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COURT PROCEDURES FOR IDENTIFYING PROBLEM DRINKERS

Volume I – Manual

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16. Abstract <p>HSRI, under Contract FH-11-7615 with the National Highway Traffic Safety Administration (NHTSA), developed, during 1970 and 1971, a set of procedures for identifying problem drinkers. They were intended for use in a court setting, such as a pre-sentence investigation, but they are generally applicable in a wide range of settings. An objective was that they be usable by persons not having a great deal of prior experience or expertise in diagnosing problem drinkers, and we believe this objective has been substantially achieved.</p> <p>This manual contains the questionnaire, the interview protocol, and other recommended practices for identifying problem drinkers. It is the document which is ordinarily used directly by court workers and other "diagnosticians."</p> <p>Two versions of this have been produced, both bearing the same cover and date. The contents of both versions are essentially the same; the newer version contains suggested coding numbers for the questionnaire and interview and a revised "Questionnaire and Interview Summary Sheet." The two documents are readily distinguishable in that the newer version contains sixty-two (62) pages while the older version contains sixty-one (61) pages. The older version should be replaced and subsequently destroyed.</p>					
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DEFINITIONS

Abstainer: One who never drinks alcoholic beverages.

Social Drinker: His drinking does not usually impair his emotional, social, physical or economic functioning.

He has the ability to abstain from alcohol and the ability to stop drinking once he has begun.

Alcohol is rarely used as a means of coping with stress.

He may not always exercise control over the amount or occasions on which he drinks. He "...drinks for socially acceptable reasons and in socially acceptable ways, rather than moved by some individual problem, anomaly or disease."¹

Problem Drinker: "An excessive drinker whose drinking causes private or public harm and who is seen to cause problems for himself or for others."¹

Abusive use of alcohol impairs his emotional, social, physical and/or economic functioning.

The problem drinker frequently uses alcohol as a means of coping with stress.

Alcoholic: The alcoholic "...is consistently unable to refrain from drinking or to stop drinking before getting intoxicated."²

Abusive use of alcohol seriously and chronically impairs his emotional, social, physical, and/or economic functioning.

He may have developed a physical dependence on alcohol, characterized by a craving for alcohol and withdrawal symptoms when alcohol intake is stopped.

All alcoholics are problem drinkers, but not all problem drinkers are alcoholics.

Alcohol Withdrawal Syndrome: "The complex of symptoms emerging at the termination of a prolonged drinking bout (which is often one of many), when drinking is abruptly stopped or reduced. They include tremulousness, psychomotor and autonomic over-activity, gastric distress, seizures, delirium tremens and alcoholic hallucinosis, sometimes associated with headache, fever, sweating, vomiting, diarrhea, hypertension, hyperreflexia and nystagmus. They may be prevented or relieved by alcohol or some drug with similar pharmacological effects..."¹

Any single one or all of these symptoms can occur during withdrawal. Factors such as the length of the bout plus length of time a person has been an alcoholic would influence which symptoms occur. Volume II, Part 4 discusses these symptoms in detail.

SUMMARY OF PROCEDURE

A Manual of Court Procedures to Identify Problem-Drinkers has been developed in three volumes. This report is Volume I and describes the procedures to be used to assist the court in determining whether or not an offender has a drinking problem and to evaluate the treatment needs. The core of the procedure is a method by which to determine the existence of a drinking problem using a Questionnaire and Interview.

In all there are five tools that are recommended for use: Questionnaire; Interview; Questionnaire and Interview Summary Sheet; BAC, Driver and Criminal Record Tally Sheet; and Treatment Evaluation Sheet. The procedure, diagrammed in Figure 1, involves administering the Questionnaire and Interview, and scoring them using scoring keys that are supplied in Volume III. The determination of a drinking problem can be made on the basis of these scores, but is augmented by background information summarized on the BAC, Driver and Criminal Record Tally Sheet. The Treatment Evaluation Sheet is used to summarize information concerning the treatment needed and agencies that are available to carry it out.

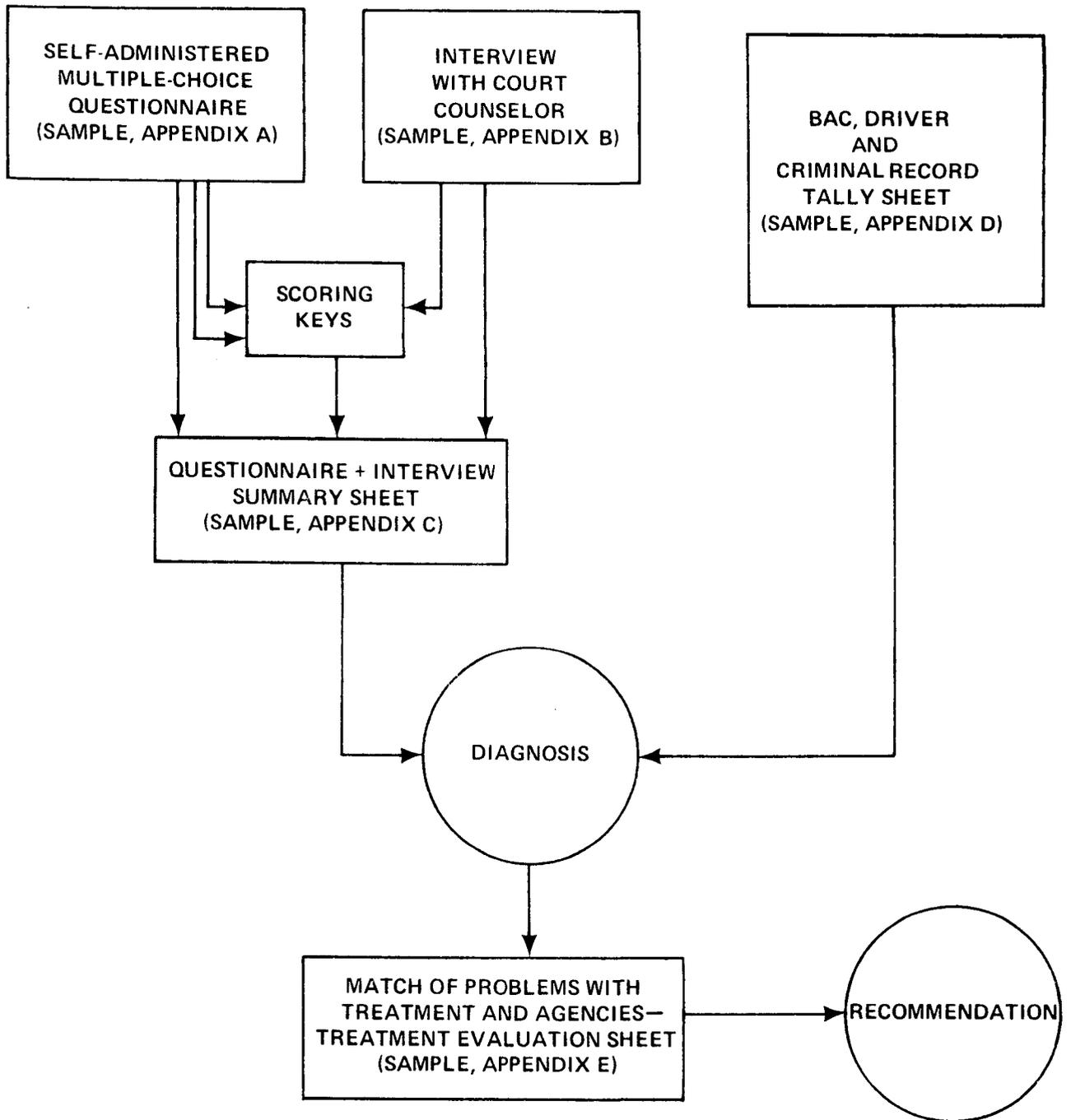


Figure 1. Methods used in the evaluation procedure.

INTRODUCTION

This Manual contains a description of a pre-sentence investigation procedure which can be used by the court worker with offenders convicted of drinking-related offenses. This type of offender has been singled out because violations related to drinking constitute a large portion of the court docket, and heavy drinkers are highly over-represented in fatal traffic accidents.

In 1965 in the United States the most frequently occurring crime was drunkenness. It was responsible for 31% of all arrests. Driving under the influence of liquor (DUIL) ranked fourth in frequency and represented 4.9% of all arrests.³ Up to three-quarters of a judge's trial docket may be taken up by DUIL trials, indicating that the financial impact of the DUIL offense on the law enforcement system is excessively high.

In one study of traffic accidents it was found that 43% of fatally injured drivers had blood alcohol concentrations (BAC)* of 0.15% or greater.⁴ Fourteen percent had BAC's of 0.25% and up. When drinking to BAC's of 0.15% and then driving there is 25 times more chance of having an accident.⁵

The procedure described here has been developed to assist the pre-sentence investigator in determining whether or not an offender has a drinking problem. By learning about the offender's drinking patterns and how drinking affects his life, the interviewer will be able to make an appropriate recommendation to the judge regarding disposition of the case; that is, a recommendation which would deal with the causes of the behavior which led to arrest.

Three activities make up this procedure. All of these should be considered one package. First, there is a pencil and paper questionnaire for the offender to complete by himself. The second is a face-to-face interview in which the offender is asked

*The abbreviation "BAC" will be used in place of "blood alcohol concentration" throughout the manual.

by the interviewer about his drinking patterns, health, activities, and other background information. Third, there is collection of BAC, Driving and Criminal records. A description will be given of specific items to look for in the records and why they are needed. The findings from these three sources will be combined to give a picture of a person's drinking behavior.

There are advantages to each section of the routine. The written Questionnaire takes little time, is easy to give and involves very little cost to the court. It provides an objective estimate of the existence of a drinking problem based upon a score the offender receives.

The Interview balances the somewhat impersonal approach of the Questionnaire. It allows the interviewer to make a judgment about an offender's drinking practices based upon the information gained and the interviewer's perceptions. This personal contact with the offender is a key element in the routine. It gives the interviewer an opportunity to show his concern for the client and to assist the offender in considering his problems, if any, and the possible ways of solving them.

Acquiring all of this information does take time. However, the more information that can be gathered the more accurate will be the final judgment about the existence and nature of a drinking problem. This will allow an appropriate recommendation for suitable treatment methods to be made to the judge, within the scope of the treatment facilities available in the community.

PRE-INVESTIGATION ACTIVITIES

This section will discuss the general information which the investigator should have and the arrangements that should be made before actually administering the Questionnaire and Interview.

GENERAL INFORMATION TO REVIEW

Definitions. Read the definitions on page 1 and become familiar with the definitions of types of drinkers.

Questionnaire and Interview. Read both the Questionnaire and Interview through at least once; and have at least one practice run with a volunteer. You will then feel more at ease with the procedure during actual administration.

Physical Reactions and Disease States. Have a general concept of some of the physical reactions and diseases related to intoxication and alcohol dependence. These are described in Volume II. Knowing the definitions and the physical reactions will give you a better understanding of the problems faced by a person who is psychologically or physically dependent upon alcohol and will help you to recognize him.

Treatment Agencies in the Community. Determine the types of treatment agencies that exist in your community. The availability of treatment networks will vary widely across areas where this Manual is used, so the information can only be considered as a guideline. Many communities have a directory of community resources which lists all local helping agencies. Check with your local Chamber of Commerce, Family Service Agency, Welfare Department, Local United Fund Center, or a Community Mental Health Center about the availability and source of this directory or for a listing of existing agencies.

If there is no listing of these agencies available, you should determine which of the following exist in your community

or a nearby community: medical detoxification center; hospital in-patient care; alcoholic out-patient clinic; crisis center; Alcoholics Anonymous; alcoholic council; half-way house; legal aide society; driver education and/or driver and alcohol education; local night school class (for high school degree); community college for training and availability of funds for aiding the offender to attend; private or clinic psychologist; psychiatrist; baby-sitting agency; medical clinic (including low-income); agency to help with economic situation; State employment and local employment agency; consumer council to suggest better ways of using income (including advice on medical insurance, etc.); day-care (State aid); welfare agency; family aid in-home (e.g., someone to clean house or care for sick adult or child).

Information to Acquire About Each Treatment Agency. When you have a listing of treatment agencies and those that provide related assistance, determine the following information about each agency: its purpose; types of services; cost/client and payment schedule; hours and days of operation, telephone number; address; director of the facility; its criteria for accepting a client and types of clients it feels it can willingly, and successfully treat.

QUESTIONNAIRE AND INTERVIEW PREPARATIONS

Make the following decisions and arrangements before actually administering the Questionnaire and Interview.

Number of Subjects for Questionnaire. Will the Questionnaire be given to groups or to individuals? Which is the most workable in your situation?

Number of Personnel. Determine if you want or need someone else to administer the Questionnaire. Only one person need perform this task even if you decide to give it to a group rather than an individual. That person should be familiar with the procedures to be used in filling out the Questionnaire (page 7). It would be helpful (if the staff is adequate) to have a secretary who is familiar with the routine of collecting driver and criminal records. If the rest of the information presents a marginal picture of the person as a problem drinker, the driver and/or criminal records may be the determining factor.

Supplies Needed. The only supplies which will be needed will be the Questionnaire and Interview forms and an adequate supply of well-sharpened pencils (preferably #2 or #3 to produce a marking which is readable). Be sure all pencils have adequate erasers. The interviewer should use a red pen or pencil to mark the Interview because this will make scoring easier.

Room to be Used (Questionnaire). If the Questionnaire is given to a group, make sure the room is large enough for the number of people involved. Have enough seats or desks for writing. Attempt to obtain a well ventilated room with adequate light for easy reading.

Room to be Used (Interview). The Interview is an oral discussion between the defendant and the interviewer and personal

information is asked of the defendant, information he may be unwilling to discuss in front of a group of people. Therefore, every attempt must be made to set aside a small room so that privacy can be maintained. Again, attempt to obtain one which is well ventilated and lighted and has comfortable furniture to sit in. A pleasantly decorated room will help put the defendant at ease.

Time Involved. The time needed to fill out the Questionnaire is 5-10 minutes.

The Interview will take from 15 minutes to 45 minutes. Average time is 30 minutes.

It is not necessary to give the Questionnaire and Interview in immediate succession or even on the same day. However, the Questionnaire should be given first as it is less threatening to the subject.

PROCEDURE FOR DETERMINING A DRINKING PROBLEM

The actual procedure for determining whether or not a defendant has a drinking problem consists of three parts: the Questionnaire, the Interview, and collection of BAC, Driving and Criminal Records. This procedure and method of performing the tasks will be described in this section. Samples of the Questionnaire and Interview are in Appendices A and B, respectively.

INSTRUCTIONS FOR ADMINISTERING THE QUESTIONNAIRE (FORM A)

This section provides instructions for the use of the self-administered Questionnaire, as well as a discussion of problems or questions that persons might have while completing it.

The Questionnaire does not contain many questions that have a clear relationship to problem drinking. However, problem drinkers and nonproblem drinkers do respond differently to the questions. The reasons for including the items in the Questionnaire are detailed in Volume II.

PREPARATIONS. The Questionnaire is designed to be marked by the defendant himself. Complete privacy is not essential, but if the Questionnaire is administered simultaneously to a small group of people, they should be cautioned not to discuss questions with each other.

At the time of actual administration of the Questionnaire pass out the Questionnaire(s) and pencil(s). Call attention to the instructions on the cover sheet of the Questionnaire and read the instructions aloud while the offender follows.

PROBLEMS OR QUESTIONS WHICH MAY ARISE. The following problems might arise during the process of filling out the Questionnaire.

Questions on Interpretation. You may occasionally be asked to clarify the meaning of an item or word. Do not hesitate to do

so but try to give as little additional information as possible. If a question is asked about the interpretation of a word such as "often," "seldom," "usually," instruct the person to answer according to his own feelings or his own interpretation of the word.

Difficulty in Completing Questionnaire. The subject may be unable to fill out the Questionnaire because of poor reading skill, low intelligence, poor eyesight, or some other reason. If the subject appears to be working very slowly and needs to ask frequent questions about the correct way to mark the items, ask the person if he would like to have the questions read to him and marked by you. If he agrees to this arrangement, take him into a separate room from other defendants (if it is being given to a group) so he will feel more comfortable about answering the questions.

Oral Reading of the Questionnaire. If you do read the questions to the defendant, follow the questions as printed in the Questionnaire as closely as possible, but rephrase statements into questions. For example, the item "I often pity myself" would be rephrased "do you often pity yourself?." Attempt to read the questions in as natural a manner as possible, as if the question were being asked from memory rather than read from a printed page. Avoid a "machine-gun" type of delivery or an accusing manner. Do not make comments such as "I see" or "you do" to answers given by the defendant. Follow each of his answers by the next question.

INSTRUCTIONS ON THE USE OF THE INTERVIEW (FORM B)

This section describes the broad role of the interviewer, techniques useful in an interview situation, subject areas covered by the interview, and specific information and techniques related to the medical and drinking questions.

ROLE OF THE INTERVIEWER. The interviewer has two main functions. The first is that of an objective fact-finder. The interviewer is looking for evidence of problems in the offender's life which may be related to alcohol abuse. However, in order to succeed in this identification procedure, the interviewer will have to assume another role, that of a concerned counselor. The reason for this is that the defendant reacts to the relationship with the interviewer as well as to the content of the questions asked. Keep in mind that this interview will usually be conducted when the individual is in a stressful or fearful situation. He may also view an interview conducted in a court setting as humiliating. Typically, a problem drinker is a defensive person who will deny that a problem exists. Therefore, you must rely on your own appraisal and interpretation of what he says as well as on his actual words.

GENERAL INTERVIEW TECHNIQUES. Initially, ask each question exactly as it is worded in the Interview. Rephrase a question if it is not understood. If you feel that the defendant is evading the question, cautiously probe further. Once sufficient information is available to answer the question on the Interview form move on to the next question. In this way you will maintain a good relationship with the defendant and not delve too deeply into painful areas. Be prepared to go off on tangents, however, if the person needs time before he can again continue the interview. Make a mental note of inconsistencies in his answers but do not go back and change any responses.

SUBJECT AREAS COVERED BY THE INTERVIEW. The following broad areas are discussed with the offender in this face-to-face interview: physical health; present arrest situation; previous arrest and driving history; drinking history; and marital, family, and work history. The interview itself is meant to be a guide to help explore these areas.

The first focus is on the physical health of the subject. The second focus is on the incident which brought the person to court as well as previous arrests. Here, an effort is made to develop an understanding of the drinking behavior that triggered the incident to minimize any chances to deny a problem. In addition, this approach will help to convince the defendant that you are seeking to understand that portion of his behavior which he may also view as a problem, and will provide a good reason for the interview.

The third area is a discussion of the individual's drinking. Here an effort is made to understand the nature, quantity, time and place of drinking, problems in controlling drinking, and the use of alcohol in handling emotions.

The fourth area is family adjustment. The effect of abusive drinking on family life is the primary focus. Is there divorce action? Are there fights over drinking? Are children involved?

The fifth area is work history. A discussion of the offender's satisfactions with his job and his employment record may indicate whether or not drinking is interfering with job performance.

Discussion of the Medical and Drinking Questions. By initially asking the defendant about his health the interviewer may quickly convey to the person his interest and concern. Most persons respond favorably to this line of questioning and a good relationship develops. In the past, interviews have not emphasized the medical-physical signs of alcoholism because most diagnostic signs occur late in the course of alcohol abuse and have generally given a poor yield when applied to the young or early problem drinker.

There are, however, numerous less specific signs and symptoms which are quite common in the early problem drinker. These signs may lead to suspicion of alcohol misuse and serve as supporting evidence when combined with other material obtained in the interview.

Initially, interest centers upon the defendant's own evaluation of his health. Pollack,⁶ in his study in Los Angeles, found that there was a significant difference in the stated health of drinking offenders and a control population. The drinking offender frequently saw himself as having less than "good" health. This is not surprising since heavy alcohol intake may result in poor sleeping and eating habits and digestive problems. In addition, excessive alcohol use leads to frequent hangovers, withdrawal symptoms, anxiety, remorse, and depression. The task here is to determine if complaints mentioned by the subject might be related to drinking. The interviewer should allow the defendant to describe his own ill feelings and not suggest specific illnesses to him.

Diseases such as fatty liver, cirrhosis, and pancreatitis occur more frequently in the alcoholic population than the population at large.⁷ Other diseases such as epilepsy, diabetes, hepatitis, and ulcers are conditions which would be made worse by heavy drinking. It should be assumed that the physician who diagnosed such diseases cautioned the individual against abusive drinking. If the offender is drinking heavily, he is doing so in spite of this warning. At this point in questioning it is wise to allow him to first respond spontaneously and to then specifically ask about the diseases listed. Persons frequently forget to mention past illness unless reminded, and occasionally a person forgets the name of a disease and is embarrassed to acknowledge that he has forgotten. If the defendant does not know about the disease and its symptoms, it is safe to assume that he has never been afflicted with it.

Considerably more diseases may be mentioned by the subject than those listed. If the interviewer feels that other illnesses might give information about a person's drinking behavior, he should feel free to probe further. For example, the subject might mention that he has arthritis and suffers severe pain. The interviewer could then ask if alcohol reduces this pain. He may find that, indeed, the individual is using large quantities of alcohol to deaden the pain.

Some problem-drinkers may have physical or mental defects or handicaps. The cause and effect relationship with problem drinking is by no means clear, but it may impose a sufficient stress on the individual to considerably increase the chances of problem drinking. Questioning someone about a handicap often requires considerable skill and finesse. Defects which the person had at birth or acquired early in life, and for which the person has compensated, will tend to be forgotten. Some are psychologically denied by the individual. Those which resulted during a traumatic experience may be hidden with the hope that the traumatic event does not have to be discussed. The interviewer may consider something a defect or handicap which the client does not.

Much information can be gained by careful observation. Look at the hands and face carefully. Are the fingers all there and does the defendant use both hands well? Are the eyes straight and do they move together (a blind eye does not move perfectly with a normal eye). Is there facial paralysis, facial scarring, or speech difficulty? Does the person try to hide or cover up the deformity? Does he appear to work well in spite of the handicaps? Does he use the handicap as an excuse for poor behavior? The answers to the last few questions may come up later in the interview in reference to family, job, or other questions. If a defect is identified, the interviewer is wise to keep this in mind throughout the interview. If a deformity is seen but not

mentioned by the subject, the interviewer might gently ask about it. Do not be too quick to accept the statement that the handicap presents no physical or psychological problems for the individual. People often regard sensitivity to a handicap as a form of emotional weakness and will deny its existence. For example, in a "dry run" of the interview, when a 21-year-old male who had prominent burn scars over his whole upper body was asked if he was self-conscious about the scars, he answered, "definitely not." However, other questions indicated that he spent his free time in large crowds at the race track, in dark bars in the evening, and that he never dated.

Since the number of handicaps is large, there are no set questions that can be given to ask. You must probe in your own manner and as you see fit. Think of how you might feel in his shoes. How would this defect affect your life? What things would you not do, or what things would be difficult? What would be your emotional response? In questioning, above all, maintain an attitude of acceptance and understanding, not judgment.

Drinking Binge or Spree. By definition a drinking binge (spree) means remaining intoxicated for two or more days.¹ This requires that the person continuously drink during this period. Although a person may drink too much for several nights in a row, it is not considered a binge if he has gone through the sobering process between each episode. The stereotype of the binge drinker is the individual who stocks up a large quantity of liquor and then secludes himself in a room drinking almost continually while awake and eating almost nothing. A binge drinker does not have to be either this obvious or dramatic. The housewife whose husband is on a business trip may go on a spree in her own home and during this time manage to carry out most of her important household duties. Binge and spree refer to the length of intoxication rather than the degree of intoxication. Practiced binge drinkers

can sometimes remain intoxicated for up to a month before their physical health gives out and they are forced to quit.

Binge drinking is an abnormal pattern of drinking.⁸ Although a young person may try a short binge as part of his experimentation with alcohol, a prolonged or second binge is indicative of problem drinking. One should view the first binge with great skepticism and the second or more as diagnostic of alcohol dependence.

The Need to Drink. By including this item in the Interview an attempt is made to distinguish the dependent drinker from the habituated drinker. Many social drinkers are habituated drinkers; that is, they drink at a particular time each day, as a matter of habit. This may be after work, before dinner or before retiring. The behavior becomes a part of a social pattern which is not related to a need for alcohol. If circumstances change and it becomes inappropriate to drink at those times, the individual will omit the drink with little discomfort. When a person cannot omit the drink without considerable effort and discomfort, the question of early physical dependence can be raised.

Specifically, the question is meant to find the person who often "needs" a drink in an emotional situation; for example, when he is angry, excited, or lonely. A need for alcohol in these circumstances suggests that the defendant uses alcohol to cope with stress.

Early morning drinking may also indicate an effort to gain emotional control, but it is more likely to be used to help hand tremor and morning nausea which are physical withdrawal symptoms (see Volume II for a description of withdrawal symptoms).

Increased Aggressive Behavior After Drinking. The individual who becomes rowdy and noisy, is annoying to those around him, and the person who destroys property or fights may frequently be in

trouble with the law. The social drinker quickly learns how much alcohol he can drink before he loses control over his aggressive impulses and will generally limit his drinking so that this does not occur. However, the problem-drinker seems to be less responsive to social pressure and may repeatedly display offensive aggression, such as fighting or arguing loudly, while drinking.

Aggressiveness after drinking appears to be typically a male characteristic and seldom is reported in women even though they are problem drinkers. ^{9, 10}

Treatment for Drinking. Although the social drinker will, on occasion, drink too much and suffer the pains of a hangover he is seldom overly distressed about it and would not seek medical or psychiatric treatment. Seeking help reflects a true concern about one's drinking--a concern that has built up over a number of years. Generally the person has tried many unsuccessful methods of controlling his own drinking, such as periods of abstinence, changing to another kind of beverage, not drinking before a certain hour of the day, or limiting the number of drinks, before he gives up and admits to someone else that his drinking is out of control. Maxwell,¹¹ interviewing problem drinkers in industry, found that 52% reported a lapse of seven or more years between their first recognition of problems and the time they finally sought help.

The word "treated" or "treatment" as used here is not intended to necessarily mean enrollment in a treatment program or institution, but rather help or counseling from any counselor such as a clergyman, Alcoholics Anonymous, or a psychiatrist. Anyone who has had this much concern about his drinking must be assumed to have had a problem and if he is still drinking, may have a current problem.

Medicine Other Than Aspirin to Help Hangover. The problem-drinker who is frequently faced with a hangover and the morning shakes may learn that some of the tranquilizers and diet pills

will make him feel better and help him to control his tremulousness. The abuse of these pills in combination with alcohol is an increasing problem among alcoholics.¹² The use of a prescription drug in the control of hangover or withdrawal symptoms seldom occurs in anyone who is not an alcoholic. The interviewer must be careful here not to suggest behavior to the offender. If asked, "What other kind of medicine?" the interviewer can suggest, "any prescription medicine" or "something for nerves or nausea."

Cannot Remember What Happened the Night Before. Jellinek, in his description of the phases of alcohol addiction, has pointed to blackouts as an early sign--increasing in frequency as the uncontrolled drinking pattern progresses.¹³

In this question the interviewer is specifically looking for the occurrence of blackouts but the word "blackouts" has been avoided because it is so misleading. A blackout is not the same as passing out. It is a loss of memory of things that happened during or following drinking. Though the person appeared to be functioning normally he subsequently was not able to remember what he did.

Morning Hand Tremor. Hand tremor consists of an uncontrollable shaking of the hands which may be so fine that it is barely noticeable, or so pronounced that the whole body shakes. Obviously, there are many possible causes for hand tremor, but in an otherwise healthy and young individual, excess alcohol is the most common cause. Many will say that their tremor is caused by nerves. There is no doubt that nervousness can cause a tremor, particularly when fine, precise movements of the fingers are required, but this type of nervous tremor is usually minimal in the morning and progresses as the tensions of the day mount. The alcohol tremor, following short periods of abstinence, such as a period of sleep, is frequently greatest in the morning and diminishes as alcohol is consumed during the day. The morning tremor

is a very common and troublesome symptom of excessive alcohol use and often leads to early morning drinking.^{11, 14}

Vomiting or Nausea the Morning After Drinking. This question is worded in an awkward fashion but has been worded to create the correct emphasis. A great many inexperienced drinkers have, at one time or another, drunk until they became sick to their stomachs. This is not particularly indicative of problem drinking. Seldom does the alcoholic become sick to his stomach while drinking; this seems to be one distinguishing characteristic.¹⁵ The nausea and vomiting which occur after sleep, when there has been no drinking, are entirely different. The person may either feel intensely nauseated or vomit very violently with long periods of dry heaving. Anyone with an intense hangover may feel a mild nausea and disinterest in food but this is of much less intensity than the experience felt during a withdrawal reaction. Withdrawal nausea and vomiting is not common in the early problem drinker, but when it occurs it is strongly indicative of a physiologic dependence on alcohol.^{16, 7}

Drinking Before Breakfast or Work. Maxwell¹¹ found that even after home and social life had begun to deteriorate the problem-drinker exerted enormous effort to protect his job. As the physical signs of the hangover, tremulousness, nausea and vomiting make their appearance, the problem drinker begins to control these reactions by drinking before or during work. The excessive drinker learns that more alcohol will cure his abstinence symptoms and he now begins to use alcohol as a medicine. A vicious circle is established.

Better Health if Drinking is Decreased. Here the interviewer is looking for the person's subjective evaluation of the consequences of his drinking. Long before alcohol causes diagnosable medical problems it creates considerable physical distress to the person. The hangovers and withdrawal symptoms may make morn-

ings an intolerable experience. Sleep loss and poor eating may leave him tired and fatigued most of the time. Frequently the first admitted problems of the alcoholic are in the area of health. The emphasis is on identifying the problem drinker at this point before irreversible medical complications set in.

Sleeping Pills. One of the most troublesome problems to alcoholics and heavy drinkers is the inability to fall asleep spontaneously and to remain asleep throughout the night. The distress of insomnia is increased by the guilt, remorse, and anxieties which take over during the sleepless hours. Johnson¹⁷ has found that the normal sleep pattern in heavy drinkers is significantly altered; there is more wakefulness and the effective sleep period is substantially reduced. Problem drinkers are unable to cope with this sleeplessness and are likely to resort to any means to induce sleep. Most frequently they increase alcohol use for this purpose. Many will report drinking heavily just before retiring, keeping a bottle close and then taking a drink each time they awaken. If for some reason this behavior is unacceptable to the person or to those around him he may use sleeping pills in substitution for the alcohol. The use of sleeping pills is, of course, not diagnostic of problem drinking; however, the use, and in particular, the increased use of sleeping pills should raise suspicion of sleeping problems secondary to heavy drinking.

Tranquilizers. Some of the tranquilizers have very similar effects to alcohol and can be substituted for or taken in addition to alcohol for a heightened response. Wanberg¹⁰ found that 80% of 2,300 problem-drinkers studied complained of vague fears, anxieties, and resentments. These uncomfortable emotional feelings are primarily related to alcohol misuse but the problem-drinker seldom makes this association. Instead he seeks medical consultation and may be given a trial on the tranquilizers. These

drugs do reduce tension temporarily, but as with alcohol, the problem-drinker will have trouble controlling the dose and may begin to increase it.¹⁸ One hospital director felt that a substantial proportion of patients being admitted to his hospital had a combined alcohol and "sedative pill" problem.¹⁹ By no means are all persons who take tranquilizers, anti-depressant, or pep-up pills problem-drinkers. However, if a person is found to be sporadically taking these drugs and increasing the dosage with time, he should be considered suspect of problem-drinking.

Drinking Injuring Client's Liver. Large quantities of alcohol cause fat to be deposited in the liver and the overall size of the liver increases. The enlarged liver can be detected by physical examination. If there is no other obvious cause for the enlargement, it is usually assumed to be secondary to excessive alcohol intake. A physician finding this situation will caution the patient about drinking and its effect on his liver.

Previous Bad Stomach or Abdominal Pain. Alcohol is an irritant to the stomach and intestinal tract. When it is taken in large quantities, or over extended periods, it causes an inflammation of the stomach lining and consequent stomach pain, nausea, and belching. This alcoholic gastritis is perhaps the most common condition due directly to chronic over-indulgence in alcohol.¹³ There are many causes for gastritis and abdominal distress, but pain frequently occurring after drinking episodes should be considered to be related to the drinking. If a person continues despite intermittent "punishment," such as gastritis, it must be questioned whether this behavior is motivated by a strong, compelling drive. We are only beginning to appreciate the compulsion in alcoholics to drink and the fact that their drinking behavior will persist in the face of almost brutal physical, emotional, and social consequences.

Medical Attention to Injuries. A great many studies have shown a positive relationship between alcohol consumption and traffic injuries.⁴ More recent data are now showing that a similar association exists for home and occupational injuries.^{20, 21} Since alcohol decreases judgment and interferes with fine motor coordination and balance, the person who has drunk too much is prone to accidents whether he is behind the wheel of a car, working around machinery, or in his home. With careful questioning it is often possible to establish that the common factor in a series of accidents is alcohol. When an accident-prone individual is identified, alcohol abuse should be suspected.

Life is Difficult to Manage. In this question an attempt is made to elicit the despondent and frequently hopeless feelings of the problem drinker. After a period of time in the vicious cycle of drinking, followed by problems causing more drinking, he becomes passive and depressed, seeing no way to change this pattern. With this attitude he takes every opportunity to escape into the more secure world available from the bottle. But this world is uncomfortable. Therefore, given understanding and the hope for some relief, the problem-drinker may identify himself and make the effort to accept some help.

DIRECTIONS FOR SCORING THE QUESTIONNAIRE AND INTERVIEW

The scoring keys are contained in Volume III of this Manual. In order that persons who are given the Questionnaire and Interview do not distort or fake their responses by having knowledge of the way in which items are scored, it is most important that the scoring keys be kept in a guarded place. They should be seen only by individuals who actually perform the scoring function, or are intimately related with the administration of the Questionnaire and Interview.

There are three scoring keys. Two keys are used with the Questionnaire and one with the Interview. The scoring keys show those responses to each Questionnaire and Interview item which are expected to be given by an individual with a drinking problem.

The keys are used by placing them alongside the corresponding page of the Questionnaire or Interview so that the keyed responses to the items on a page and the offender's response to the same items can be easily seen. The number of items are counted which the offender has answered the same as the items in the key. The procedure is then repeated for each page until all the items have been compared. A total count is then obtained of all the items in the Questionnaire and Interview answered in the keyed direction, one total for each of the three keys. The Questionnaire will be scored twice, once with key-1 and once with key-2. The third key is used to score the Interview.

In order to avoid making errors in adding the items that the offender marked the same as the key, only the total for each page of the Questionnaire and Interview should be counted and then entered in the appropriate place on the Questionnaire and Interview Summary Sheet (page 23). The total score for each key can then be readily obtained by adding the page totals on the Summary Sheet.

The score for key-1 is multiplied by 2 and the score for key-2 is subtracted from this product to give a final Questionnaire score. The total score on key-3 is multiplied by four to obtain the final Interview score. The overall total score for the Questionnaire and Interview is then obtained by adding their respective final scores. These simple mathematical steps are given on the Questionnaire and Interview Summary Sheet which is designed to minimize errors and show how to derive an overall total score. An example of these steps is shown in Table 1.

Table 1 shows that page totals, on each of the three pages for the Questionnaire keys are as follows:

For key-1: 3, 5, 2
 key-2: 0, 3, 0

Therefore, total score on key-1 = $3+5+2=10$
 total score on key-2 = $0+3+0=3$

The total score on key-1 is multiplied by two:

$$(\text{key-1}) \times 2 = 10 \times 2 = 20$$

Then, subtract the total score on key-2 from the total on key-1, i.e. $20-3 = 17$. Therefore, the Questionnaire score (Q) = 17.

The Interview is scored in a similar way. The page totals are counted using key-3 and recorded in the appropriate place for that page on the Summary Sheet. Table 1 shows the Interview page totals as follows:

key-3: 1, 0, 2, 0, 0, 1, 2, 0, 0, 1, 3, 0, 0, 0, 2.

Therefore, total score on key-3 = $1+0+2+0+0+1+2+0+0+1+3+0+0+0+2 = 12$.

The total score on key-3 is multiplied by four:

$$(\text{key-3}) \times 4 = 12 \times 4 = 48, \text{ which is the Interview score, (I) = 48.}$$

The Final Total Score = $Q+I = 17+48 = 65$.

TABLE 1. Example of Use of the Questionnaire and Interview Summary Sheet to Compute the Sub-Scores and Final Total Score.

QUESTIONNAIRE AND INTERVIEW SUMMARY SHEET

CASE # _____

1. QUESTIONNAIRE #	2. YES	3. SUBJECT AREA
1, 3, 4, 5, 10, 24, 38		Marital, Family Problems
14		Recent Stress
6, 11, 27, 32		Financial Difficulties
MENTAL HEALTH		
9, 18, 22, 35, 36, 40		Abnormal Problems
12, 16, 29, 30, 33, 40, 53, 57, 58		Nervousness, Restlessness, Agitation
17, 28, 31, 39, 55		Sadness or Depression
23, 26, 48, 49		Self-Denunciation
28, 34, 52, 54, 55		General Dissatisfaction
20, 30, 41		Sleeping Problems
19, 42, 47		Worry, Fear
52, 58		Boredom
27, 46		Resentment
12, 14, 25, 29, 34, 36, 43, 44		Inability to Cope
18, 25, 37, 38, 43, 44, 45, 50, 51, 57		Drinking-Related Problems

QUESTIONNAIRE SCORE		PAGE			PAGE TOTAL	KEY TOTAL
		1	2	3		
	Key-1	3	5	2	10	(Key-1) x 2 = 20
	Key-2	0	3	0	3	(Key-2) x 1 = 3
Q=QUESTIONNAIRE SCORE =						17

INTERVIEW PAGE #	YES	SUBJECT AREA
2, 3		Poor Physical Health
3		Disability: Related Problems
4		Previous Arrests # _____ Had Been Drinking # _____
4, 5		Poor Driving History
5-8		Poor Drinking Controls
5, 8		Indication of Physical Dependence on Liquor (Compulsion to drink; trembling hands, morning vomiting and nausea)
9, 10		Marital Problems
9, 10		Family Problems
11, 12		Poor Work History

INTERVIEW SCORE	PAGE														PAGE TOTAL	KEY TOTAL
	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
KEY-3	1	2	0	0	0	1	2	0	1	0	0	0	3	2	12	(Key-3) x 4 = 48
I=INTERVIEW SCORE=																48
QUESTIONNAIRE SCORE=																+17
FINAL TOTAL SCORE=Q+I =																65

INTERPRETATION OF SCORES

In most cases the determination as to whether the individual is, or is not, a problem drinker will be made on the basis of the final total score, Q+I. Other information which is available about the individual will, of course, be valuable in making this decision and also in making the decision as to what type of treatment or education is needed to deal with the problem.

Making a decision about an individual on the basis of one numerical score is not a matter to be taken lightly. One must bear in mind that there are various sources of error which can influence this score. Many of these have been discussed earlier in this Manual, and attempts to minimize such sources of error where possible, are the best assurance of an accurate diagnosis.

Taking the above factors into account, it appears that the purposes of this manual would be best served by a procedure which employs multiple scoring cut-off points.

QUESTIONNAIRE AND INTERVIEW TOTAL SCORE

Problem-Drinking. A total score of 85 or more is evidence that the individual almost certainly has a severe drinking problem and that corrective measures are sorely needed. Such a person should be considered a problem drinker.

Presumptive Problem-Drinking. A total score of 60 or greater but less than 85 should be treated as highly presumptive evidence that the individual is a problem drinker.

Particular attention should be paid to younger drivers whose scores fall into this category, i.e. those under 25. Many individuals in this age bracket are in the process of forming habits with respect to driving and alcohol consumption which, once established, will tend to be stable throughout the remainder of their life span under ordinary circumstances. The Questionnaire and Interview

discriminate less clearly between problem drinkers and normal persons at this age level, probably because of the fact that these habits are often in their formative stages and have not yet crystallized into a lifelong pattern. In this age group the potential benefits of remedial education and treatment are greater than with older persons. Therefore, a borderline score such as this should be looked upon with particular suspicion when dealing with a younger person. It is possible that such a person may be developing undesirable habits with respect to alcohol use which will eventually lead to a severe drinking problem, and if this process can be slowed or halted at this point, such a fate can be averted.

When dealing with a person from an older age bracket the existence of a drinking problem should be strongly suspected on the basis of a score in this range, and efforts should be made to secure additional information which will aid in making the decision.* A good rule to follow in these cases is to consider the person to be a problem drinker unless there is other evidence to the contrary.

Non-Problem Drinking. A person attaining a total score less than 60 should ordinarily not be considered to be a problem drinker unless there is other strong evidence which points to a drinking problem.

DETERMINATION BASED EITHER ON QUESTIONNAIRE OR INTERVIEW SCORES

We now turn to the problem of interpreting scores in cases which, for some reason, only the Interview score or the Questionnaire score is available. As pointed out earlier in this Manual, such a procedure is undesirable. However, for those cases in which it is necessary to base the problem determination on only one part of the procedure, the following tentative guidelines are suggested.

Questionnaire. A score of 24 or greater is virtually certain

evidence of problem drinking. A score of 16 or greater is highly presumptive evidence of problem drinking and the considerations which were outlined above for the total score, using both the Questionnaire and Interview, will apply in this case also. A score of 15 or less is evidence that the individual is probably not a problem drinker, although it should be borne in mind that the Questionnaire alone does not discriminate as sharply as the Questionnaire and Interview combined, and that occasionally a problem drinker will have a low score.

Interview. A score of 60 or more on the Interview should be considered almost certain evidence of problem drinking, and a score of 50 or more should be considered highly presumptive evidence of problem drinking. Scores between 50 and 60 should be treated in the same manner as outlined above for the presumptive problem drinker determination. Scores below 50 are evidence that the individual probably is not a problem drinker.

CODING NUMBERS

The numbers located to the right of the answer spaces on the questionnaire and interview forms serve several purposes. They enable reliable and rapid identification of an item on the interview, and also serve as a guide for keypunching the responses into Hollerith cards for computer scoring and/or analysis. If the forms are to be hand-scored, the numbers are useful for insuring that the correct page in the scoring key is being used and that it is correctly aligned with the forms.

Instructions for use of the numbers in keypunching will be found in Volume 3: Scoring Keys.

QUESTIONNAIRE AND INTERVIEW SUMMARY SHEET

After completion of both the Questionnaire and Interview (including scoring), fill out the Questionnaire and Interview Summary Sheet (Sample, Appendix C) regardless of whether or not you have yet obtained the other records suggested in the following section.

DIRECTIONS FOR USING THE QUESTIONNAIRE AND INTERVIEW SUMMARY SHEET

The section of the form related to Questionnaire items is listed on the top half of the sheet and the Interview items are listed on the bottom half: (1) The related question numbers which are in the Questionnaire and page numbers for the Interview are listed on the left-hand side of the page, (2) in the second column on the page is a place to check if there is indication of a problem, and (3) the third column lists the subject areas specific to the corresponding questions.

Example: Look at the top half of the sheet (Questionnaire items). Note that the first subject area listed in the third column is "Marital, Family Problems." Now look at the left hand column. The question related to that subject is question number 10 in the Questionnaire: "Are your relatives upset with the way you live?" Check the defendant's answer to this question on the Questionnaire and then put a check in the second column if he answered "yes" to the question.

For the Interview, the subject areas are checked by referring to page numbers in the Interview rather than question numbers, since the questions in the Interview are not numbered.

Proceed in this manner with the rest of the sheet. At the bottom of each division there is space to record the scores which were received by the client on the Questionnaire and Interview as already described (page 22). By reviewing all of these answers and using the cut-off scores on the Questionnaire and Interview described in the previous section, a preliminary problem drinking determination can be made.

This information should be combined with that which becomes available from the Tally Sheet on BAC, driving and criminal records described in the following section.

BAC, DRIVING AND CRIMINAL RECORD TALLY SHEET

The next part of the procedure is the collection and recording of the following information: blood alcohol concentration, driving and criminal records. These items of history are useful in making a final decision about an offender's drinking behavior because the records may reveal that the offender has run into difficulties in the past because of his drinking. However, there are general problems involved in collecting any of this information.

The records may not be immediately available, in which case the final decision on recommendation may have to be delayed.

Due to inefficient methods of record keeping in many places, the records may not always be accurate; or you may receive a criminal record from the national crime files, but not on the person requested. Cross-check to make sure the first, last, and middle names, and the birthdates, are accurately matched.

A DUIL offense will sometimes appear on the criminal record but not on the driving record. Check the date if both the driving and criminal records have a DUIL offense recorded. They may be the same or separate offenses on each record.

Under-reporting is quite common. Even though there is a great deal of evidence that a person is a problem drinker from other sources, he may not have a previous record of any sort.

Some records go back too far. It is difficult to say whether or not a drinking offense 20 years ago has much to do with the person's present situation and behavior.

The problems are nonavailability, inaccuracy, under-reporting, and the time span of records. However, it generally can be assumed that if recorded information alludes to or describes alcohol-related behavioral problems, then it is indicative of problem drinking.

These findings can be recorded on the Tally Sheet shown in Appendix D.

BLOOD ALCOHOL CONCENTRATION (BAC)

The BAC at the time of arrest, obtained from either blood or breath measurement, can be one of the most useful single pieces of information for gaining insight into a person's drinking patterns. The interviewer, by knowing the BAC, may be able to determine if the offender is a moderate or heavy drinker. The arresting agency usually keeps this record on hand and the presiding judge generally has access to the readings.

Some authorities on alcohol consumption feel that moderate drinkers have a difficult time reaching a BAC above 0.10%.^{22, 23} If they force themselves to drink more they become sick and vomit. Heavy drinkers, whose bodies have developed a tolerance for alcohol, can reach higher alcohol levels. However, as heavy drinking increases so does the chance that the person will develop problems with his drinking--even on a temporary basis. In other words, it is more likely that the heavy drinker will slip in and out of problem drinking, depending upon current stress and other factors, perhaps leading to dependence on alcohol. Therefore, a high BAC can serve as a red flag of a potential drinking problem. Some feel that a person who can reach a BAC of 0.25% may already be an alcoholic, but this is not sufficiently well documented. It is well known that if a problem does exist, the depth of the problem is correlated with increasing blood alcohol concentrations.^{24, 25, 26, 27}

It must be noted, however, that there are various factors which effect the blood alcohol concentration: (1) the amount of alcohol consumed, (2) the type of beverage in which the alcohol is contained, e.g., beer as opposed to straight whiskey, (3) the individual's blood volume, which is directly related to body weight, (4) the amount of food in a person's stomach when drinking begins, and the amount of food subsequently eaten during the

drinking period, and (5) time factors. Food in the stomach can reduce the absorption rate of alcohol into the blood so that it is less than half of that which would be obtained following ingestion of similar quantities of alcohol on an empty stomach.²⁸ The body eliminates approximately one drink every two hours. Therefore, if drinking occurs over a long period of time, the peak BAC will not be high as it would be if the same amount of alcohol were drunk over a short period of time.

Table 2 indicates approximately how much a person has to drink to reach a specific BAC based on his body weight.

TABLE 2. Estimated BAC, in Percent, by Number of Drinks Consumed in One Hour in Relation to Body Weight.

DRINKS*	1	2	3	4	5	6	7	8	9	10	11	12
100	.038	.075	.113	.150	.188	.225	.263	.300	.338	.375	.413	.450
120	.031	.063	.094	.125	.156	.188	.219	.250	.281	.313	.344	.375
140	.027	.054	.080	.107	.134	.161	.188	.214	.241	.268	.295	.321
160	.023	.047	.070	.094	.117	.141	.164	.188	.211	.234	.258	.281
180	.021	.042	.063	.083	.104	.125	.146	.167	.188	.208	.229	.250
200	.019	.038	.056	.075	.094	.113	.131	.150	.169	.188	.206	.225
220	.017	.034	.051	.068	.085	.102	.119	.136	.153	.170	.188	.205
240	.016	.031	.047	.063	.078	.094	.109	.125	.141	.156	.172	.188

*One drink equals one vol. oz. of 100 proof alcohol or one 12 oz. bottle of beer. BAC is reduced at approximately 0.015% per hour. (The original reference has not been identified.)

Behavioral manifestations following drinking also vary. They may vary between individuals with the same blood alcohol concentration or vary within the same individual at different times depending on factors such as fatigue and emotional stress. For example, given the same BAC, one individual may become quite aggressive and belligerent while another person will be subdued and relaxed. Or an individual who is aggressive in one drinking situation may, at another time or in a different situation, behave in a subdued manner.

The person with a low BAC may be grossly intoxicated because he is not used to drinking, while the individual who has developed a bodily and behavioral tolerance to alcohol may not appear to be grossly intoxicated at very high blood alcohol concentrations.

The police arrest report may give an indication of how an individual offender was behaving under the influence at the time of his arrest. If he has been arrested before, previous reports can also be checked to see if this is his consistent drinking behavior. Attempt to determine if the offender frequently behaves in a specific way when drinking or if the behavior at the time of this arrest was unique.

As useful as BAC may be for raising a "red flag" on a possible problem, it may frequently not be available for alcohol-related arrests. For example, 22% of persons arrested in Michigan refused (and this refusal is legal under any of the states' implied consent statutes) to take a breath test following DUIL (DWI)* arrest.²⁹ Furthermore, it is only used on drunk drivers. At this time the breath test is not usually given to other kinds of drinking offenders. In summary, many factors influence the blood alcohol concentration of an individual and affect the way he behaves while drinking, but BAC serves to indicate whether or not a person is a heavy drinker. This information is useful since a heavy drinker is more likely to develop problems in relation to alcohol than a moderate drinker. Thus, high BAC, such as 0.15% and above, can serve as a "red flag" of possible problem drinking and indicates a need for further diagnosis.

DRIVING RECORD

The driving record is a second potential source of an individual's drinking history and present habits. It can be obtained from The Department of Motor Vehicles (or equivalent) in most states. Here are some of the types of information to look for:

*"DUIL" and "DWI" are both equivalent in some states to "driving while under the influence of intoxicating liquor." In other states only DUIL has that meaning while DWI means "driving while impaired" and is a lesser offense.

(1) Previous Driving Under the Influence of Liquor (DUIL), impaired, or reckless driving convictions. Obviously a DUIL or impaired driving conviction is an indication of misuse of alcohol. One that is not so obvious is the reckless driving conviction. This is often used as a reduced plea from DUIL. A reckless conviction can be cross-checked with information from the Interview (page 5) to see if, in fact, drinking was involved in the original charge.

(2) Tally the number of crashes the person has had in the past. If the person regularly drinks heavily and drives he may have had a number of accidents. Minor crashes are frequently under-reported and may not show up on the record. Also, the police may not be able to tell if the person who is involved in an accident was drinking. Heavy drinkers frequently do not look like they are drunk--even though skills such as driving, are impaired.²⁸

(3) Tally the total number of moving violations (as opposed to equipment violations, such as faulty muffler). DUIL's as a group have up to three times as many moving violations on their records as the general driving population.²⁹ A high number of moving violations may indicate generally poor driving habits which become worse while under the influence of alcohol.

(4) Does the individual have a record of a suspended, revoked or restricted license? Was he driving with this type of license at the time of arrest? Was the license suspended, revoked or restricted because of drinking-related offenses? If not, it may be an indication that the person is a poor driver and needs re-training; or it may mean that the person has poor emotional controls and uses the automobile to release his aggressions or frustrations.

In summary, look for the number of DUIL's impaired or reckless driving convictions, previous accidents, moving violations,

and suspended, revoked or restricted license as an indication of a drinking problem, a driving problem, a general problem coping with stress, or a combination of all of these factors.

CRIMINAL RECORD

Try to obtain the criminal record of the individual. Drinking-related offenses, such as drunk and disorderly should especially be noted, but any type of criminal offense would suggest social maladjustment. The criminal record frequently can be obtained from the court or from local or state police agencies.

TREATMENT EVALUATION SHEET

When an individual has been administered the Questionnaire and the Interview, the Questionnaire and Interview Summary Information Sheet can be completed. This includes using the scoring keys to obtain the offender's score on the Questionnaire and the Interview, and the total score. The BAC, Driver and Criminal Record Tally Sheet will then be completed as much as available information allows.

Based on these summaries of information it will be possible to determine the existence of a drinking problem. In those cases in which the offender is determined to be a problem drinker it will be necessary to determine what treatment is needed and what agencies are available.

To assist in reaching a recommended treatment the Treatment Evaluation Sheet may be used. A sample sheet is shown in Appendix E. The sheet lists possible needed forms of treatment on the left side. Space is allowed on the right side to list existing agencies which handle those forms of treatment.

After you have determined what type of treatment is needed and what agencies handle these problem areas, then determine the availability of agency services to the defendant. Can the agency take him immediately? Immediacy may have to take priority over some other considerations. Can the defendant get to the agency easily? Does he have or need transportation? Can he go at any time? Can he pay or can some satisfactory arrangements be made with the agency? Is the defendant willing to go to that particular agency?

Once you and the defendant have reached agreement about the types of services to be recommended, make his appointments at the agencies in order to ensure that the treatment process is initiated as quickly as possible.

CASE INFORMATION SHEET

Agency ID# _____ 105 Case ID# _____ 120 Date _____ 126
Mo./Day/Yr.

Name _____
Last First Middle or Maiden

Address _____
Number Street City Zip Code

Telephone _____ Driver's License No. _____ 142

Sex _____ 143 Nationality or Race _____ 144 Age _____ 146 Weight _____ 149
(M=1, F=2) (White=1, Black=2, Other=3)

Date of Birth _____ 155 Attending DWI Class? Y N 156
Mo./Day/Yr.

Number of class sessions completed _____ 157 Instructor ID# _____ 159

Marital Status _____ 160 Occupation _____ 162
(Sgl.=1, Sep.=2, Div.=3,
Wid.=4, Marr.=5)

Interviewer ID# _____ 164 Number of interviews
previously conducted by this interviewer _____ 167

Interviewer's title _____

Circumstances of Contact _____ 168

1. Pre-sentence investigation
2. Condition of probation
3. Other (specify) _____

Referral Date _____ Sentence Date _____
Mo./Day/Yr. Mo./Day/Yr.

Referred by Judge _____ Current Offense _____

Name _____

Appendix A
QUESTIONNAIRE (FORM A)

INSTRUCTIONS. Before you begin, please print your name at the top of this page.

Please answer every question. Do not spend too much time on any one question. We would like your first impressions, so try to answer with the first thing that comes to mind. Answer each question in the order in which it appears. Mark an "X" or check (✓) for the TRUE (yes) /False (no) questions. Where you are asked to answer with a number, (how many) please put the number in the space provided. If the event never happened to you, mark zero (0). There are no right or wrong answers. Give the answer which seems most correct to you. Are there any questions now?

Go to the next page and begin.

FOR OFFICE USE ONLY	
CASE ID	
#	_____
DATE	_____

220

1. What is your present marital status?

- 1. single
- 2. separated
- 3. divorced
- 4. widowed
- 5. married

Enter number here - - - - - (#) 221

2. With whom do you live?

- 1. alone
- 2. with friend(s)
- 3. with relative(s)
- 4. with wife (husband)
- 5. with ex-wife (ex-husband)

Enter number here - - - - - (#) 222

IF YOU HAVE NEVER BEEN MARRIED SKIP TO QUESTION NUMBER 6

TRUE FALSE
(yes) (no)

3. How many times have you and your wife (husband) seriously considered divorce in the last two years? - - - - - (#) 223

4. Does (did) your wife (husband) often threaten you with divorce? - - - - - () () 224

5. Would you say that your wife's (husband's) general health is (was) very good? - - - - - () () 225

6. Are you employed now? - - - - - () () 226

7. Do you smoke?- - - - - () () 227

8. About how many packs of cigarettes do you smoke per week?- - - - - (#) 228

9. Were you ever arrested?- - - - - () () 229

Questionnaire

TRUE FALSE
(yes) (no)

- 10. Are your relatives upset with the way you live? () () 230
- 11. Is your income sufficient for your basic needs? () () 231
- 12. Are you bothered by nervousness (irritable,
fidgety or tense)?- - - - - () () 232
- 13. My judgment is better than it ever was- - - - - () () 233
- 14. Have you recently undergone a great stress
(such as something concerning your job, your
health, your finances, your family, or a
loved one)? - - - - - () () 234
- 15. I am apt to take disappointments so badly that
I cannot put them out of my mind- - - - - () () 235
- 16. I have long periods of such great restlessness
that I cannot sit long in a chair - - - - - () () 236
- 17. Are you often sad or down in the dumps? - - - - - () () 237
- 18. I have had periods in which I carried on activi-
ties without knowing later what I had been doing- () () 238
- 19. Do you have a lot of worries? - - - - - () () 239
- 20. I have trouble sleeping - - - - - () () 240
- 21. I am moderate in all my habits- - - - - () () 241
- 22. Do you feel that you have abnormal problems?- - () () 242
- 23. I have lived the right kind of life - - - - - () () 243
- 24. My home life is as happy as it should be- - - - - () () 244
- 25. Does drinking help you make friends?- - - - - () () 245
- 26. Much of the time I feel as if I have done
something wrong or evil - - - - - () () 246
- 27. Do you think that creditors are much too quick
to bother you for payments? - - - - - () () 247
- 28. I wish I could be as happy as others seem to be () () 248
- 29. I sometimes feel that I am about to go to pieces- () () 249
- 30. Do you usually perspire at night? - - - - - () () 250
- 31. I often feel uncomfortable and down in the dumps () () 251
- 32. About how many years has it been since your
last out-of-town vacation? (If you have never
taken one, write "9") - - - - - (#) 252
- 33. I am a high-strung person - - - - - () () 253
- 34. I am satisfied with the way I live- - - - - () () 254

Questionnaire

TRUE FALSE
(yes) (no)

- 35. Have you ever had your driver's license suspended or revoked? - - - - - () () 255
- 36. About how many times have you asked for help for your problems (personal, family, marriage, money, or emotional)? - - - - - (#) 256
- 37. Is there a history of alcoholism in your family?() () 257
- 38. Do you have a relative who is an excessive drinker? - - - - - () () 258
- 39. Are you often depressed and moody? - - - - - () () 259
- 40. I often feel as if I were not myself- - - - - () () 260
- 41. I am often afraid I will not be able to sleep - () () 261
- 42. Do you often feel afraid to face the future?- - () () 262
- 43. Drinking seems to ease personal problems- - - - () () 263
- 44. How many drinks can you handle and still drive well? - - - - - (#) 264
- 45. In the last year, how many times have you drunk more than you could handle, but still been a good driver when you got behind the wheel?- - - (#) 265
- 46. I wish people would stop telling me how to live my life - - - - - () () 266
- 47. I often am afraid without knowing why I am afraid() () 267
- 48. At times I think I am no good at all- - - - - () () 268
- 49. Do you feel sinful or immoral?- - - - - () () 269
- 50. A drink or two gives me energy to get started - () () 270
- 51. Does drinking help you work better? - - - - - () () 271
- 52. My daily life is full of things that keep me interested - - - - - () () 272
- 53. I often have feelings of vague restlessness- - () () 273
- 54. My friends are much happier than I am- - - - - () () 274
- 55. I often pity myself- - - - - () () 275
- 56. Would you say that 4 or 5 drinks affect your driving? - - - - - () () 276
- 57. I feel tense and anxious most of the time- - - () () 277
- 58. Are you often bored and restless?- - - - - () () 278

Appendix B
INTERVIEW (FORM B)

INSTRUCTIONS

The following paragraph is a suggested explanation to offer an offender as to why the interview is being conducted. Rather than reading the material try to put it into your own words: "One purpose of the court's sentence is to try to keep the offense from happening again, and if possible, to try to eliminate the causes of the problem. If this can be done, it will be in your best interest as well as those of others. This interview will be used to find the extent of, and situations surrounding your drinking. Your answers will be used to help the court in deciding what kinds of sentencing will be most helpful. Your frankness and cooperation are important for finding the most fair and effective way of dealing with you."

TO THE INTERVIEWER:

RECORDING THE RESPONSES. Use a RED pen or pencil to mark the items for ease of scoring. For each item record your judgment:

1. Draw a line through Y if yes, N if no.
2. Where a space "___" is provided place appropriate number or check.
3. In the last column:
 - a. Draw a vertical line "(|)" through the parentheses if the question is not asked (NA)*.
 - b. Write (R) if client refuses to respond.

* All questions should be asked unless preceded by an expression such as "(If yes)" indicating that the question is to be asked only in the event of a certain answer to the previous question.

	CASE ID. # _____	
● How far have you gone in school? 1. None 2. 7 grades or less 3. 8-11 grades 4. 12 grades or diploma 5. Completed business or trade school 6. 1-3 yrs. college 7. 4 yrs. college 8. Post-graduate work 9. Not known (Put # in space at right)	_____	320 () or (R) () 321

(|)
or
(R)

● How is your general health?

- 1. better than average or very good, excellent
- 2. average or good
- 3. less than average, fair, poor, bad

(Put # in space at right) - - - - - () 322

(If less than average): What are the problems?

Person complains of:

- a. being tired or fatigued- - - - - Y N () 323
- b. general weakness - - - - - Y N () 324
- c. just feeling bad all over- - - - - Y N () 325
- d. weight loss or inability to eat- - - Y N () 326
- e. inability to concentrate - - - - - Y N () 327
- f. difficulty sleeping- - - - - Y N () 328
- g. increased irritability - - - - - Y N () 329
- h. difficulty doing his job or taking
care of his home - - - - - Y N () 330

● Do you have a chronic disease or illness? - - - - Y N () 331

● Have you had any of the following?

- a. fatty liver - - - - - Y N () 332
- b. cirrhosis - - - - - Y N () 333
- c. pain and/or weakness of legs- - - - - Y N () 334
- d. anemia - - - - - Y N () 335
- e. convulsions or epilepsy - - - - - Y N () 336
- f. diabetes- - - - - Y N () 337
- g. ulcers or stomach problems- - - - - Y N () 338
- h. mental or emotional illness - - - - - Y N () 339
- i. any severe bleeding problems- - - - - Y N () 340
- j. pancreatitis - - - - - Y N () 341
- Other mentioned _____ Y N () 342

(|)
or
(R)

● Are you disabled or do you have any physical defects? Y N () 343

(If yes): What? _____

The handicap limits his adjustment or ability to perform:

a. in his job situation Y N () 344

b. in friendships or in a social setting Y N () 345

c. in his family situation Y N () 346

The person has made an adequate emotional adjustment to the handicap. Y N () 347

The person is using the handicap as an excuse for drinking or as an excuse for family or job problems. Y N () 348

● Have you had a serious injury or illness in the past? Y N () 349

(If yes): What was its nature? _____

Are you completely well from this (these)? Y N () 350

ASK THE NEXT QUESTION ONLY IF THIS CONTACT RESULTED FROM AN ARREST

● What were you doing that called you to the attention of the police?

Specific behaviors mentioned:

a. drunk or impaired driving Y N () 351

b. car accident Y N () 352

c. asleep in or near car Y N () 353

d. fighting or argument Y N () 354

e. staggering Y N () 355

f. molesting or bothering people Y N () 356

g. noise making Y N () 357

i. other _____ () 358

(|)
or
(R)

IN THE FOLLOWING QUESTIONS EXCLUDE THE ARREST LEADING TO THIS CONTACT, IF ANY

- Have you ever been arrested for driving under the influence of liquor or for impaired driving? Y N () 359
(If yes): How many times? # ___ () 360
- Have you ever been arrested for being drunk and disorderly or for public intoxication? Y N () 361
(If yes): How many times? # ___ () 363
Was driving related to any of these? Y N () 364
(If yes): In how many instances? # ___ () 366
- Have you ever been arrested for reckless driving? Y N () 367
(If yes): How many times? # ___ () 368
Was this ever reduced from the original charge? Y N () 369
(If yes): What was the original charge? _____
(Was the original charge DUIL or impaired? Y N () 370
- Have you ever been arrested for anything else? Y N () 371
(If yes): How many times and for what? _____
Kinds of offenses:
Crimes involving property # ___ () 372
Crimes of personal assault # ___ () 373
Crimes involving sex # ___ () 374
Other (list) _____

QUESTIONS A, B, C ARE TO BE ASKED IF OFFENDER HAS A PREVIOUS RECORD (Arrests other than the one leading to this contact)

- A. How old were you at the time of your first arrest? (yrs.) ___ () 376
- B. How long has it been since your last arrest? (yrs.) ___ () 378
- C. Are you currently on probation? Y N () 379
(If yes): Is non-drinking part of the probation? Y N () 380

(|)
or
(R)

- While driving have you ever been stopped by police but not ticketed, when you knew you had been drinking too much? Y N () 421
- Has your driver's license ever been suspended or revoked? Y N () 422
(If yes): How many times? # _____ () 423
Was drinking related to the suspension(s) or revocation(s)? Y N () 424
- Do you have a valid license now? Y N () 425
- Do you feel that drinking is causing any problems in your life? Y N () 426
(If yes): Can you tell me what these problems are?

Problems mentioned:

- a. marriage Y N () 427
- b. job or employment Y N () 428
- c. health Y N () 429
- d. court Y N () 430
- Do you feel that you always drink like a social drinker? Y N () 431
(If no): How do you differ from the social drinker? (frequency and amount)
Differs from a social drinker in the following ways:
 - a. drinks more frequently Y N () 432
 - b. drinks greater quantity when he drinks Y N () 433
 - c. feels worse after drinking Y N () 434
 - d. has a compulsion to drink Y N () 435
 - e. drinks at unusual times Y N () 436
 - f. other _____ Y N () 437

		() or (R)	
● Do you ever find that you drink more than you had intended to drink?	Y N	()	438
● Do you usually drink every day?	Y N	()	439
(If no): How many days a week do you usually drink?	# _____	()	440
(If every day record 7, if less than once a week record 1; if weekends only record 8)			
● Do you usually drink four or more drinks at one sitting?	Y N	()	441
● What kind of drinks are these? _____		()	442

(double martini, boilermaker, straight shots, etc.)			
● Where do you usually do your drinking?			
a. own home	Y N	()	443
b. friend's home	Y N	()	444
c. party	Y N	()	445
d. bar or lounge	Y N	()	446
e. restaurant	Y N	()	447
f. other (list) _____	Y N	()	448
● With whom do you usually drink?			
a. alone	Y N	()	449
b. spouse	Y N	()	450
c. casual drinking companions	Y N	()	451
d. friends	Y N	()	452
e. other	Y N	()	453
● Have you gone on a drinking spree or binge in the last five years?	Y N	()	454
● Do you ever get the feeling that you "NEED" or "REALLY WANT" a drink?	Y N	()	455
(If yes): When do these feelings occur? _____			
Has it ever happened after you have gone to bed?	Y N	()	456

		() or (R)	
Do you ever feel this way before noon?	Y N	()	457
Client states he needs a drink when:			
a. angry	Y N	()	458
b. depressed	Y N	()	459
c. lonely	Y N	()	460
d. happy	Y N	()	461
e. tense or nervous	Y N	()	462
f. with friends	Y N	()	463
g. things go wrong	Y N	()	464
h. at parties	Y N	()	465
i. at certain times of day	Y N	()	466
j. other (list) _____	Y N	()	467
● Have you ever hidden a bottle of liquor?	Y N	()	468
● Do you drink to feel less self-conscious and more at ease around people?	Y N	()	469
● Do you ever feel that it is easier to start something after you have had a drink?	Y N	()	470
● Does drinking sometimes give you courage or self-confidence?	Y N	()	471
● Do you feel more quarrelsome or angry after you have had several drinks?	Y N	()	472
● Have you been told that you become rowdy or noisy when you have had too much to drink?	Y N	()	473
● Have you ever destroyed property or gotten into a physical fight when you were drinking?	Y N	()	474
● Have you ever thought about cutting down on drinking?	Y N	()	475
● Have you ever felt bad or guilty about drinking?	Y N	()	476
● Have any of your friends or members of your family suggested that you watch or cut down on drinking?	Y N	()	477
● Have you ever been treated for drinking?	Y N	()	478
(If yes): When? _____			

- | | | ()
or
(R) | |
|--|-----|----------------------|---------|
| ● Have you ever taken medicine or pills other than aspirin to help sober up? | Y N | () | 479 |
| ● Have you ever found that you cannot remember or wonder what you did the night before when you were drinking? | Y N | () | 480 |
| ● Did you ever fall or seriously injure yourself when you were drinking? | Y N | () | 521 |
| ● After drinking the night before, have you ever decided not to go to work the next morning? | Y N | () | 522 |
| (If yes): How many times a year does this happen? | # | _____ | () 523 |
| ● Have you ever found that your hands shake and tremble in the morning? | Y N | () | 524 |
| ● Have you ever vomited or been sick to your stomach, not while drinking, but the morning after drinking? | Y N | () | 525 |
| ● Do you ever drink in the morning before breakfast or before going to work? | Y N | () | 526 |
| ● Do you feel that your health would be better if you decreased or stopped drinking? | Y N | () | 527 |
| ● Do you ever take tranquilizers, anti-depressants or pep-up pills? | Y N | () | 528 |
| ● Have you ever been told that your drinking was injuring your liver? | Y N | () | 529 |
| ● Have you ever had bad stomach or abdominal pain? | Y N | () | 530 |
| (If yes): Did this occur after drinking? | Y N | () | 531 |

(|)
or
(R)

● What is your marital status? (read choices to person)

1. married
2. single
3. widowed
4. separated
5. divorced

(Put # in space at right)

___ () 532

● IF MARRIED

How long have you been married? (yrs.) ___ () 534

Have you ever been married before? Y N () 535

(If yes): How many times? # ___ () 536

Do you and your (present) wife/husband get along pretty well? Y N () 537

Do you ever have arguments about drinking? Y N () 538

Do you have any children at home? Y N () 539

(If yes): Do you have any serious problems with them? Y N () 540

Are there any (other) family problems? Y N () 541

(If yes): What? _____ () 542

()
or
(R)● IF SINGLE

Have you ever been married? Y N () 543

(If yes): How many times? # ___ () 544

Do you:

1. go out mainly with one person Y N () 545

2. go out with several people in a
casual way Y N () 546

3. not go out with anyone Y N () 547

Do you find that you drink more than your
friends? Y N () 548Has drinking interfered with any marriage
plans? Y N () 549● IF WIDOWED

How long have you been widowed? (yrs.) ___ () 551

Have you been married more than once? Y N () 552

(If yes): How many times? # ___ () 553

Are there any children at home? Y N () 554

(If yes): Do you have any serious problems
with them? Y N () 555Has your drinking increased since you lost
your wife/husband? Y N () 556

Are you alone most of the time? Y N () 557

● IF SEPARATED OR DIVORCED

How many times were you married? # ___ () 558

Were there any children? Y N () 559

(If yes): Do you have any serious problems
with them? Y N () 560

Did you have family arguments over drinking? Y N () 561

Has your drinking increased since the
separation or divorce? Y N () 562

Are you alone most of the time? Y N () 563

- (|)
or
(R)
- Have you ever been fired? Y N () 564
(If yes): Why? _____
- Are you presently employed? Y N () 565
(If respondent is female and answers negatively, ask if she considers herself a housewife or homemaker. If she is a housewife, ask her the "If Employed" questions that follow.)
- IF EMPLOYED
- What is your present job?
(title plus description) _____
_____ () 567
(such as carpenter, clerk in grocery store, housewife, etc.)
- How long have you had this job? (yrs.) _____ () 569
- How good do you think your work is at your present job?
1. excellent
 2. good
 3. fair or poor
- (Put # in space at right) _____ () 570
- IF UNEMPLOYED
- How long have you been unemployed? (yrs.) _____ () 572
- Why are you unemployed? _____
- Reason for unemployment:
- a. laid off previous job Y N () 573
 - b. fired Y N () 574
 - c. strike Y N () 575
 - d. illness Y N () 576
 - e. other _____ Y N () 577
- Did drinking contribute to your job loss? Y N () 578

		()	or	(R)
● Have you had any problems with your job(s) in the last 3 years?	Y N	()		579
(If yes): What kinds of problems are (were) they?				
1. occasional friction with fellow workers or boss	Y N	()		580
2. frequent friction with fellow workers or boss	Y N	()		621
3. occasional trouble with work	Y N	()		622
4. serious difficulty doing work, or accidents	Y N	()		623
5. occasional absence	Y N	()		624
6. frequent absences	Y N	()		625
7. difficulty finding employment	Y N	()		626
8. other _____	Y N	()		627
● What is your main source of support?				
0. none				
1. salary				
2. income other than salary				
3. family/friend				
4. savings, pension				
5. disability benefits, social security				
6. unemployment insurance				
7. public assistance				
8. other _____				
(Put # in space at right)			()	628

(|)
or
(R)

● About how much was your total family income in the past year? (gross)

- 1. \$ 2,000 or less
- 2. 2,000 - 3,999
- 3. 4,000 - 5,999
- 4. 6,000 - 7,999
- 5. 8,000 - 9,999
- 6. 10,000 -14,999
- 7. 15,000 -24,999
- 8. 25,000 +

(Put # in space at right)

___ () 629

How many children and adults are living on this income?

- 1. children
- 2. adults (18+)

___ () 630

___ () 632

● How many large debts do you have?

___ () 633

● Do you have close friends that you can confide in?

- 1. has no friends
- 2. has only casual acquaintances
- 3. has close friends (one or more)

Y N () 634

Y N () 635

Y N () 636

● Would you describe yourself as being lonely a good deal of the time?

Y N () 637

● Do you feel that your life is difficult to manage and you are not sure how to straighten it out?

Y N () 638

● Do you feel that you are a problem drinker?

Y N () 639

(|)
or
(R)

INTERVIEWER'S INITIAL DIAGNOSIS
(THIS SECTION CAN BE FILLED IN AFTER THE INTERVIEW IS OVER)

- Drinking pattern:
 - Has person previously exhibited a pattern of controlled drinking? Y N () 640
 - How experienced is this person at drinking? (select a value from 1, very inexperienced, to 5, very experienced) # _____ () 641
- Interviewer's conclusions
 - Do you feel that this drinking situation was unique and unlikely to happen again? Y N () 642
 - Did the client give you evidence of a past behavior pattern of heavy drinking? Y N () 643
 - Do you feel that without any therapeutic intervention he is likely to repeat this drinking behavior within the next 5 years? Y N () 644
- Problem diagnosis:
 - 1. person has no problems related to drinking
 - 2. person has a temporary drinking problem
 - 3. person has a long-standing drinking problem (Put # in space at right) # _____ () 645
- Interviewer's physical observation of client:
 - 1. looks older than stated age Y N () 646
 - 2. looks ill Y N () 647
 - 3. has a hand tremor Y N () 648
 - 4. has bloodshot or glassy eyes Y N () 649
 - 5. has a flushed face Y N () 650
 - 6. has language difficulty Y N () 651
 - 7. appears to be markedly below average in intelligence Y N () 652
 - 8. nicotine stains or blisters on fingers Y N () 653

Appendix C

QUESTIONNAIRE AND INTERVIEW SUMMARY SHEET

CASE # _____

1. QUESTIONNAIRE #	2. YES	3. SUBJECT AREA
1, 3, 4, 5, 10, 24, 38		Marital, Family Problems
14		Recent Stress
6, 11, 27, 32		Financial Difficulties
MENTAL HEALTH		
9, 18, 22, 35, 36, 40		Abnormal Problems
12, 16, 29, 30, 33, 40, 53, 57, 58		Nervousness, Restlessness, Agitation
17, 28, 31, 39, 55		Sadness or Depression
23, 26, 48, 49		Self-Denunciation
28, 34, 52, 54, 55		General Dissatisfaction
20, 30, 41		Sleeping Problems
19, 42, 47		Worry, Fear
52, 58		Boredom
27, 46		Resentment
12, 14, 25, 29, 34, 36, 43, 44		Inability to Cope
18, 25, 37, 38, 43, 44, 45, 50, 51, 57		Drinking-Related Problems

QUESTIONNAIRE SCORE	Key-1 Key-2	PAGE			PAGE TOTAL	KEY TOTAL
		1	2	3		
		0				(Key-1) x2 = (Key-2) x1 = -
Q=QUESTIONNAIRE SCORE =						

INTERVIEW PAGE #	YES	SUBJECT AREA
2, 3		Poor Physical Health
3		Disability: Related Problems
4		Previous Arrests # _____ Had Been Drinking # _____
4, 5		Poor Driving History
5-8		Poor Drinking Controls
5, 8		Indication of Physical Dependence on Liquor (Compulsion to drink; trembling hands, morning vomiting and nausea)
9, 10		Marital Problems
9, 10		Family Problems
11, 12		Poor Work History

INTERVIEW SCORE KEY-3															PAGE TOTAL	KEY TOTAL	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14			
			0							0	0	0					(Key-3) x4 I=INTERVIEW SCORE=
QUESTIONNAIRE SCORE= +																	
FINAL TOTAL SCORE=Q+I =																	

Appendix D

BAC, DRIVER AND CRIMINAL RECORDS TALLY SHEET

1. BLOOD ALCOHOL CONCENTRATION AT THE TIME OF ARREST:

1. Not tested _____ 2. Refused _____
 3. First reading _____ 4. Second reading _____

2. DRIVING RECORD (not including current offense)

<u>Type of Conviction</u>	<u>Total Number</u>	<u>Years</u>	
DUIL	_____	_____	BAC _____ %
Impaired	_____	_____	BAC _____ %
Reckless	_____	_____	
Total Moving Viola- tions (including the above)	_____		
Total Number of Accidents	_____		
Alcohol-Related Accidents	_____		
Is there a record of suspended license?	Yes _____	No _____	
Is there a record of revoked license?	_____	_____	
Is there restricted or denied license?	_____	_____	

3. CRIMINAL HISTORY (Do not include DUIL offenses here, but cross-check to make sure they are tallied with driver record information).

	<u>Total Number</u>
Previous alcohol-related nondriving arrests	_____
Previous nonalcohol-related arrests	_____
Total previous arrests (combine 2 above)	_____

Appendix E

TREATMENT EVALUATION SHEET

After using the Questionnaire and Interview Summary Sheet to summarize the defendant's problems, use the Treatment Evaluation Sheet (sample below) to check off the kinds of treatment you feel would be most appropriate for the defendant. Then make a note of the specific agencies you think could handle those treatment needs.

TREATMENT NEEDS

(Check one or more as needed)

TREATMENT AGENCIES

- Further Diagnosis _____
- Alcoholism Treatment _____
- Alcohol Education _____
- Mental Health Care _____
- Family Counseling _____
- Marriage Counseling _____
- Financial Assistance _____
- Financial Guidance _____
- Job Training _____
- Employment _____
- Living Arrangements _____
- Legal Aid _____
- Driver Re-Training _____
- Doctor Care _____
- Physical Therapy _____
- Other _____

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