
- P. 6-Monoacetylmorphine (Metabolite of Heroin)

E-2B \_\_\_\_\_ E-2B. (detected nanograms/milliliter)

E-3A \_\_\_\_\_ E-3A. Prevalent Drug #3

- A. Amobarbital (Sedative, Barbiturate)
- B. Amphetamine (Uppers, Speed)
- C. Benzoylcegonine (Metabolite of Cocaine)
- D. Cocaine (Coke or Crack)
- E. Codeine (Opium, Narcotic)
- F. Delta-9 Carboxy THC (Marijuana, Pot)
- G. Hydrocodone (Percodan, Percocet)
- H. Hydromorphone (Dilaudid)
- I. Methamphetamine (Meth, Crank, Crystal)
- J. Methadone (Narcotic)
- K. Morphine (Opium, Narcotic)
- L. Oxycodone (Oxycontin)
- M. Pentobarbital (Sedative, Barbiturate)
- N. Phencyclidine (PCP, Animal Tranquillizer)
- O. Secobarbital (Sedative, Barbiturate)
- P. 6-Monoacetylmorphine (Metabolite of Heroin)

E-3B \_\_\_\_\_ E-3B. (detected nanograms/milliliter)

E-4 \_\_\_\_\_ E-4. Please rate your level of impairment due to drugs when arrested for DUI.

- A. Not impaired
- B. Slightly impaired
- C. Moderately impaired
- D. Significantly impaired
- E. Extremely impaired

**CONTROLLED SUBSTANCE**

E-5. For the year prior to your arrest, including the day of your arrest, did you use any of the following medications or drugs with or without medical approval? The abuse of prescribed medication should be classified as "Illicit" for the purposes of this evaluation. (Place Yes 'Y' or No 'N' at left. If you answer Yes, please specify the most prevalent drug by checking the appropriate checkbox. If "Other" is selected, provide drug name.)

E-5A \_\_\_\_\_ E-5A. Marijuana

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- \*E-5B. E-5B. Prescribed depressants used as directed  
 Undisclosed  
 Librium  
 Valium  
 Xanax  
 Other \_\_\_\_\_
- \*E-5C. E-5C. Non-prescribed or illicit depressants (sedative hypnotics, including barbiturates, i.e., major or minor tranquilizers, sleeping tablets, etc.)  
 Undisclosed  
 Librium  
 Valium  
 Xanax  
 Other \_\_\_\_\_
- \*E-5D. E-5D. Prescribed or over the counter stimulants used as directed  
 Undisclosed  
 Dexedrine  
 Ritalin  
 Other \_\_\_\_\_
- \*E-5E. E-5E. Non-prescribed or illicit stimulants (amphetamines, i.e., diet tablets or stimulants including methamphetamine or speed)  
 Undisclosed  
 Dexedrine  
 Methamphetamine  
 Ritalin  
 Other \_\_\_\_\_
- \*E-5F. E-5F. Hallucinogenic drugs  
 Undisclosed  
 DMT  
 LSD  
 STP  
 Other \_\_\_\_\_
- \*E-5G. E-5G. Prescribed narcotics used as directed  
 Undisclosed  
 Buprenorphine  
 Darvon  
 Oxycodone  
 Methadone  
 Other \_\_\_\_\_
- \*E-5H. E-5H. Non-prescribed or illicit narcotics  
 Undisclosed  
 Darvon  
 Heroin  
 Oxycodone  
 Other \_\_\_\_\_
- \*E-5I. E-5I. Cocaine
- \*E-5J. E-5J. Prescribed antidepressants used as directed  
 Undisclosed  
 Welbutrin  
 Zoloft  
 Other \_\_\_\_\_
- \*E-5K. E-5K. Non-prescribed or illicit antidepressants  
 Undisclosed  
 Welbutrin  
 Zoloft  
 Other \_\_\_\_\_
- \*E-5L. E-5L. Club drugs  
 Undisclosed  
 Ecstasy (MDMA)  
 GHB  
 Special K (Ketamine)  
 Other \_\_\_\_\_
- E-6. About how often did you use the drug/medication(s) in question during the three months prior to your arrest? (Place a letter describing usage pattern in space at left of each drug client admitted to using. Otherwise indicate response "A.")
- \*E-6A. E-6A. Marijuana  
 A. Never  
 B. Less often than monthly  
 C. Once or twice a month  
 D. 1-2 days/week  
 E. 3-4 days/week  
 F. Nearly every day  
 G. Every day  
 H. Constantly

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- \*E-6B. E-6B. Prescribed depressants (e.g., Xanax, Librium, Valium)
  - A. Never
  - B. Once or twice a month
  - C. 1-2 days/week
  - D. 3-4 days/week
  - E. Nearly every day
  - F. Every day
  - G. Constantly
  - H. Short Term (i.e., prescribed for sleep or anxiety disorders)
- \*E-6C. E-6C. Non-prescribed or illicit depressants (sedative hypnotics, including barbiturates, i.e., major or minor tranquilizers, sleeping tablets, etc.)
  - A. Never
  - B. Less often than monthly
  - C. Once or twice a month
  - D. 1-2 days/week
  - E. 3-4 days/week
  - F. Nearly every day
  - G. Every day
  - H. Constantly
- \*E-6D. E-6D. Prescribed or over-the-counter stimulants (e.g., Ritalin, Dexedrine)
  - A. Never
  - B. Once or twice a month
  - C. 1-2 days/week
  - D. 3-4 days/week
  - E. Nearly every day
  - F. Every day
  - G. Constantly
  - H. Short Term
- \*E-6E. E-6E. Non-prescribed or illicit stimulants (amphetamines, i.e., diet tablets or stimulants including methamphetamine or speed)
  - A. Never
  - B. Less often than monthly
  - C. Once or twice a month
  - D. 1-2 days/week
  - E. 3-4 days/week
  - F. Nearly every day
  - G. Every day
  - H. Constantly
- \*E-6F. E-6F. Hallucinogenic drugs (LSD, STP, DMT, etc.)
  - A. Never
  - B. Less often than monthly
  - C. Once or twice a month
  - D. 1-2 days/week
  - E. 3-4 days/week
  - F. Nearly every day
  - G. Every day
  - H. Constantly
- \*E-6G. E-6G. Prescribed narcotics (e.g., Methadone, Oxycodone, Darvon)
  - A. Never
  - B. Once or twice a month
  - C. 1-2 days/week
  - D. 3-4 days/week
  - E. Nearly every day
  - F. Every day
  - G. Constantly
  - H. Short Term (i.e., prescribed for pain relief after surgery)
- \*E-6H. E-6H. Non-prescribed or illicit narcotics (heroin, etc.)
  - A. Never
  - B. Less often than monthly
  - C. Once or twice a month
  - D. 1-2 days/week
  - E. 3-4 days/week
  - F. Nearly every day
  - G. Every day
  - H. Constantly
- \*E-6I. E-6I. Cocaine
  - A. Never
  - B. Less often than monthly
  - C. Once or twice a month
  - D. 1-2 days/week
  - E. 3-4 days/week
  - F. Nearly every day
  - G. Every day
  - H. Constantly
- \*E-6J. E-6J. Prescribed antidepressants (e.g., Welbutrin, Zoloft)
  - A. Never
  - B. Once or twice a month
  - C. 1-2 days/week
  - D. 3-4 days/week
  - E. Nearly every day
  - F. Every day
  - G. Constantly
  - H. Short Term Medical Treatment

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\*E-6K \_\_\_\_\_ E-6K. Non-Prescribed or illicit antidepressants (e.g., Welbutrin, Zoloft)  
 A. Never  
 B. Less often than monthly  
 C. Once or twice a month  
 D. 1-2 days/week  
 E. 3-4 days/week  
 F. Nearly every day  
 G. Every day  
 H. Constantly

\*E-6L \_\_\_\_\_ E-6L. Club drugs (e.g., GBH, Ecstasy, Special K)  
 A. Never  
 B. Less often than monthly  
 C. Once or twice a month  
 D. 1-2 days/week  
 E. 3-4 days/week  
 F. Nearly every day  
 G. Every day  
 H. Constantly

*EVALUATOR'S NOTE: If question E-5 listed Non-Prescribed or Illicit drugs, please answer questions E-7 - E-11.*

E-7 \_\_\_\_\_ E-7. At what age did you first use illicit drugs?

E-8 \_\_\_\_\_ E-8. How many different kinds of drugs other than alcohol have you at least experimented with?

E-9 \_\_\_\_\_ E-9. How many different kinds of drugs have you used on a regular basis?

E-10. What is your drug of preference?

E-11. How frequently did you or do you use that drug?

*EVALUATOR'S NOTE: If question E-5 listed Prescribed drugs, please answer questions E-12 - E-17.*

E-12. Why was this drug prescribed for you?

E-13 \_\_\_\_\_ E-13. Have you ever taken more of the drug than was prescribed? (Place Yes 'Y' or No 'N' at left.)

E-14 \_\_\_\_\_ E-14. Have you ever obtained this drug from an illicit source? (Place Yes 'Y' or No 'N' at left.)

E-15 \_\_\_\_\_ E-15. Have you ever gone to multiple doctors to obtain additional amounts of the drug? (Place Yes 'Y' or No 'N' at left.)

E-16 \_\_\_\_\_ E-16. Has the use of this drug ever interfered with normal day-to-day activities, duties and relationships? (Place Yes 'Y' or No 'N' at left.)

E-17 \_\_\_\_\_ E-17. Are you still using any of the drugs indicated above? (Place Yes 'Y' or No 'N' in space at left.)

If yes, please list

If no, please list, and indicate number of weeks since last use:

**SECTION F: COMPLETION**

**CLIENT'S SELF-EVALUATION**

\*F-1 \_\_\_\_\_ F-1. Do you feel that you are a problem drinker or drug user? (Place Yes 'Y' or No 'N' in space at left.)

\*F-2 \_\_\_\_\_ F-2. How experienced is this person at drinking or using drugs? (Select a value from 1, very inexperienced, to 5, very experienced, and place number in space at left.)

F-3. Interviewer's physical observation of client (Place Yes 'Y' or No 'N' in appropriate spaces)

\*F-3A \_\_\_\_\_ F-3A. Looks older than stated age

\*F-3B \_\_\_\_\_ F-3B. Looks ill

\*F-3C \_\_\_\_\_ F-3C. Has a hand tremor

\*F-3D \_\_\_\_\_ F-3D. Has bloodshot or glassy eyes

\*F-3E \_\_\_\_\_ F-3E. Has a flushed face

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\*F-4 \_\_\_\_\_ F-4. Objective evaluation of reliability of client's response to this interview:  
A. Excellent  
B. Good  
C. Fair  
D. Poor

F-5. Reasons for reliability rating: (Place Yes 'Y' or No 'N' in spaces at left.)

F-5A \_\_\_\_\_ F-5A. BAC level and reported consumption on day/night of arrest inconsistent

F-5B \_\_\_\_\_ F-5B. Q/F Index and BAC level indicate underreporting consumption

F-5C \_\_\_\_\_ F-5C. Responses to similar questions inconsistent

F-5D \_\_\_\_\_ F-5D. Client's responses were reliable and consistent

F-5E \_\_\_\_\_ F-5E. Client's responses were evasive and unclear

F-5F \_\_\_\_\_ F-5F. Reporting of arrest information by client contradicts information obtained by evaluator from other sources

F-5G. Other:

Additional Comments:

F-6 \_\_\_\_\_ F-6. Client's sobriety or impairment at time of interview  
A. Appears sober  
B. Appears mildly under the influence of alcohol  
C. Appears under the influence of drugs  
D. Admits to being intoxicated (alcohol)  
E. Admits to being under the influence of drugs  
F. Admits to consuming both alcohol and drugs

\*F-7 \_\_\_\_\_ F-7. Race (by observation)  
A. Black  
B. Hispanic  
C. White  
D. Other (specify) \_\_\_\_\_



CRN Questions

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Interview Data

*Interview Date				
*Evaluator ID				
*Violation Date and Time	MM	DD	YYYY	Time (to the hour)
*PA Driver's License Number				
*Facility Number	1087301			
*Client Last Name				
*Client First Name				
Client Maiden Name				
*Client Middle Initial				
*Number and street address on license				
*Street address on license (continued)				
*City on license				
*State on license				
*Zip code on license				
*County code of residence (2 numbers)				
Social Security Number				
*Date of Birth				
Gender				
*AO County/Municipality Code				
Client Number				
Current Address	Street:			
	City			
	State			
	Zip			
	PA County			
Non PA County				
Phone Number				
Out of State	License State:			
	License Number:			

**PA ALCOHOL - HIGHWAY SAFETY PROGRAM  
COURT REPORTING NETWORK - CLIENT INTAKE FORM**

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**SECTION A: PERSONAL DATA**

**SOURCE**

\*A-1. Relenat source (place letter in space at left.)  
 A. Prior to receiving ARD (Pre-trial Diversion)  
 B. After receiving ARD (Pre-trial Diversion)  
 C. Post Adjudication (Court of Common Pleas)  
 D. (If other specify)

**HEALTH**

\*A-2. How is your general health?  
 A. Better than average or very good, excellent  
 B. Average or good  
 C. Less than average, fair, poor, bad

\*A-3. Do you have any medical problems (chronic diseases or illnesses?) (Place Yes 'Y' or No 'N' in space at left.) (If yes): Please describe.

A-4. Are you disabled or do you have any physical impalment? (Place Yes 'Y' or No 'N' in space at left.) (If yes): what?

A-5. When was the last time you had a comprehensive medical examination (in months)?  
 A. Use text box (Place a number in space at left)  
 B. Unknown  
 C. Never

**RELATIONSHIP STATUS**

\*A-6. What is your current relationship status?  
 A. Married  
 B. Single/never married  
 C. Widowed  
 D. Separated  
 E. Divorced  
 F. Live-in Relationship

*If Married/Live-In Relationship*

A-7A. How long have you been married or living together? (Years)

A-7B. Have you ever been married or in a live-in relationship before (Place Yes 'Y' or No 'N' in space at left.)

A-7C. (If yes): How many times?

A-7D. Do you and your (present) wife/husband (partner) get along pretty well? (Place Yes 'Y' or No 'N' in space at left.)

A-7E. Do you have any children at home? (Place Yes 'Y' or No 'N' in space at left.)

A-7F. Are there any family problems? (Place Yes 'Y' or No 'N' in space at left.) (If yes): What?

A-7G. Do you ever have arguments about drinking? (Place Yes 'Y' or No 'N' in space at left.)  
*If Single*

A-8A. Do you live alone? (Place Yes 'Y' or No 'N' in space at left.)

A-8B. (If yes): How long have you been living alone? (in months)

A-8C. When you are with your friends in a drinking situation, do you find that you drink more than they do?

A-8D. Have you been married or in a live-in relationship before? (Place Yes 'Y' or No 'N' in space at left.)  
*If Widowed*

A-9A. How long have you been widowed? (Years)

A-9B. Have you been married more than once? (Place Yes 'Y' or No 'N' in space at left.)

A-9C. (If yes) How many times?

A-9D. Are there any children at home? (Place Yes 'Y' or No 'N' in space at left.)

A-9E. Has your drinking increased since you lost your wife/husband? (Place Yes 'Y' or No 'N' in space at left.)

A-9F. Are you alone most of the time? (Place Yes 'Y' or No 'N' in space at left.)

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*If Separated or Divorced*

- A-10A \_\_\_\_\_ A-10A. How many times were you married?
- A-10B \_\_\_\_\_ A-10B. Are or were there any children? (Place Yes 'Y' or No 'N' in space at left.)
- A-10C \_\_\_\_\_ A-10C. Did you have family arguments over drinking? (Place Yes 'Y' or No 'N' in space at left.)
- A-10D \_\_\_\_\_ A-10D. Has your drinking increased since the separation or divorce? (Place Yes 'Y' or No 'N' in space at left.)
- A-10E \_\_\_\_\_ A-10E. Are you alone most of the time? (Place Yes 'Y' or No 'N' in space at left.)

**EVALUATOR NOTE:** *Optional: Attempt to establish the existence of any high risk factors for the development of alcoholism (i.e., family history of alcoholism or isotatolism, history of recurring depression in female relatives, etc.)*

**INCOME AND EMPLOYMENT**

- \*A-11 \_\_\_\_\_ A-11. What was the highest grade you completed in school? (Place letter in space at left.)  
 A. Received graduate degree  
 B. Received undergraduate degree  
 C. Partial College or technical training (1-3 years)  
 D. High school graduate (includes GED)  
 E. Partial high school (10th-11th grade)  
 F. Junior high school (7th-9th grade)  
 G. Less than 7 years of school
- \*A-12 \_\_\_\_\_ A-12. Are you presently employed? (Place Yes 'Y' or No 'N' in space at left.)
- \*A-13 \_\_\_\_\_ A-13. What is your current or most recent occupation? Also, indicate the occupation of the primary supporter if client is a housewife or student. If unemployed for less than two years, state last job held; if more than two years rate as permanently unemployed.  
 0 - Unemployed (other than students, housewives and retired persons)  
 1 - Executives proprietors of large concerns (100 + employees); major professionals (e.g., doctors, lawyers)  
 2 - Managers, proprietors of medium-sized concerns (less than 100 employees); lesser professionals (e.g., CPA, counselor, pastor)  
 3 - Administrative personnel of large concerns; semi-professionals  
 4 - Owners of smaller businesses (5 or less employees); clerical, sales workers & technicians  
 5 - Self Employed person (e.g., contractors)  
 6 - Skilled workers  
 7 - Unskilled workers  
 8 - Students  
 9 - Housewives  
 10 - Retired persons  
 11 - Disabled persons
- \*A-14 \_\_\_\_\_ A-14. What is your main source of support? (Place letter in space at left.)  
 A. None  
 B. Salary/wages  
 C. Income other than salary (ex. sales commission)  
 D. Family/friend  
 E. Savings, pension  
 F. Disability benefits, social security  
 G. Unemployment insurance  
 H. Public assistance  
 I. Other \_\_\_\_\_
- \*A-15 \_\_\_\_\_ A-15. What is your yearly income to the closest thousand?  
 A. Place amount in space at left.  
 B. Unknown
- A-16 \_\_\_\_\_ A-16. How many days of work or school classes did you miss due to drinking during the month prior to your arrest? (Place letter in space at left.)  
 A. None  
 B. 1-2  
 C. 3-5  
 D. 6 or more
- A-17 \_\_\_\_\_ A-17. Have you ever been fired from work or suspended/expelled from school? (Place Yes 'Y' or No 'N' in space at left.) (If yes): Why?
- If Unemployed*
- A-18A \_\_\_\_\_ A-18A. How long have you been unemployed?
- A-18B \_\_\_\_\_ A-18B. Reason for unemployment:  
 A. Laid off previous job  
 B. Fired  
 C. Strike  
 D. Illness  
 E. Quit  
 F. Other \_\_\_\_\_
- A-18C \_\_\_\_\_ A-18C. Did drinking contribute to your job loss or your school suspension/expulsion? (Place Yes 'Y' or No 'N' in space at left.)

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**SECTION B: DRIVING AND ARREST**

**DRIVING AND ARREST HISTORY**

*B-1	B-1. What was the reason the police officer initially approached you? (Place letter at left.) A. Vehicle violation (e.g., no inspection or loud exhaust system) B. Weaving (careless driving) C. Moving violation (e.g., speeding, etc.) D. Crash E. Other _____
*B-2	B-2. At the time of your arrest were you or the vehicle you were driving insured? (Place Yes 'Y' or No 'N' in space at left.)
*B-3A	B-3A. Other than this arrest, have you, in your lifetime, been arrested for driving under the influence of alcohol or for a similar offense in this or any other jurisdiction? (Place Yes 'Y' or No 'N' in space at left.)
B-3B	B-3B. (If yes): How many times? (Place number in space at left.)
*B-4A	B-4A. Have you ever been arrested for disorderly conduct (alcohol related) or for public intoxication (Place Yes 'Y' or No 'N' in space at left.)
B-4B	B-4B. (If yes): How many times? (Place number in space at left.)
B-4C	B-4C. Was driving related to any of these? (Place Yes 'Y' or No 'N' in space at left.)
B-4D	B-4D. (If yes): How many times? (Place number in space at left.)
*B-5A	B-5A. Have you ever been arrested for underage drinking? (Place Yes 'Y' or No 'N' in space at left.)
B-5B	B-5B. (If yes): How many times? (Place number in space at left.)
B-5C	B-5C. Was driving related to any of these? (Place Yes 'Y' or No 'N' in space at left.)
B-5D	B-5D. (If yes): How many times? (Place number in space at left.)
*B-6A	B-6A. Have you ever been issued a citation or arrested for Hit and Run or Fleeing or Attempt to Elude police? (Place Yes 'Y' or No 'N' in space at left.)
B-6B	B-6B. (If yes): How many times?
*B-7A	B-7A. Have you ever been arrested before? (Any type of arrest NOT INCLUDING THIS DUI) (Place Yes 'Y' or No 'N' in space at left.)
*B-7B	B-7B. EVALUATOR: Establish prior arrest record to include any type of arrest except this DUI. Does not include traffic summary offenses (i.e., speeding, stop sign, reckless driving, red light, etc. violations). (Place letter in space at left.) A. No prior arrest record B. Prior arrest record non-alcohol related C. Prior arrest record alcohol or controlled substance related

**ARREST DATA**

*B-8	B-8. What was your blood alcohol concentration at the time of the arrest--the breath (blood or urine) test results? A. Not available B. Refused C. Drug Related D. Place a number with decimal point to the left.
B-9	B-9. Please rate your level of impairment due to alcohol when arrested for DUI. A. Not impaired B. Slightly impaired C. Moderately impaired D. Significantly impaired E. Extremely impaired
B-10A	B-10A. What was the time lapse, in minutes, between your arrest and breath, blood or urine test? Not available - 000 (Place number in space at left.)
*B-10B	B-10B. What time of the day were you arrested? (Place letter in space at left.) A. 4 AM to Noon B. Noon to 5 PM C. 5 PM to 10 PM D. 10 PM to Midnight E. Midnight to 4 AM
B-11	B-11. Over how many hours were you drinking from start to finish prior to your arrest?
B-12	B-12. How many hours had it been since you ate a meal prior to the beginning of drinking the day of your arrest? (Anything more than and including a sandwich.)
B-13	B-13. Client's weight?
B-14	B-14. The day of your arrest, what did you have to drink? (Fill in the number of drinks for each category in the spaces to the left)  12 oz beer Make necessary adjustment of fortified beer, e.g., malt liquor, Colt 45, etc. (12 oz. malt liquor = 24 oz regular beer)  Oz. wine Make necessary adjustment of fortified wine, e.g., sherry, muscatel, port, etc. (5 oz. sherry = 10 oz wine)  Oz. hard liquor (80 proof or above)

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**LICENSE STATUS**

- \*B-15. While driving have you ever been stopped by police, but not ticketed, when you knew you had been drinking too much? (Place Yes 'Y' or No 'N' in space at left.)
- \*B-16A. Prior to this arrest, has your driver's license ever been suspended or revoked? (Place Yes 'Y' or No 'N' in space at left.)
- B-16B. (If yes to 34A): Were any of these suspensions or revocations for alcohol or drug related reasons (i.e., underage drinking, DUI, minor operating with alcohol, and drug possession)? (Place Yes 'Y' or No 'N' in space at left.)
- \*B-17. Did you have a valid license at the time of your arrest? (Place Yes 'Y' or No 'N' in space at left.)

**SECTION C: PERCEPTIONS/SYMPTOMS**

**CLIENT PERCEPTION**

- \*C-1. Other than this arrest, do you feel that drinking is causing any problems in the following areas of your life? *NOTE: If all answers are No, place 'N' in 36 at left. If one or more answers are Yes, place 'Y' in 36 at left.*
  - C-1A. Marriage or long term relationship
  - C-1B. Job or employment
  - C-1C. Health
  - C-1D. Court or other legal difficulties
  - C-1E. School
- \*C-2A. Do you feel that you always drink like a social drinker? (Place Yes 'Y' or No 'N' in space at left.)
- C-2B. (If No): How do you differ from social drinker? (Show frequency and amount below)
- C-3. Do you ever find that you drink more than you had intended to drink? (Place Yes 'Y' or No 'N' in space at left.)
- \*C-4. Have you ever gone on a drinking spree or binge (beyond a 12-hour period of continuous drinking) in the last five years. (Place Yes 'Y' or No 'N' in space at left.)
- \*C-5. Do you ever get the feeling that you "need" or "really want" a drink when (you feel): (Place Yes 'Y' or No 'N' in spaces below). *NOTE: If all answers are No, place 'N' in 40 at left. If one or more answers are Yes, place 'Y' in 40 at left.*
  - C-5A. With Friends?
  - C-5B. At parties?
  - C-5C. Happy?
  - C-5D. Angry?
  - C-5E. Depressed?
  - C-5F. Lonely?
  - C-5G. Tense or nervous?
  - C-5H. Things go wrong?
  - C-5I. At certain times of day (including after work)?
  - C-5J. Other (List) \_\_\_\_\_

*Questions C-6 - C-26 (Place Yes 'Y' or No 'N' in space at left)*

- \*C-6. Do you drink to feel less self-conscious and more at ease around people?
- \*C-7. Do you ever feel that it is easier to start something after you have had a drink?
- \*C-8. Does drinking sometimes give you courage or self confidence?
- \*C-9. Do you feel more quarrelsome or angry after you have had several drinks?
- \*C-10. Have you been told that you become rowdy or noisy when drinking too much?
- \*C-11. Have you ever destroyed property or gotten into physical fight(s) when you were drinking?
- \*C-12. Have you ever thought about cutting down on drinking?
- \*C-13. Have you ever felt bad or guilty about drinking?

**PSYCHOLOGICAL SYMPTOMS**

- \*C-14. Would you describe yourself as being lonely a good deal of the time?
- \*C-15. Do you feel that your life is difficult to manage and you are not sure how to straighten it out?