

KENTUCKY DUI ASSESSMENT INSTRUMENT

USER MANUAL FOR WEB-BASED VERSION 1.1

KENTUCKY DIVISION OF BEHAVIORAL HEALTH

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TABLE OF CONTENTS

INTRODUCTION	4
General Considerations	4
DUI Assessment Decisions.....	5
Liability and Responsibility.....	7
KENTUCKY DUI ASSESSMENT INSTRUMENT	8
Interpreting Screening Instruments.....	8
Scoring Screening Instruments.....	8
AUDIT Scoring.....	8
DAST Scoring	9
Administering Screening Instruments	9
From Screening to Assessment	9
The Assessment Interview	10
The DSM Diagnostic Criteria.....	10
The Value of a Structured Interview	11
THE WEBSITE GUIDED INTERVIEW.....	12
System Requirements	12
Setting Up Your KDAI Online Account	12
Initial Log In.....	13
Security and Passwords	13
Logging In	14
Demographic Information	14
Assessment Record Information	15
Screening Instruments	16
The DSM Checklist	16
Referral	17
Duplicate Option for Additional DUI	17
Reports.....	18
Record Completion	19
Finding and Updating Records	20
Advanced Features	21
Program Administrator Responsibilities.....	22
Emergency Plan	22
APPENDIX A: PAPER AND PENCIL VERSION OF THE KENTUCKY DUI ASSESSMENT	23
Demographics.....	25
Assessment Record	26
Alcohol Use Disorders Identification Test (AUDIT)	27

Drug Abuse Screening Test (DAST) 28

DSM Checklist 31

APPENDIX B: REPORTS 32

 Enrollment Form 33

 Referral Form..... 34

 Case Coordination Form 35

 Completion Form..... 36

 Completion form (For Assessor’s Records Only) 37

 Notice of Non-Compliance form..... 37

 Notice of Non-Compliance form (For Assessor’s Records Only)..... 39

 AUDIT and DAST Report (1 of 3)..... 39

 AUDIT and DAST Report (2 of 3)..... 41

 AUDIT and DAST Report (3 of 3)..... 42

APPENDIX C: SPANISH VERSION OF THE ALCOHOL USE DISORDERS IDENTIFICATION TEST 43

REFERENCES..... 45

INTRODUCTION

This manual is designed to provide information to users of the Kentucky Driving Under the Influence Assessment Instrument (KDAI). This assessment is designed to help with making decisions about appropriate interventions for individuals convicted of DUI. The Kentucky DUI Assessment has been designed with input from the scientific community and from field assessors.

This manual includes several sections. The first section focuses on general DUI assessment issues including the purpose of assessments, primary assessment decisions, considerations that are included in those decisions and issues related to forensic assessments. The second section discusses the DUI assessment instrument, describes the assessment components, and how they work together to make an accurate determination of treatment need. The second section continues with a step by step set of instructions on how to access and use the web-based Kentucky DUI Assessment Instrument. The appendices include a paper and pencil version of the Kentucky DUI Assessment Instrument, samples of the reports generated, and the Spanish version of the AUDIT. The last section contains the references.

It is recommended that assessors review each section. The time spent with the manual will facilitate using the Kentucky DUI Assessment Instrument and help improve the quality of care.

General Considerations

A reasonable place to begin is to ask the question, "Why do structured assessments on individuals convicted of DUI?" There are several ways of answering this question. The first is that the law requires it. But that raises a further question, "Why does the law require an assessment?" Legislators understand that a large percentage of individuals convicted of driving under the influence of alcohol and other drugs have substance use disorders. For those persons, the embarrassment and difficulties involved in being arrested may not be sufficient to deter them from repeatedly driving under

the influence. Consequently, laws exist in all states that require interventions to prevent a drug or alcohol impaired driver from repeating his/her offense. There are some states which only require assessments of individuals with multiple DUI convictions. There are other states like Kentucky where everyone convicted of DUI must be assessed.

Why assess individuals convicted of DUI?

- The law requires it.
- Assessment is, itself, a form of intervention.
- It is the way to get information to make a competent referral.

Assessment itself is a kind of intervention. If an individual experiences problems related to alcohol or other drug use, the first step toward positive change is recognizing the connection between problematic experiences and alcohol and/or other drug use. Assessment is exploring this relationship and can provide a starting point for positive change.

Many professionals have been trained to see assessment as something that comes before intervention. This view suggests that assessment is a one-time activity. Others see assessment as one type of intervention to help individuals move toward positive change.

Individuals convicted of DUI use alcohol and other drugs differently and in different amounts. Some have no identifiable problems. Some are problem users. Others have lost control over their alcohol and/or other drug use. These differences require different interventions. Individuals with no identifiable substance use problems need minimal intervention beyond the embarrassment and pain of being arrested and convicted. These individuals can benefit from an educational intervention to help understand problem use and their risk levels.

Treatment is required for individuals who are significantly abusing alcohol and/or

other drugs and those who meet multiple DSM-5 substance use disorder criteria. These individuals often exercise poor judgment and impulse control; for example: difficulty maintaining steady employment, difficulty with interpersonal relationships, and/or multiple convictions for a variety of traffic violations. Assessment is to help determine the kind of intervention most likely to be effective. The purpose of DUI intervention is to prevent recidivism.

DUI Assessment Decisions

Deciding whether someone has a problem with alcohol and/or other drugs is not simply the assessor's impression or some personal definition of addiction. This decision must be based on sound, tested, and consensus-based criteria. Currently, these criteria are found in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* (American Psychiatric Association, 2013). The assessment process includes a series of questions to match the individual's behavior with alcohol and other drugs to DSM criteria. The decision about whether an individual convicted of DUI has a problem with alcohol and/or other drugs cannot be determined solely on the use of any screening instrument. Screening may be helpful for initial information. Assessment requires direct and structured interaction with the individual to obtain a sound determination of whether his/her use of alcohol or other drugs is problematic, and to what degree.

Under current Kentucky regulations, if the recommended intervention is education, the option is the 20-hour curriculum. If the recommended intervention is treatment, then there are a number of issues that need be explored to determine the best level of care. The areas of the person's life and function that should be considered are:

- Physical health
- Emotional health
- Social support
- Resistance to recovery
- Availability of a specific intervention

Physical health includes two areas. The first is the risk of severe withdrawal if the

person stops using or cuts back significantly on his/her alcohol or other drug use. A past history of severe withdrawal should point to a greater likelihood of severe withdrawal. Likewise, heavy drug use tends to produce severe withdrawal symptoms (alcohol, barbiturates, and/or benzodiazepines) and should signal concern.

Questions include:

"In the past, have you ever tried to stop using alcohol or other drugs or significantly cut back on your use? If yes, what happened?"

"Were you ever hospitalized or treated in an emergency room or other facility for problems that happened when you went without alcohol or other drugs for several days?"

"Do you feel that you will get ill if you try to stop using alcohol or other drugs?"

The person's overall medical condition is important. If the person is medically fragile or has serious medical problems that might worsen under the stress of detoxification and early abstinence, then a more medically oriented or closely supervised care is indicated.

Questions include:

"Do you have any medical problems for which you are or should be receiving treatment?"

"Are you taking any prescribed medication for a physical illness?"

"In the past week or two, has a doctor recommended that you be hospitalized for any reason?"

Under emotional health, assessors must consider both the person's past history of emotional problems and his/her present state of mind. Individuals with histories of severe emotional problems may experience symptom re-emergence in early abstinence. The use of alcohol and other drugs may have decreased symptoms that can become severe when alcohol or drug use ceases or decreases. A person with a history of

severe mental illness should be referred to an intervention with easy access to psychiatric care and closer supervision than only weekly outpatient treatment. Further, the person's needs also must be considered. If the assessor is not a mental health professional, and the person presents symptoms that would indicate the possibility of serious emotional problems, then referral to a mental health professional for further evaluation is suggested. In addition, if the person seems generally hopeless or defeated, this frame of mind and the accompanying lack of self-efficacy indicates the need for intense and supportive care.

Questions include:

"Have you ever been treated for emotional problems?"

"Are you currently taking any prescribed medication to treat an emotional or psychiatric problem?"

"Do you drink or use drugs as a way of dealing with frightening or painful feelings?"

"In the past few weeks has a doctor or other professional recommended that you be hospitalized in order to treat an emotional or psychiatric problem?"

"Have you ever tried to harm yourself?"

"In the last month or so, have you thought about harming yourself?"

Whenever there is doubt about the person's mental state, a mental status exam should be used. It is strongly recommended that persons with questionable mental status be referred to a mental health professional. The mental status exam provides a comprehensive picture of the person's mental functioning. In addition, a risk of harm assessment to self and others is important.

Individuals who have others in their lives to support daily positive change are generally able to do well at a less intensive level of care. Individuals with social support at home and who do not use alcohol or drugs on the job may do well in intensive

outpatient treatment. Individuals who live in unsupportive environments and use alcohol or drugs on the job, or who are retired or disabled tend to require more intensive treatment.

Questions like the following can be helpful:

"Is there anyone in your life who can daily support your attempts to deal more effectively with your use of alcohol or other drugs?"

"Do you have any things you enjoy doing which do not involve the use of alcohol or other drugs?"

"Do you have any friends or close acquaintances who do not use alcohol or drugs?"

"Do you generally drink or take drugs while on the job?"

"Are drugs or alcohol available in your workplace?"

(Possible questions for those unemployed or disabled) "Are there people with whom you can spend your time or activities that you can participate in that would make it difficult or embarrassing for you to use alcohol or drugs?"

It is also important to consider resistance to recovery. If the assessment indicates that the person has a serious problem with alcohol and/or other drugs but seems completely unaware of this problem, a more intensive intervention may be required. If, on the other hand, there is a serious problem with alcohol and/or drugs but the individual is willing to discuss the seriousness and explore possible solutions, then a less restrictive intervention is possible.

Questions include:

"How serious do you consider your problems with alcohol and/or other drugs?"

"How difficult do you think it will be if you decide to stop using alcohol or other drugs?"

“How much help do you think you might need to change your use of alcohol or other drugs?”

There are some practical considerations when making decisions about treatment referrals. One consideration is what is available? For example, intensive outpatient treatment may be the ideal referral. However, if the nearest IOP is a two-hour drive, that option may not be the best option. Availability may also be a matter of affordability. For example, residential treatment might be ideal. However, if a person honestly cannot take time off from work without jeopardizing his/her job, then intensive outpatient treatment might be the best available option. Likewise, insurance coverage is important when inpatient treatment is considered. Decisions about availability are difficult. Assessors need to be guided by the ethical principles of Beneficence and Nonmalficence.

Before You Refer, Consider:

- The person’s physical condition;
- The person’s emotional condition;
- The person’s resistance to recovery;
- The person’s social support;
- The availability of a specific intervention.

If you refer to a lesser or greater level of care than indicated, document your reasons.

Liability and Responsibility

DUI assessments are forensic assessments. Like other assessments, DUI assessments have a burden of liability and responsibility. If an assessor does not competently assess and recommends an inappropriate intervention, the assessor could be responsible. For example, if the assessor does not ask the appropriate questions and reports someone who has a severe alcohol use disorder as having no problem with alcohol and recommends an

educational intervention, the assessor may be held partially responsible if that individual continues to drink and drive and eventually harms herself or someone else. If, on the other hand, the assessor does not ask the appropriate questions and finds that someone who has no diagnosable problem with alcohol has a severe alcohol use disorder, the assessor could be liable. However, if the assessor asks the appropriate questions and the person provides false information, the assessor cannot be held liable for the outcome. Assessors are responsible for a competent and thorough assessment, documenting results, and making recommendations. Assessors are not responsible if someone acts to deceive, whether it is conscious or unconscious.

DUI assessors are responsible for...

- Completing a competent assessment;
- Making a determination of the nature and extent of a person’s involvement with alcohol and/or drugs using accepted, consensus-based criteria;
- Referring a person to the intervention that is consistent with assessment findings;
- Documenting assessment findings and the reasons for recommending a specific intervention in a case;
- Maintaining accurate and complete records that document the person’s compliance with a referral recommendation and his/her intervention progress.

The preferred way to ensure an appropriate assessment is to use a structured interview that incorporates the DSM diagnostic criteria. A structured interview ensures that everyone is asked the same questions, that specific areas of functioning are discussed in a way that is not biased.

KENTUCKY DUI ASSESSMENT INSTRUMENT

The Kentucky DUI Assessment includes components that can work together to help DUI assessors. DUI assessors should be familiar with some of the questions and questionnaires.

- (1) The first part records demographic information. This includes information about the client.
- (2) The second part records specifics about the client's conviction and assessment.
- (3) The next part includes two commonly used and reliable screening instruments: the "AUDIT" Alcohol Use Disorders Identification Test (Babor et al., 1992) and the "DAST" Drug Abuse Screening Test (Skinner, 1982). The AUDIT was developed under the sponsorship of the World Health Organization for a variety of different cultures. It is versatile and has been used as the screening instrument for primary care practices by the expert panel that developed the Treatment Improvement Protocol (TIP 24, Center for Substance Abuse Treatment, 1997). It is recommended for use with DUI offenders by the World Health Organization. The DAST has been used with a variety of different groups and is also well tested.
- (4) The **DSM Checklist** focuses on the symptoms listed in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition for substance use disorders. It documents the assessment interview. The checklist includes help screens that give definitions of the symptom groups as well as questions to specifically identify symptoms. The DSM checklist also includes areas for other systematic methods of identifying symptoms of a substance use disorder. **It is important to record whether a symptom group was "present" as well as whether it was "absent."**

- (5) The next part contains information about the referral. Be sure to document rationale for referrals.
- (6) The last part indicates whether the client was compliant or non-compliant.

Interpreting Screening Instruments

Screening instruments are a quick way to get an idea about behaviors that may indicate a problem with alcohol and/or drugs. A positive screen suggests a careful assessment. Screening instruments agree with expert assessment from 85% to 92% of the time. However, it is never appropriate to base a treatment decision only on a screening instrument.

Scoring Screening Instruments

The Alcohol Use Disorders Identification Test (AUDIT) has 10 questions. The first 8 questions have 5 possible answers and the remaining 2 questions have 3 possible answers. For the questions with 5 possible answers, the answers score 0, 1, 2, 3, 4 reading across the page from left to right. For the questions with 3 possible answers, the answers score 0, 2, 4 across the page reading from left to right (Babor, 1992). The Drug Abuse Screening Test (DAST) has "yes" and "no" responses. The majority of questions are positive response scored, but there are three negative responses scored as well in the early part of the instrument. Each scored response is worth one point (Skinner, 1982).

The AUDIT and DAST are presented in paper and pencil form in Appendix A.

AUDIT Scoring

The minimum possible score is 0 and the maximum possible score is 40. The final score is determined by adding the point value of the answers for the ten questions. For the AUDIT, a score of 8 or 10 or more is related to hazardous or harmful alcohol use which may include an alcohol use disorder. The cutoff can be set at 8 or 10. A cutoff of 8 gives the highest sensitivity (producing the fewest false negatives) while a cutoff of 10 will give the highest specificity (producing the fewest false positives)

(Babor et al., 1992; Sanders et al., 1993; Center for Substance Abuse Treatment, 1997). Since DUI assessments focus on public safety, it is recommended that the threshold be 8.

AUDIT scores can be interpreted by looking at which questions have the highest scores. In general, high scores on the first three questions without elevated scores on the remaining questions suggest hazardous alcohol use. Elevated scores on questions 4 through 6 imply the presence or emergence of alcohol dependence. High scores on items 7 through 10 suggest harmful alcohol use (Babor et al., 1992; Center for Substance Abuse Treatment, 1997).

DAST Scoring

The DAST is scored with one point given for every scored response or a "1" or "0" as noted above. In general, a "yes" response is scored, however there are three "no" responses which are also scored. A score of 5 or more is reason for serious concern for a drug-related problem (Skinner, 1982).

Administering Screening Instruments

The AUDIT and the DAST can be administered by the assessor or can be self-administered in paper format. The most important issue is to clarify understanding and reading ability.

Assessors need to be aware that some individuals may be functionally illiterate and need to be read the questions. One way to approach this is to ask if they have any problem, like a problem with their eyes, when reading and filling out questionnaires. There may be others who need the screening instruments read because of distractibility or difficulty in comprehension.

At the beginning of the AUDIT there is a brief paragraph that presents how much constitutes "a drink." It is important to be sure that the person understands the meaning of "a drink." Because the AUDIT and DAST are forced choice questionnaires, it is important that the person knows the range of acceptable answers. For example:

"How often do you have a drink containing alcohol? Would it be 'never,' 'monthly or less,' 'two to four times a month,' 'two to three times a week,' or 'four or more times a week'?"

Ask the questions as written and record the answers. Avoid discussion, except for clarification.

Both the AUDIT and the DAST are designed for self-administration. If a person can read and is not cognitively impaired, he/she can fill out these instruments in the paper and pencil version. Appendix A has clean copies of the AUDIT and DAST that can be copied and used.

The paper and pencil version needs to be scored before proceeding. This process takes no more than 30 seconds. If the computer is used, it will provide scores at the bottom of the screen.

From Screening to Assessment

After both screening instruments have been scored, the assessor must interpret them. It is important to note that the screening instruments are not infallible. However, they can be very helpful in focusing the assessment interview.

Discussing screening results is recommended, although it is the assessor's decision. Discussing the findings with a person who is not overly defensive can bridge to the assessment interview. If the person is defensive, waiting until after the assessment interview is appropriate. However, most individuals will want to know "How did I do?"

Screening instruments provide guidance for assessment. It is important to pay attention particularly if the scores are very high or very low. However, they are only a guide. If your impression is at odds with the screening instruments, make sure that the person did not misunderstand the screening questions and that experiences with substances have been explored.

The Assessment Interview

The assessment interview is most important. Information is collected to make a recommendation about the level of intervention. This process focuses on the person's experience with drinking and drug use. It can be the first step in positive and lifelong change.

The assessment interview is designed to understand the nature and extent of an individual's involvement with alcohol and/or other drugs and related behaviors. This judgment is not arbitrary. It is based on behaviors that constitute substance use disorders using the DSM. Consequently, the evaluation interview must include DSM criteria for substance use disorders.

The DSM Diagnostic Criteria

To be classified as having a substance use disorder requires that an individual meet two or more DSM criteria within a 12-month period specific to a substance. Based on the number of criteria endorsed, the DSM specifies three categories of substance use disorders: mild, moderate and severe. Meeting 2-3 criteria indicates a mild disorder; 4-5 criteria, a moderate disorder; and 6 criteria or more, a severe substance use disorder.

Physical manifestations include tolerance and withdrawal. Tolerance is identified by either an increased quantity of a substance used to get a specific effect or a decreased effect from a specific quantity of the substance. An example of tolerance is an individual who must have four drinks to get the effect he/she formerly got from two. It should be noted that with aging and physical deterioration, tolerance might reverse so that a person will get a bigger effect from drinking less. Withdrawal is marked by characteristic signs and symptoms that occur when a substance, taken over a period of time, is suddenly decreased in quantity or discontinued entirely, or another substance is used to relieve those same signs and symptoms. For example, tremor, anxiety, difficulty sleeping, agitation, rapid heartbeat, sweating, seizure, and delirium are all

possible examples of withdrawal signs and symptoms from sedative drugs.

Criteria for loss of control over the use of a substance include the inability to effectively decide how much of a substance is used and for how long as well as the intrusion of substance use and its effects in to a person's life. Specific criteria for inability to control quantity and/or frequency are: 1) the substance is often taken in larger amounts or over a longer period than intended; and 2) there is a persistent desire or unsuccessful attempts to cut down or control substance use. Examples include the individual who stops after work to have two beers but ends up drinking far more. The specific criterion for the intrusion of substance use in to an individual's life is that a great deal of time is spent in obtaining, using, or recovering from the effects of the substance. An example is a person who spends several hours each week getting multiple prescriptions for a drug from several physicians and pharmacies.

The criteria for continued use despite painful consequences include the loss of significant life experiences and developing and/or maintaining negative physical or psychological problems related to the use of substances. The specific criteria for loss of significant life experiences is that important social, occupational, or recreational activities are given up or reduced because of substance use. Examples include loss of a job or significant relationships because of substance use. The specific criterion for development and/or maintenance of negative physical or psychological conditions is that an individual continues to use a substance despite having knowledge of a persistent or recurrent physical or psychological problem that is likely to have been caused by or worsened by substance use. Examples include an individual with high blood pressure and coronary artery disease that continues to drink even after a doctor's warning. Or a depressed person who continues to use cocaine knowing he/she will be even more depressed when he/she "crashes."

DSM-5 Substance Use Disorder Criteria

1. Substance is often taken in larger amounts on over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
4. Craving, or a strong desire or urge to use the substance.
5. Recurrent substance user resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
7. Important social, occupational, or recreational activities are given up or reduced because of substance use.
8. Recurrent substance use in situations in which it is physically hazardous.
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication of desire effect
 - b. A markedly diminished effect with continued user of the same amount of the substance.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for the substance.
 - b. The substance (or a closely related substance) is taken to avoid or relieve the withdrawal symptoms.

(American Psychiatric Association, 2013)

Other criteria include: (1) Recurrent substance use resulting in failure to fulfill major role obligations at home, work, or school, (neglect of dependent children, frequent tardiness or absenteeism, or truancy); (2) Recurrent substance use in situations where it is physically hazardous (driving while under the influence); (3) Craving or a strong desire or urge to use the substance; and (4) Continued use of a substance despite persistent or recurrent social or interpersonal problems caused or worsened by the effects of the substance (ongoing conflict with spouse, family, or friends over substance use).

A single arrest for DUI, by itself, does not meet the criterion for substance use in situations where it is physically hazardous. The criterion requires a recurrent pattern of such behavior. However, if the person reports that he/she was occasionally under the influence of alcohol or drugs in situations that were hazardous in the past twelve months, he/she can potentially meet this criterion.

The DSM criteria for substance use disorders are incorporated into the Kentucky DUI Assessment. A paper version of the DSM Checklist with accompanying definitions and suggested questions is also provided as a part of Appendix A.

The Value of a Structured Interview

It is important to use a structured interview. A structured format ensures that the assessor includes all relevant areas of a person's functioning and asks the same set of specific questions. It also makes it easier to document responses.

Even experienced assessors can be distracted by responses. Distraction can lead to confusion and that confusion can lead to forgetting to ask about specific areas of functioning.

All of us are affected by our past experience. For example, some assessors may be more direct with men than with women. In fact, some assessors may avoid asking about certain issues when assessing women. This will be avoided with a structured assessment format.

DUI assessments are forensic assessments. Assessors may be called to court to account for judgments they made which were based on the assessment interview. Consequently, it is appropriate to maintain an accurate record of the questions and answers. Assessors are responsible for making judgments based on competent assessments. However, assessors cannot be responsible for someone's deception. A structured interview ensures that relevant areas are covered and allows for documentation.

Many DUI assessors have experience in assessing a wide variety of individuals with substance use problems. Many are certified as counselors and/or have degrees and are licensed. Many assessors have developed, over time, their own formats for structured assessment interviews that work well for them. The Kentucky DUI Assessment does not require that these assessors do anything differently. However, documentation is required, using the DSM Checklist for symptom criteria that are present and absent. It is recommended that experienced assessors also use a written format to document questions that are asked and the individual's responses. Documentation offers protection for both the person assessed and the assessor.

THE WEBSITE GUIDED INTERVIEW

The Kentucky DUI Assessment Instrument (KDAI) website is designed so you can navigate easily from one part of the assessment to another, record client information, report assessments to the Kentucky Division of Behavioral Health, and generate reports such as completions. Data can be entered as it is collected, or it can be used to enter assessment information collected with paper and pencil.

System Requirements

What are the minimum operating system requirements?

All computers connecting to the KDAI website should be running Microsoft Windows XP, or newer versions of the Windows operating systems. Mac users will be able to use the system with a current version of Mac OS.

What are the minimum computer hardware requirements?

All computers connecting to the KDAI website should have at least a Pentium 3 or comparable processor and at least 512MB of RAM. On computers running Windows XP, this information can be found by right-clicking on "My Computer", clicking on "Properties", and then "View System Information." Computers running Windows Vista or Windows 7 will meet this requirement by default. Mac users can find this information under the 'apple' menu by clicking 'About this Mac'.

What are the Internet requirements?

Any computer at your DUI assessment program that needs to access the KDAI website must have an Internet connection.

Can I use any web browser?

The KDAI website has been developed for use with Internet Explorer 10, but has also been tested successfully with other common, widely-used web browsers such as Mozilla Firefox. Please contact the Kentucky DUI Project (kydui@uky.edu) with questions about other web browser options.

What other software will be required?

Adobe Reader and Java Script are needed to view reports (e.g., enrollment form) generated by the KDAI website. This free software can be downloaded from:

<http://get.adobe.com/reader/>
<http://java.com/en/download/index.jsp>

What other software is suggested?

It is suggested that computers have antivirus and antispyware programs installed. There are many free and paid versions of this type of software at <http://download.cnet.com>. It is also suggested that you stay current with available operating system updates and patches.

Setting Up Your KDAI Online Account

Your program administrator should notify their respective Division of Behavioral Health regional coordinator when they want to add or change an assessor, program administrator, and/or the program administrator designee account(s) in KDAI.

Once the Kentucky DUI Project staff is notified by the regional coordinator and/or Division of Behavioral Health that a new KDAI account needs to be created, the Kentucky DUI Project staff will contact the program to set up the KDAI user account. The Kentucky DUI Project staff will need your individual e-mail address and will discuss establishing a unique User Name. When your account is created you will receive several emails containing the KDAI information you will need to access your account. Keep this information stored in a secure place. Do not share your User Name with anyone. Any KDAI account associated with your program has access to all assessment records created by any KDAI account within your program. If you are associated with more than one DUI assessment program you will need to have a User Name for each separate account.

Initial Log In

When you first log in to the KDAI website using your User Name and the password that was emailed to you, you will be asked to change your password (Screen 1). Your current password is the password that was emailed to you for your initial log in. See the following section, Security and Passwords, about password requirements. Click on 'Change Password' to submit your new password. After successfully changing your password, you will be automatically taken to a page requesting that you create a unique security question and answer (Screen 2). This question and answer should be unique to you and never shared with anyone else. If you ever forget your password, you will use this security question and answer to reset your password. The security answer is case and space sensitive, the way you type it on this screen is how you will have to type it when answering the security question. Click update after entering your security question and answer and you will be automatically taken to the KDAI announcement page. The next time you log into the KDAI website you will log in using your new password.

Screen1: Initial Password Change

Screen 2: Submit a Security Question and Answer

Security and Passwords

Password requirements are as follows. Each password needs to be a minimum of 8 characters long. The password should include at least one non-alphanumeric character (e.g., ?, #, \$). All passwords are case sensitive.

To ensure the strength of your password, it is highly recommended that you do not use your User Name or any variation thereof, nor should you use your email address or any personal identifiers as part of your password.

After five (5) unsuccessful attempts to log in to KDAI, you will be locked out. If you have been locked out, please wait 15 minutes before trying to log in again. If you have forgotten your password, please try the Forgot Password option before contacting the Kentucky DUI Project staff.

Logging In

When logging in from the home page, you will select the **Login** hyperlink located on the right side of the page. Enter your User Name and your password and click the login button under the password field, as shown in Screen 3.

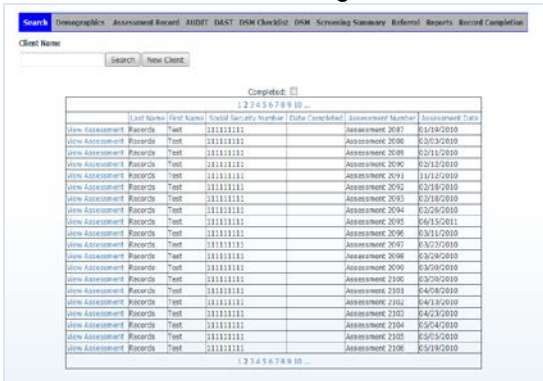
Screen 3: Login Page



Screen 4: Search Options



Screen 5: Search Existing Client Grid



The first screen you see after logging into KDAI website is the announcement page. The announcements are from the Kentucky DUI Project staff about the website and announcements from the Division of Behavioral Health. From this page, you can select from two buttons: 'New Client' and 'Search Existing Client' (Screen 4). Selecting 'New Client' will start an assessment for a new client. Selecting 'Search Existing Client' will take you to a search grid (Screen 5) listing all of your

active client records. The search grid will default to list only active client records in descending order of last name, but you can customize this search grid in several ways. If you check the box next to 'View All' at the top of the search grid, the grid will list both active and completed client records for your program. You can change the order of the client records listed by clicking on any of the column headings at the top of the search grid; doing so will list that column in ascending or descending order. You can use the page numbers listed at both the top and bottom of the search grid to move through the pages of the search grid. Additionally, there is a search text box where you can narrow the list of clients in the grid by searching by the client's last name.

Demographic Information

The **Demographics** page (Screen 6) is where you enter a client's demographic information. The required fields are denoted by red asterisks. The state selection defaults to Kentucky, but this can be changed if needed by selecting another state from the drop down box. Once a state is selected the county drop down box will list all the county options for that particular state.

If the client does not have a **phone number**, the assessor should enter all zeroes [(000) 000-0000].

The client's **date of birth** needs to be entered in the following format **MM/DD/YYYY**.

To advance through the program after you enter the client's data click the 'Save/Next' button. This saves the data and automatically moves you to the next page. Do not use your browsers back and forward arrows to navigate while logged into KDAI.

Screen 6: Demographics

Assessment Record Information

On the **Assessment Record** tab (Screens 7 & 8), the assessor drop down box option is set by your User Name and password. When you are logged in, your display name will appear as the assessor by default. If you are entering data for another assessor, you can select the drop down option to the right of this box and select from a list of User Names associated with your DUI assessment program. The assessment date is also set to the current date by default. If an assessment was conducted prior to the current date, you can type in a new date or click on the gray box to the right of this field and select the date from the pop-up calendar. Using the arrows at the top of this calendar, you can view and select a date from previous months. These calendars can also be accessed for the violation and conviction dates. When a conviction state is selected, the conviction county selection box will expand and update so the counties of that state become available in the drop down box. When the state in which the client received the DUI is unknown, select 'United States' from the State drop down box, and then select the County drop down option 'Unknown'. When the client knows the state in which they received the DUI but not the county, select the state from the drop down options, then select 'Unknown' from the county drop down options. The user can select by scrolling through the drop

down box or by typing the county name in the field. It will auto populate based on what is typed.

The court case number can be found on the AOC 494 form or a court order. The citation number can be found on the Commonwealth of Kentucky Uniform Citation. The citation number is the combination of the Year, Control Number and Type. These three numbers are listed in adjoining boxes on the bottom right corner of the Kentucky Uniform Citation.

If 'Yes' is selected for the question, 'Was Alcohol Measured?', two drop down boxes will appear: Method and BAC. Select a drop down option from both boxes. If 'No' is selected, then a drop down box titled 'Reason not measured:' will appear. Select an option from this drop down box.

If 'Yes' is selected for the question, 'Involved Drugs?' a substance list will appear. Select the drugs which were involved in the DUI arrest. If the 'Other' option is selected from the list of substances, the assessor should explain by typing a description in the 'Notes' field at the bottom of this page.

If 'Yes' is selected for the question 'Were Drugs Tested?' a drop down box will appear. Select a drop down option from this box. If 'No' is selected then a drop down box titled 'Reason not measured' will appear. Select an option from this drop down box.

Screen 7: Assessment Record Pop-Up Calendar

Screen 8: Assessment Record

Screen 10: DAST

Screening Instruments

AUDIT

Select one answer for each question on the AUDIT; if a question is skipped the instrument will notify you when the 'Save/Next' button is selected (Screen 9).

DAST

If the first two questions of the DAST are answered 'No' a pop-up box will appear asking 'Do you want the DAST score to be zero?' If 'Yes' is selected, the KDAI will auto populate the answers for the rest of the DAST to zero and automatically move to the next section. If 'No' is selected, the user will need to manually complete the DAST according to the client's responses. If a question is skipped the instrument will notify you when the 'Save/Next' button is selected (Screen 10).

Screen 9: AUDIT

The DSM Checklist

The next major element of the KDAI is the **DSM checklist**. These are the consensus-based criteria used to determine substance use disorders and are published in the *Diagnostic and Statistical Manual* of the American Psychiatric Association. Understanding problems with substances is important when making effective referrals as well as meeting assessment responsibilities.

With the release of the DSM-5 substance use disorder criteria, KDAI will default to using the current DSM for new client assessments. Existing client records that were assessed with DSM-IV criteria will continue to reflect the previous DSM criteria within KDAI, including the **DUI Referral Report**. All new client records, however, will automatically default to the current **DSM Checklist**, **DSM Grid**, and **DUI Referral Report**.

The **DSM Checklist** for assessment records will consist of 11 criteria. You will need to select 'Absent' or 'Present' for each question in the **DSM Checklist**. If 'Present' is selected, one or more substance(s) will need to be selected for the question. If a criterion is skipped or no substance is selected for a question answered 'Present', KDAI will notify you when the 'Save/Next' button is selected at the bottom of the page. You cannot proceed to the next page without completing all required elements of the **DSM Checklist**. The **DSM Grid** is a summary for each substance indicated on the **DSM Checklist** (Screen 11).

Screen 11 presents the DSM Checklist. In this example 'Dependence Criterion 4a' has been marked as present to demonstrate the additional boxes that specify alcohol and other substance options.

Screen 11: DSM Checklist

DSM-V Checklist

A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following (for a single substance), occurring within a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than was intended. absent present
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use. absent present
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects. absent present
4. Craving, or a strong desire or urge to use the substance. absent present
5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home. absent present
6. Continued substance use despite knowing persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance. absent present
7. Important social, occupational, or recreational activities are given up or reduced because of substance use. absent present
8. Recurrent substance use in situations in which it is physically hazardous. absent present
9. Substance use in hazardous situations that is likely to have been caused or exacerbated by the substance. absent present
10. Tolerance, as defined by either of the following:
 - 10-a A need for markedly increased amounts of the substance to achieve intoxication or desired effect. absent present
 - 10-b A markedly diminished effect with continued use of the same amount of the substance. absent present
11. Withdrawal, as manifested by either of the following:
 - 11-a The characteristic withdrawal syndrome for the substance. absent present
 - 11-b The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms. absent present

Screen 12: DSM Grid

DSM-V Grid

	Substance Use Disorder Criteria
Alcohol	1
Marijuana	1
Amphetamines	0
Cocaine	0
PCP	0
Sedatives	0
Hallucinogens	0
Opiates	0
Insultants	0
Other	1

Save/Print Back

Referral

On the Referral page, the client's name is listed and the education and treatment referral options are defaulted to 'No'. 'Yes' must be selected for at least one referral option in order to complete this page (Screen 13). When 'Yes' is chosen for education and/or treatment, a provider must be selected from the corresponding drop down boxes. For treatment, the option of selecting more than one treatment referral is available. The programs that offer the selected treatment will be provided in the parallel 'Treatment Provider' drop down boxes. If a treatment referral is selected, a treatment provider must also be selected in order to continue (Screen 13). Once the level of care and subsequent provider have been selected, you can enter any additional rationale in to the 'Referral Notes' box, and then click the 'Submit Initial Assessment' button.

Screen 13: Referral Page

Search Demographics Assessment Record AODIT DAST DSM Checklist DSM Screening Summary Referral Reports Record Completion

Name: John V Doe

Education Program Referral? No Yes Education Provider: KYA/PROJECT

Treatment Program Referral? No Yes

Referral Notes

SAVE/NEXT

Screen 14: Referral Page Selections

Search Demographics Assessment Record AODIT DAST DSM Checklist DSM Screening Summary Referral Reports Record Completion

Name: Jane Doe

Education Program Referral? No Yes Education Provider: KYA/PROJECT

Treatment Program Referral? No Yes

Treatment Referral #1: Outpatient Treatment Modality: Treatment Provider:

(Fill this area in first)

Treatment Referral #2: None Treatment Modality: None Treatment Provider: None

Referral Notes

SAVE/NEXT

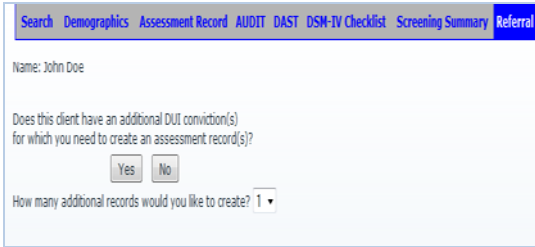
Duplicate Option for Additional DUI

This question will appear only after the 'Submit Initial Assessment' button is selected. You should select 'Yes' only if the client is presenting with two or more DUIs at the same time. For example, if the client has a previous DUI for which he/she was never assessed and a more recent DUI for which he/she also needs to be assessed. Enter the most recent DUI record information in the assessment record page the first time, and after you select 'Yes' to the copy record pop up question, you will enter the older DUI data in to the assessment record page.

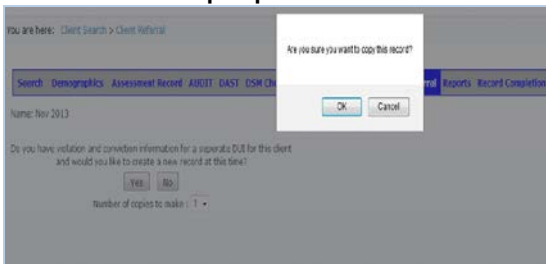
When you select 'Yes' to the question on Screen 15 you also need to select from the drop down box the number of duplicate copies of the record you would like to make. Selecting 1 will copy the record one time resulting in a total of 2 records for the client. When you click 'Submit Initial Assessment' you will see a pop-up (Screen 16). This pop-up box asks if you are sure you want to create another assessment record for this client using the answers given for the screening instruments you just entered for this client. If you select 'OK' to this pop-up, you will need to only enter the separate DUI conviction information. If you select 'No', you will continue on with only one DUI conviction

for this assessment and will be automatically taken to the Summary page.

Screen 15: Duplicate Assessment Information



Screen 16: Duplicate Assessment Information Pop-Up Confirmation



Reports

On the Reports page, you will find hyperlinks to each report for a client record (Screen 17), allowing assessors to generate a specific report, view it, and/or print a hard copy. When one of these report hyperlinks is clicked, the report will appear in a new tab or browser window. An example is shown in Screen 17. If a report hyperlink is not available for selection, this indicates that a section of the client record required for this report has not been completed. The report cannot be viewed or printed until the required information is entered in to the record.

Certificate of Enrollment: Informs the court of conviction that an individual has been assessed. Mail this form to the court.

DUI Referral Report: Documents the findings of an assessment for the assessor's records and/or for an education/treatment provider.

Case Coordination Form: Documents that the recommended intervention has been completed and facilitates the assessor's

case coordination activities. Mail this form to program selected for intervention.

Completion Form: Informs the court of conviction that an assessed individual has completed the recommended education and/or treatment. This report is also used to notify the Transportation Cabinet that an individual was compliant. Note: this report is only available once an individual's compliance has been determined. Mail this form to the court and to the Transportation Cabinet.

Notice of Non-Compliance Form: Informs the court of conviction that an assessed individual has not completed the recommended education and/or treatment. Note: this report is only available once an individual's non-compliance has been determined. Mail this form to the court.

AUDIT/DAST: Produces a copy of the answers to the screening instruments.

Screen 17: Reports Page



Screen 18: Report PDF



To print the report, click the printer icon. To close the window, click on the 'x' on the tab. The magnification of the report can be changed using the percent feature in the PDF toolbar.

To save a report to the computer or other media, use the diskette icon. If saving to external media ensure the media is inserted before selecting this button. Select the diskette icon or 'File' then 'Save As'.

Record Completion

When the client has completed (compliant or non-compliant) the education and/or treatment requirements, the **Record Completion** page must be completed and submitted (Screen 19).

When going back in to the existing client's record, the **Record Completion** tab on the navigation bar will be highlighted in blue font indicating it can be selected. On the **Record Completion** page, the program administrator or program administrator designee will choose either 'Yes' or 'No' to indicate whether the client was compliant. If 'No' is selected, an option from the 'Reason for Non-compliance' drop down box must be selected (Screen 20). If more than one reason exists for the client's non-compliance, select one from the drop down box and explain additional reasons for non-compliance in the completion notes section of the page. When you complete a client as non-compliant, you need to enter the date the record became non-compliant in the 'Date of Completion' field. There are two options available for notification date to additional agencies. You can type the date in to each field using the MM/DD/YYYY format or check the 'Same as Completion Date' box for each of the agencies. You do not need to enter a date for 'Transportation Cabinet Notification Date' if a record is non-compliant. It is recommended that you write detailed notes in the space provided. Click the 'Submit Completion' button at the bottom of the page when all information has been entered. All user roles in your program can now select the 'Reports' tab on the navigation bar to access and print the **Notice of Non-Compliance** reports.

If 'Yes' is selected, the 'Reason for Non-compliance' box will disappear. You will need to enter the 'City of Completion' (Screen 21). This field will auto-populate with one of the cities in which your

program is located. You can use the city listed in this text field, or you can choose another city by using the drop down box to the right of this text field. When you select a 'City of Completion' from the drop down box it will be listed on the corresponding forms listed in the 'Reports' page. Type the date of the client's completion in the 'Date of Completion' field. There are two options available for notification date to additional agencies. You can type the date in to each field using MM/DD/YYYY format or check the 'Same as Completion Date' box for each of the agencies. It is recommended that you write detailed notes in the space provided. Click the 'Submit Completion' button at the bottom of the page when all information has been entered. All user roles in your program can now select the **Reports** tab on the navigation bar to access and print the **Completion** reports.

Select the 'Reports' tab on the navigation bar, the **Completion** or **Notice of Non-Compliance** reports are now available.

Even though the Social Security Number (SSN) and Driver's License (DL) fields are not marked with an asterisk on the **Demographics** page, they will be required to complete a client's record. If one or both of these fields are left blank, when you click on the 'Submit Completion' button on the **Record Completion** page you will be prompted to provide the missing information (Screen 22). If you had previously filled in one field and not the other, it will show the data you provided in a light gray font. Once you provide the information for both fields, click the 'Update' button, and the instrument will automatically take you back to the **Record Completion** page. You will need to reselect 'Yes' or 'No' for the question 'Was individual compliant?' All other data previously entered into the **Record Completion** page will remain. Click the 'Submit Completion' button again to complete the client's record.

The reason that these two fields are only required at the time of completion is to assist you with completing the assessment and enrollment in a timely manner if the client does not have this information at the time of enrollment. If you do enter this

data at the time of enrollment, then you will not be prompted to enter them again.

Screen 19: Record Completion

Screen 20: Non-Compliant Options

Screen 21: Compliant Options

Screen 22: Missing Required Data

The **Screening Summary** tab on the navigation bar gives a snapshot of the assessment record selected for a client. Inside the box, any of the information listed in blue font is a link. Selecting the client name will take the user to a more detailed record of the client's demographic information, and clicking the client's name again will allow the user to edit the client's demographic data. Selecting the assessment number will take the user to

the Assessment Record page with the text fields for this assessment. The **AUDIT** and **DAST** scores are also presented on this page. Clicking the blue **New Case** link will start a new blank assessment for the client.

Screen 23: Screening Summary

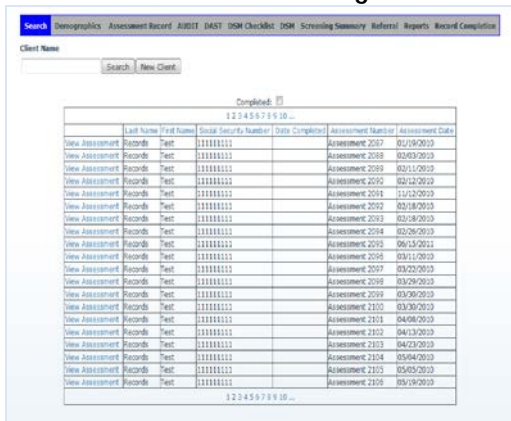
Assessment	Score
AUDIT	14
DAST	10

Finding and Updating Records

Once a DUI assessment has been created for a client, the existing demographic information can be used again should they ever require a subsequent DUI assessment. You can always make changes and update the client's demographic information, but you will not have to reenter it if they return to your program for another assessment.

Selecting 'Search Existing Client' will take you to a search grid listing all of your active client records. You can customize this search grid in a few ways. If you check the box next to 'View All' at the top of the search grid, the grid will change to list both active and inactive (i.e. completed) client records for your program. The search grid will default to list clients in descending order of last name. You can change the order of the client records listed by clicking on any of the column headings at the top of the search grid; doing so will list that column in ascending or descending order. You can also use the page numbers listed at both the top and bottom of the search grid to move through the pages of the search grid. To view and/or edit a client record click 'View Assessment' corresponding to the specific client record.

Screen 23: Search Existing Client



To edit the **Assessment Record** you will need to select the blue hyper link assessment number listed in the box on this page. To edit the **Demographics** you will need to click on the blue client name within the box on the page. You can also use the navigation tool bar to move to different sections of the client record to update and/or complete the client record. You are able to edit the record as long as it has not been completed as compliant or non-compliant.

Advanced Features

Forgot Password

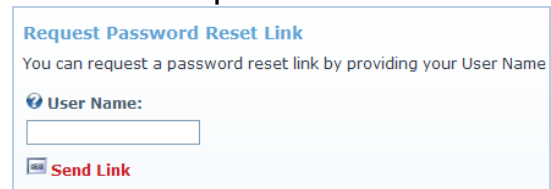
Forgot Password is an option listed on the Login page. If you ever forget your password, you will need to click the **Forgot Password** link; this link is located on the login page. You will be prompted to enter your unique 'User Name' then select 'Send Link' (Screen 24). You will then see a green check with a notification message stating, "Password reset link has been sent to your email address" (Screen 25). The password reset link will be sent to the email address you provided during registration. This link is only effective for 24 hours from the time it was requested.

You will then proceed to your email and open the email titled, 'Kentucky DUI Assessment Instrument Password Reset'. Inside this email you will need to click on the hyperlink. This link takes you to a page that asks you to answer the security question you provided during registration. Type the correct answer in the box and

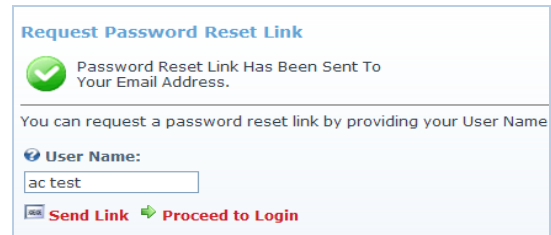
click 'Submit'. Remember that your security answer is space and case sensitive.

If you answer the security question correctly, two additional text boxes appear. You need to enter a new password (minimum of 8 characters and 1 non-alphanumeric character), re-enter it for confirmation, and click 'Change Password'. You will receive the message, 'Password Updated! You may now log in with your new password' (Screen 26). You can select the log in option on this page and immediately log in with your new password.

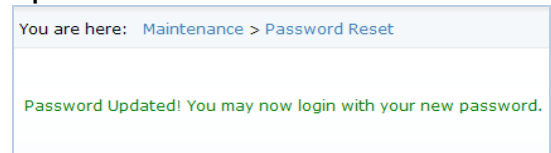
Screen 24: Request Password Link



Screen 25: Request Password Reset Link Sent



Screen 26: Notification of Password Updated



90 Day Password Change

Periodically you will receive notification upon logging in to the KDAI website that your password has expired and you need to create a new password (see Screen 27). You will have to create a new password in order to continue accessing the KDAI website. You cannot use the current password as the new password. Once the password has been changed, the user is automatically logged in and is taken to the Home page.

Screen 27: Change Password

The screenshot shows a web interface titled "User Log In". At the top, there is a yellow warning icon and the text "Please update your password before continuing." Below this, it states "Password Last Changed: Monday, May 23, 2011" and "Password Expires: The Portal Administrator has required you to change your password, before you can log in." A "Change Password" section follows, explaining that the user must provide their current password, a new password, and a confirmation. There are three input fields labeled "Current Password:", "New Password:", and "Confirm Password:". At the bottom right of the form is a "Change Password" button.

Program Administrator Responsibilities

If a program hires a new assessor or program administrator program administrator designee, it is the program administrator’s responsibility to notify the Division of Behavioral Health. Your regional coordinator will then notify the Kentucky DUI Project staff to create the user account requested.

Information required at the time of the request will be date of hire, job title, certification date, county of employment. Within 24 to 48 hours of receiving the new assessor’s information from the Division of Behavioral Health, the Kentucky DUI Project staff will contact the new hire to establish a unique User Name and set up their KDAI account. The program administrator will be sent an activation notification email from the Kentucky DUI Project staff when the new account(s) are created in KDAI. When the new account is created the account holder will receive several emails containing the KDAI information they will need to access their account, including a temporary password. The password will need to be reset upon first log in to the KDAI website. Please refer to the ‘Setting Up Your KDAI Online Account’ section of this manual (pg.13) for more information.

If an assessor or program administrator designee with an existing KDAI account resigns or is terminated from your DUI program, it is the program administrator’s responsibility to notify the Division of Behavioral Health. When the Kentucky DUI

Project staff receives notification from the Division of Behavioral Health that an assessor is no longer employed by a program, the assessor’s account will be deactivated and they will no longer be able to access the KDAI website or any client records. The program administrator will be sent a deactivation notification email from the Kentucky DUI Project staff when the requested account(s) are deactivated in KDAI.

15 minutes of inactivity

If you ever leave the KDAI website inactive for a period of fifteen (15) minutes or longer the session will time out and you will have to log back in.

Emergency Plan

If for any reason you cannot access the KDAI website you will need to refer to the paper and pencil version of the KDAI found in Appendix A of this manual. You will not be able to print an enrollment form until the client is entered in to the KDAI website. As soon as you are able to access the KDAI website, it is imperative that you input the data from the paper and pencil assessment to generate necessary reports. Phone numbers you may need during a system outage are listed below.

If you cannot access the KDAI website, you will need to determine if Internet service has been interrupted for the provider area, or if it is only your computer that is unable to access the Internet and what steps you need to take to resolve the connection problems. If the connection at UK is ever lost you will be sent a notification email explaining the scenario and how long it is expected until you will regain access.

Kentucky DUI Project contact information - kydui@uky.edu, Steve Cook (859) 257-1942, Aleigha Colwell (859) 257-6124 or Megan Dickson (859) 323-0039.

Scheduled Maintenance

The KDAI website will be offline for scheduled maintenance from 12:00am to 6:00am Eastern Time (ET). Any user who is logged in to the KDAI website at the time of scheduled maintenance will need to save their data and log off of the KDAI website.

APPENDIX A: PAPER AND PENCIL VERSION OF THE KENTUCKY DUI ASSESSMENT

Introduction to the Paper and Pencil Version of the Kentucky DUI Assessment Instrument

The materials in this section of the manual describe administering the Kentucky DUI Assessment using paper and pencil rather than the computer. This may be necessary when a computer is not available or if there is a computer problem. The assessment includes: (1) demographic and case information, (2) AUDIT and DAST screening instruments, (3) DSM Checklist. This information can be entered in to the website to report to the Division of Behavioral Health. The following sections describe each section of the assessment.

The Kentucky DUI Assessment was developed in cooperation with the Kentucky Division of Behavioral Health and certified DUI assessors. The Kentucky DUI Assessment uses valid and reliable screening instruments and the consensus-based criteria of the DSM to assist assessors in identifying the nature of an individual's problem with substance use. It also assists assessors in recording their assessment and referral recommendations, and notifying the appropriate agencies and organizations.

Some individuals may be blind or functionally illiterate and the assessor may need to read the questions. One way to approach this is to ask the person if he/she has any problem, like a problem with their eyes, when reading questionnaires and filling them out. There may be others who need the questions read because of distractibility or difficulty in comprehension.

Demographic and Case Information

Enter the individual's name, address, gender, race, birth date, marital status, income, social security number, telephone number, other names, driver's license number, the assessor's name, assessment date, county of assessment, number of DUI's in the past 5 years (including this one), lifetime DUI convictions, case number, citation number, date of the DUI violation, date of the DUI conviction, state & county where the conviction occurred, if alcohol was involved, how it was measured, reason not measured, type of alcohol test given, BAC level, if drugs were involved, circle the corresponding drug, were drugs tested, reason not tested, drug test method used. This information describes the individual and the DUI conviction.

Screening Instruments

The Alcohol Use Disorders Identification Test (AUDIT) has 10 questions. Each question receives a score of 0 to 4 based on the response given. The score for each question is in bold next to the response. A score of 8 or 10 or more is considered to relate to harmful or hazardous alcohol use and potentially alcohol abuse or dependence. The cutoff can be set at 8 or 10. A cutoff of 8 gives the highest sensitivity (producing the fewest false negatives) while a cutoff of 10 will give the highest specificity (producing the fewest false positives) (Babor et al., 1992; Center for Substance Abuse Treatment, 1997). Because DUI assessments focus on public safety, it is recommended that the threshold be 8. AUDIT scores can be interpreted by examining the highest scores (Babor et al., 1992). High scores on the first three questions without elevated scores on the remaining questions suggest hazardous alcohol use. Elevated scores on questions 4 through 6 imply the presence or emergence of alcohol dependence. High scores on items 7 through 10 suggest harmful alcohol use (Center for Substance Abuse Treatment, 1997).

The Drug Abuse Screening Test (DAST) has 28 "yes" and "no" responses. Each positive response is scored as one point except the questions 4, 5, and 7 which are reverse scored. The total score is determined by adding up the scored responses. A score of 5 or more is considered reason for serious concern about a drug-related problem (Skinner, 1982).

The AUDIT and the DAST can be administered by the assessor or can be self-administered. If a person can read and is not cognitively impaired, he/she can complete the paper and pencil version. The paper

Kentucky DUI Assessment Instrument User Manual

and pencil version needs to be scored before proceeding. This process takes no more than 30 seconds. Record the scores at the bottom of the last DAST page in the spaces indicated.

For the AUDIT questions "a drink" equals one can of beer, one glass of wine, or one jigger of whiskey or distilled spirits.

Ask the questions as written and record the answers. Avoid discussion, except for a clarification.

DSM Checklist

The DSM Checklist is used during the assessment to record those DSM criteria that are present or absent. Checking the boxes provided indicates the lifetime prevalence or absence of symptoms related to each criterion and circle whether the criterion relates to the use of alcohol, drugs or any combination thereof. If a drug is not listed in the sections listed select 'Other' from the list.

Kentucky DUI Assessment

Demographics

Name _____
 First Last MI Suffix

Address _____

City _____ State ____ County _____ Zip _____

Gender male female

Race (circle one) Unknown Asian
 African American Hispanic
 American Indian White
 Alaska Native Other

Date of Birth ____/____/_____

Marital Status (circle one) Unknown Separated
 Divorced Single
 Married

Income (circle one) 0-9,999 60,000-69,999
 10,000-19,999 70,000-79,999
 20,000-29,999 80,000-89,999
 30,000-39,999 90,000-99,999
 40,000-49,999 100,000+
 50,000-59,999

SS# _____ - _____ - _____ Unknown or No U.S. SSN

Telephone (_____) _____ - _____

Maiden Name/Other Name _____

Driver's License Number _____ Suspended License or No U.S. License

Remarks _____

Assessment Record

Assessor Name _____

Assessment Date ____/____/_____

Assessment County _____

Number of DUI convictions in 5 years (*including this one*) _____

Lifetime DUI Convictions _____

Notes _____

Court Case # _____ Citation # _____

Violation Date ____/____/_____ Conviction Date ____/____/_____

Conviction State _____

Conviction County _____

Involved Alcohol? Yes or No

Was Alcohol Measured? Yes or No

Reason not measured (circle one) Not Requested or Refused

If tested, Method used (circle one) Breath
Blood
Urine

BAC _____

Involved Drugs? Yes or No

Drugs Involved (circle all that apply) Amphetamines Inhalants Other
Cocaine Marijuana PCP
Hallucinogens Opiates Sedatives

Were Drugs Tested? Yes or No

Reason not tested (circle one) Not Requested or Refused

If tested, Method used (circle one) Blood
Urine

Notes _____

Alcohol Use Disorders Identification Test (AUDIT)

1. How often do you have a drink containing alcohol?

Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

3. How often do you have six or more drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

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

Never Less than monthly Monthly Weekly Daily or almost daily

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

Never Less than monthly Monthly Weekly Daily or almost daily

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

Never Less than monthly Monthly Weekly Daily or almost daily

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

Never Less than monthly Monthly Weekly Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because of your drinking?

Never Less than monthly Monthly Weekly Daily or almost daily

9. Have you or someone else been injured because of your drinking?

No Yes, but not in the last year Yes, in the last year

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

No Yes, but not in the last year Yes, in the last year

Drug Abuse Screening Test (DAST)

1. Have you used drugs other than those required for medical reasons?

Yes or No

2. Have you abused prescription drugs?

Yes or No

3. Do you abuse more than one drug at a time?

Yes or No

4. Can you get through the week without using drugs (other than those required for medical reasons)?

Yes or No

5. Are you always able to stop using drugs when you want to?

Yes or No

6. Do you abuse drugs on a continuous basis?

Yes or No

7. Do you try to limit your drug use to certain situations?

Yes or No

8. Have you had 'blackouts' or 'flashbacks' as a result of drug use?

Yes or No

9. Do you ever feel bad about your drug abuse?

Yes or No

10. Does your spouse (or parents) ever complain about your involvement with drugs?

Yes or No

11. Do your friends or relatives know or suspect you abuse drugs?

Yes or No

12. Has drug abuse ever created problems between you and your spouse?

Yes or No

13. Has any family member ever sought help for problems related to your drug use?

Yes or No

14. Have you ever lost friends because of your use of drugs?

Yes or No

15. Have you ever neglected your family or missed work because of your use of drugs?

Yes or No

16. Have you ever been in trouble at work because of drug abuse?

Yes or No

17. Have you ever lost a job because of drug abuse?

Yes or No

18. Have you ever gotten in to fights when under the influence of drugs?

Yes or No

19. Have you ever been arrested because of unusual behavior while under the influence of drugs?

Yes or No

20. Have you ever been arrested for driving while under the influence of drugs?

Yes or No

21. Have you engaged in illegal activities in order to obtain drugs?

Yes or No

22. Have you ever been arrested for possession of illegal drugs?

Yes or No

23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?

Yes or No

24. Have you ever had medical problems as a result of your drug use?

Yes or No

25. Have you ever gone to anyone for help for a drug problem?

Yes or No

26. Have you ever been in a hospital for medical problems related to your drug use?

Yes or No

27. Have you ever been involved in a treatment program specifically related to drug use?

Yes or No

28. Have you ever been treated as an out-patient for problems related to drug abuse?

Yes or No

AUDIT Score _____ DAST Score _____


DSM Checklist

- | | | | | |
|---|--|------------------------------------|----|---|
| 1 | Substance is often taken in larger amounts or over a longer period than was intended. | Absent | or | Present |
| | If Present... | Alcohol
Amphetamines
Cocaine | | Hallucinogens
Inhalants
Marijuana |
| | | | | Opiates
Other |
| | | | | PCP
Sedative |
| | | | | |
| 2 | There is a persistent desire or unsuccessful efforts to cut down or control substance use. | Absent | or | Present |
| | If Present... | Alcohol
Amphetamines
Cocaine | | Hallucinogens
Inhalants
Marijuana |
| | | | | Opiates
Other |
| | | | | PCP
Sedative |
| | | | | |
| 3 | A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects. | Absent | or | Present |
| | If Present... | Alcohol
Amphetamines
Cocaine | | Hallucinogens
Inhalants
Marijuana |
| | | | | Opiates
Other |
| | | | | PCP
Sedatives |
| | | | | |
| 4 | Craving, or a strong desire or urge to use the substance. | Absent | or | Present |
| | If Present... | Alcohol
Amphetamines
Cocaine | | Hallucinogens
Inhalants
Marijuana |
| | | | | Opiates
Other |
| | | | | PCP
Sedatives |
| | | | | |
| 5 | Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home. | Absent | or | Present |
| | If Present... | Alcohol
Amphetamines
Cocaine | | Hallucinogens
Inhalants
Marijuana |
| | | | | Opiates
Other |
| | | | | PCP
Sedative |
| | | | | |
| 6 | Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance. | Absent | or | Present |
| | If Present... | Alcohol
Amphetamines
Cocaine | | Hallucinogens
Inhalants
Marijuana |
| | | | | Opiates
Other |
| | | | | PCP
Sedatives |
| | | | | |
| 7 | Important social, occupational, or recreational activities are given up or reduced because of substance use. | Absent | or | Present |

If Present...	Alcohol Amphetamines Cocaine	Hallucinogens Inhalants Marijuana	Opiates Other	PCP Sedatives
8	Recurrent substance use in situations in which it is physically hazardous.			Absent or Present
If Present...	Alcohol Amphetamines Cocaine	Hallucinogens Inhalants Marijuana	Opiates Other	PCP Sedative
9	Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.			Absent or Present
If Present...	Alcohol Amphetamines Cocaine	Hallucinogens Inhalants Marijuana	Opiates Other	PCP Sedative
10	Tolerance, as defined by either of the following:			
10-a	A need for markedly increased amounts of the substance to achieve intoxication or desired effect.			Absent or Present
If Present...	Alcohol Amphetamines Cocaine	Hallucinogens Inhalants Marijuana	Opiates Other	PCP Sedatives
10-b	A markedly diminished effect in continued use of the same amount of substance.			Absent or Present
If Present...	Alcohol Amphetamines Cocaine	Hallucinogens Inhalants Marijuana	Opiates Other	PCP Sedatives
11	Withdrawal, as manifested by either of the following:			
11-a	The characteristic withdrawal syndrome for the substance.			Absent or Present
If Present...	Alcohol Amphetamines Cocaine	Hallucinogens Inhalants Marijuana	Opiates Other	PCP Sedative
11-b	The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.			Absent or Present
If Present...	Alcohol Amphetamines Cocaine	Hallucinogens Inhalants Marijuana	Opiates Other	PCP Sedative

APPENDIX B: REPORTS

ENROLLMENT FORM



**COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DIVISION OF BEHAVIORAL HEALTH
Driving Under the Influence (DUI) Program
Certificate of Enrollment**

Name :	_____	Case Number :	_____
Address :	_____	Date of Violation :	_____
Telephone :	_____	Date of Conviction :	_____
Date of Birth :	_____	County of Conviction :	_____
Social Security Number:	_____	# DUI Convictions in last 5 years :	_____
Drivers License Number :	_____	BAC :	_____

Agency Name: _____
Program Code: _____
Date of Enrollment: _____


This is to certify that this person has complied with KRS 189A.045

Assessor's Signature: _____
Date: _____

Individual's Signature: _____
Date: _____

Distribution Key: This form must be sent to the court of conviction within five(5) days following completion of the enrollment process.

REFERRAL FORM



**COMMONWEALTH OF KENTUCKY CABINET
FOR HEALTH AND FAMILY SERVICES DIVISION
OF BEHAVIORAL HEALTH
Driving Under the Influence (DUI) Program
DUI Referral Report**

Name : _____	Case Number : _____
Address : _____	Date of Violation : _____
Telephone : _____	Date of Conviction : _____
Date of Birth : _____	County of Conviction : _____
Social Security Number : _____	# DUI Convictions in last 5 years : _____
Drivers License Number : _____	BAC : _____

Assessment Information :

Assessment Program : _____ PCCode: _____

Assessor : _____

Assessment Date : _____

DSM5 1 Present Alcohol	Drug	DSM5 9 Absent Alcohol	Drug
DSM5 2 Absent Alcohol	Drug	DSM5 10A Present Alcohol	Drug
DSM5 3 Absent Alcohol	Drug	DSM5 10B Absent Alcohol	Drug
DSM5 4 Absent Alcohol	Drug	DSM5 11A Absent Alcohol	Drug
DSM5 5 Absent Alcohol	Drug	DSM5 11B Absent Alcohol	Drug
DSM5 6 Absent Alcohol	Drug		
DSM5 7 Present Alcohol	Drug	AUDIT Score : _____	
DSM5 8 Absent Alcohol	Drug	DAST Score : _____	

Tweener Education _____ Intensive Outpatient Treatment _____

Outpatient Treatment _____ Residential Treatment _____

Education/Treatment Program : _____


Referral Comments

Assessor's Signature : _____ Date : _____

Individual's Signature : _____ Date : _____

Distribution Key: This form is for the Assessor's record and a copy is to be sent to the intervention program.

CASE COORDINATION FORM



COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DIVISION OF BEHAVIORAL HEALTH
Driving Under the Influence (DUI) Program
Case Coordination Completion Form

Client Name : _____
Social Security Number : _____
Case Number : _____

This is to verify that this client has completed the following education/treatment program in compliance with the level of care identified in his/her assessment.

Twenty Hour Education Outpatient Treatment
 Intensive Outpatient Treatment Residential Treatment


Education/Treatment Comments:

Education/Treatment Agency : _____
Education/Treatment Agency Phone : _____
Education/Treatment Instruction/Clinician : _____
(Please print legibly)
Education/Treatment Instruction/Clinician's Signature : _____
Date : _____
City of Completion : _____

DRAFT

Distribution Key: This document is to be returned to the assessment program upon client's completion of the recommended intervention.

COMPLETION FORM



**COMMONWEALTH OF KENTUCKY CABINET
FOR HEALTH AND FAMILY SERVICES DIVISION
OF BEHAVIORAL HEALTH
Driving Under the Influence (DUI) Program
Completion Form**

Compliant

Name :	_____	Case Number :	_____
Address :	_____	Date of Violation :	_____
Telephone :	_____	Date of Conviction :	_____
Date of Birth :	_____	County of Conviction :	_____
Social Security Number :	_____	# DUI Convictions in last 5 years :	_____
Drivers License Number :	_____	BAC :	_____

Agency Name : _____

Program Code : _____

City of Completion : _____

Date of Completion : _____

Was this individual compliant with the requirements of KRS 189A.040? Yes

Program Administrator's Name : _____
(Please print legibly)

Program Administrator's Signature : _____

Program Administrator's Phone : _____

Date : _____

Distribution Key: This document is to be sent to the Transportation Cabinet and the court of conviction when the individual completes the recommended intervention.

COMPLETION FORM (FOR ASSESSOR'S RECORDS ONLY)



COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DIVISION OF BEHAVIORAL HEALTH
Driving Under the Influence (DUI) Program

Completion Form
(For Assessor's Records Only)

Name :	_____	Case Number :	_____
Address :	_____	Date of Violation :	_____
	_____	Date of Conviction :	_____
Telephone :	_____	County of Conviction :	_____
Date of Birth :	_____	# DUI Convictions in last	_____
		5 years :	_____
Social Security Number :	_____	BAC :	_____
Drivers License Number :	_____		

Education/Treatment Comments:


Program Administrator's Signature : _____

Program Administrator's Phone Number : _____

Date : _____

Distribution Key: This form is for the assessor's records only.

NOTICE OF NON-COMPLIANCE FORM



**COMMONWEALTH OF KENTUCKY CABINET
FOR HEALTH AND FAMILY SERVICES DIVISION
OF BEHAVIORAL HEALTH
Driving Under the Influence (DUI) Program
Notice of Non-Compliance**

Non-Compliant

Name :	_____	Case Number :	_____
Address :	_____	Date of Violation :	_____
	_____	Date of Conviction :	_____
Telephone :	_____	County of Conviction :	_____
Date of Birth :	_____	# DUI Convictions in last 5 years :	_____
Social Security Number :	_____	BAC :	_____
Drivers License Number :	_____		

Agency Name : _____

Program Code : _____

Was this individual compliant with the requirements of KRS 189A.040? No

Please schedule a Show Cause Hearing for this individual due to Non-Compliance with the court's sentence pursuant to KRS 189A.045

Program Administrator's Name : _____
(Please print legibly)

Program Administrator's Signature : _____

Program Administrator's Phone : _____

Date : _____

Distribution Key: This document is to be sent to the court of conviction and the office of the county attorney if the individual fails to complete the recommended intervention.

NOTICE OF NON-COMPLIANCE FORM (FOR ASSESSOR'S RECORDS ONLY)



**COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DIVISION OF BEHAVIORAL HEALTH
Driving Under the Influence (DUI) Program**

**Notice of Non-Compliance
(For Assessor's Records Only)**

Name :	_____	Case Number :	_____
Address :	_____	Date of Violation :	_____
	_____	Date of Conviction :	_____
Telephone :	_____	County of Conviction :	_____
Date of Birth :	_____	# DUI Convictions in last 5 years :	_____
Social Security Number :	_____	BAC :	_____
Drivers License Number :	_____		

Education/Treatment Comments:

Program Administrator's Signature : _____

Program Administrator's Phone Number : _____

Date : _____

Distribution Key: This form is for the assessor's records only.

AUDIT AND DAST REPORT (1 OF 3)



COMMONWEALTH OF KENTUCKY
 CABINET FOR HEALTH AND FAMILY SERVICES
 DIVISION OF BEHAVIORAL HEALTH
 Driving Under the Influence (DUI) Program

AUDIT and DAST Report

Name :	_____	Case Number :	_____
Address :	_____	Date of Violation :	_____
Telephone :	_____	Date of Conviction :	_____
Date of Birth :	_____	County of Conviction :	_____
Social Security Number :	_____	# DUI Convictions in last 5 years :	_____
Drivers License Number :	_____	BAC :	_____

AUDIT Question Answers and Scores

- How often do you have a drink containing alcohol?*
 0 = never 1 = once a month 2 = 2-4 times a month 3 = 2-3 times a week 4 = 4 or more times a week
- How many drinks containing alcohol do you have on a typical day when you are drinking?*
 0 = 1 or 2 1 = 3 or 4 2 = 5 or 6 3 = 7-9 4 = 10 or more
- How often do you have two or more drinks on one occasion?*
 0 = never 1 = less than monthly 2 = monthly 3 = weekly 4 = almost daily
- How often during the past year have you found you were not able to stop drinking once you had started?*
 0 = never 1 = less than monthly 2 = monthly 3 = weekly 4 = almost daily
- How often during the past year have you failed to do what was expected of you because of drinking?*
 0 = never 1 = less than monthly 2 = monthly 3 = weekly 4 = almost daily
- How often in the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?*
 0 = never 1 = less than monthly 2 = monthly 3 = weekly 4 = almost daily
- How often in the past year have you had a feeling of guilt or remorse after drinking?*
 0 = never 1 = less than monthly 2 = monthly 3 = weekly 4 = almost daily
- How often in the past year have you been unable to remember what happened the night before because you had been drinking?*
 0 = never 1 = less than monthly 2 = monthly 3 = weekly 4 = almost daily
- Have you or someone else been injured because of your drinking?*
 0 = No 2 = Yes, but not in the last year 4 = Yes, in the past year
- Has a relative, or friend, or a doctor or other health care worker been concerned about your drinking or suggested you cut down?*
 0 = No 2 = Yes, but not in the last year 4 = Yes, in the past year

AUDIT Score

AUDIT AND DAST REPORT (2 OF 3)




COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DIVISION OF BEHAVIORAL HEALTH
Driving Under the Influence (DUI) Program

AUDIT and DAST Report

DAST Questions and Answers

<i>Have you used drugs other than those required for medical reasons?</i>	0
<i>Have you abused prescription durgs?</i>	0
<i>Do you abuse more than one drug at a time?</i>	0
<i>Can you get through the week without using drugs (other than those required for medical reasons)? (*1=No 0=Yes)</i>	0
<i>Are you always able to stop using drugs when you want to? (*1=No 0=Yes)</i>	0
<i>Do you abuse drugs on a continuous basis?</i>	0
<i>Do you try to limit you drug use to certain situations?</i>	0
<i>Have you had "blackouts" or "flashbacks" as a result of drug use?</i>	0
<i>Do you ever feel bad about your drug abuse?</i>	0
<i>Does your spouse (or parents) ever complain about your involvement with drugs?</i>	0
<i>Do your friends or relatives know or suspect you abuse drugs?</i>	0
<i>Has drug abuse ever created problems between you and your spouse?</i>	0
<i>Has any family member ever sought help for problems related to your drug use?</i>	0
<i>Have you ever lost friends because of your use of drugs?</i>	0
<i>Have you ever neglected your family or missed work because of your use of drugs?</i>	0
<i>Have you ever been in trouble at work because of drug abuse?</i>	0
<i>Have you ever lost a job because of drug abuse?</i>	0
<i>Have you gotten into fights when under the influence of drugs?</i>	0
<i>Have you ever been arrested because of unusual behavior while under the influence of drugs?</i>	0
<i>Have you ever been arrested for driving while under the influence of drugs?</i>	0

AUDIT AND DAST REPORT (3 OF 3)

	<p>COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES DIVISION OF BEHAVIORAL HEALTH Driving Under the Influence (DUI) Program</p> <p>AUDIT and DAST Report</p>
<i>Have you engaged in illegal activities in order to obtain drugs?</i>	0
<i>Have you ever been arrested for possession of illegal drugs?</i>	0
<i>Have you ever experienced withdrawal symptoms as a result of heavy drug intake?</i>	0
<i>Have you ever had medical problems as a result of your drug use?</i>	0
<i>Have you ever gone to anyone for help for a drug problem?</i>	0
<i>Have you ever been in a hospital for medical problems related to your drug use?</i>	0
<i>Have you ever been involved in a treatment program specifically related to drug use?</i>	0
<i>Have you ever been treated as an out-patient for problems related to drug abuse?</i>	0
DAST Score	0

APPENDIX C: SPANISH VERSION OF THE ALCOHOL USE DISORDERS IDENTIFICATION TEST

SPANISH AUDIT

CUESTIONARIO AUDIT (ALCOHOL USE DISORDERS IDENTIFICATION TEST)

1. ¿Qué tan frecuentemente usted ingiere bebidas alcohólicas?
 - 0 = Nunca
 - 1 = Una vez al mes o menos
 - 2 = Dos o cuatro veces al mes
 - 3 = Dos o tres veces por semana
 - 4 = Cuatro o más veces por semana

2. ¿Cuántas copas usted consume en un día típico de los que bebe?
 - 0 = 1 o 2
 - 1 = 3 o 4
 - 2 = 5 o 6
 - 3 = 7 a 9
 - 4 = 10 o más

3. ¿Qué tan frecuentemente usted bebe seis o más copas en la misma ocasión?
 - 0 = Nunca
 - 1 = Menos de una vez al mes
 - 2 = Mensualmente
 - 3 = Semanalmente
 - 4 = Diario o casi diario

4. Durante el último año, ¿qué tan frecuentemente usted no pudo parar de beber una vez que hubo empezado?
 - 0 = Nunca
 - 1 = Menos de una vez al mes
 - 2 = Mensualmente
 - 3 = Semanalmente
 - 4 = Diario o casi diario

5. Durante el último año, ¿qué tan frecuentemente usted dejó de cumplir con sus deberes por consumir bebidas alcohólicas?
 - 0 = Nunca
 - 1 = Menos de una vez al mes
 - 2 = Mensualmente
 - 3 = Semanalmente
 - 4 = Diario o casi diario

6. Durante el último ltimo año, ¿qué tan frecuentemente usted necesitó de un trago a la mañana siguiente de un día en el que bebió excesivamente?

0 = Nunca
1 = Menos de una vez al mes
2 = Mensualmente
3 = Semanalmente
4 = Diario o casi diario

7. Durante el último ltimo año, ¿qué tan frecuentemente usted tuvo remordimientos o se sintió culpable despues de haber bebido?

0 = Nunca
1 = Menos de una vez al mes
2 = Mensualmente
3 = Semanalmente
4 = Diario o casi diario

8. Durante el ultimo año, ¿qué tan frecuentemente se le han olvidó cosas que han pasado cuando usted ha estado bebiendo?

0 = Nunca
1 = Menos de una vez al mes
2 = Mensualmente
3 = Semanalmente
4 = Diario o casi diario

9. Usted se ha lastimado o alguien ha resultado lastimado como consecuencia de su manerade beber?

0 = No
2 = Sí, pero no en el último año
4 = Sí, en el último año

10. ¿Algun amigo, familiar o doctor se ha preocupado por la forma en que usted bebe o le han sugerido que disminuya o que pare de beber?

0 = No
2 = Sí, pero no en el último año
4 = Sí, en el último año

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