



**Alcohol & Drug Use Questionnaire – Driver Wellness & Safety Division**

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**MVA DRIVER WELLNESS AND SAFETY DIVISION ALCOHOL AND DRUG USE QUESTIONNAIRE**

**ALCOHOL:**

Have you used alcohol in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

How often do you have a drink containing alcohol?

Never \_\_\_\_\_

Monthly or less \_\_\_\_\_ 2-3 times per week \_\_\_\_\_

2-4 times per month \_\_\_\_\_ 4 or more times per week \_\_\_\_\_

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

None \_\_\_\_\_ 3 or 4 \_\_\_\_\_

1 or 2 \_\_\_\_\_ 5 or 6 \_\_\_\_\_ 7-9 \_\_\_\_\_

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

Less than monthly \_\_\_\_\_ Weekly \_\_\_\_\_

Monthly \_\_\_\_\_ Daily or almost daily \_\_\_\_\_

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

Never \_\_\_\_\_ Monthly \_\_\_\_\_

Less than monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Daily or almost daily \_\_\_\_\_

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

Never \_\_\_\_\_ Monthly \_\_\_\_\_

Less than monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Daily or almost daily \_\_\_\_\_

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

Never \_\_\_\_\_ Monthly \_\_\_\_\_

Less than monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Daily or almost daily \_\_\_\_\_

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

Never \_\_\_\_\_ Monthly \_\_\_\_\_

Less than monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Daily or almost daily \_\_\_\_\_

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

Never \_\_\_\_\_ Monthly \_\_\_\_\_

Less than monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Daily or almost daily \_\_\_\_\_

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

Never \_\_\_\_\_ Yes, but not in the past year \_\_\_\_\_ Yes, during the past year \_\_\_\_\_

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

Never \_\_\_\_\_ Yes, but not in the past year \_\_\_\_\_ Yes, during the past year \_\_\_\_\_

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**ALCOHOL Questions:**

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

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

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

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

If yes, Name of treatment program? \_\_\_\_\_ Period of treatment \_\_\_\_\_

Do you attend self-help meetings? Yes \_\_\_\_\_ No \_\_\_\_\_

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

**DRUG Questions:**

Have you ever used an illegal drug? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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

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

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

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

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

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

If yes, Name of the program? \_\_\_\_\_ Period of treatment \_\_\_\_\_

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

Do you attend self-help meetings? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Have you attached additional information? Yes \_\_\_\_\_ No \_\_\_\_\_

Please sign: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)



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