

BD - I

Name: _____ Date: _____

Instructor's Name: _____

Reason you were stopped: ☐ speeding ☐ driving too slow
☐ light(s) not working ☐ had a wreck ☐ other moving violation
☐ other: _____

Arrest occurred in what county? _____

Was a breath test taken? ☐ yes (if yes, what was it? _____) ☐ no
If no, why not? _____

Was a blood test taken? ☐ yes (if yes, what was it? _____) ☐ no

Before my arrest I was,

☐ Drinking alcohol after work for # _____ hours.
☐ Engaged in a recreational activity while using alcohol (or drugs) for # _____ hours
(i.e. ball game, fishing, camping, cook off, party, work function, etc.)
☐ Coping with problems (relationship, work, family, etc.)
☐ Other: _____

I had been using (check all that apply) ☐ beer ☐ wine ☐ liquor
☐ marijuana ☐ opiates ☐ pills (type: _____)
☐ methamphetamine ☐ other: _____

I was with: ☐ spouse ☐ friend(s) ☐ co-workers
☐ alone ☐ family ☐ stranger/other

During the week days, I tend to drink on (place the number of drinks/ amount of drugs used next to a.m./p.m.):

Monday: _____ # a.m. _____ # p.m. Tuesday: _____ # a.m. _____ # p.m.
Wednesday: _____ # a.m. _____ # p.m. Thursday: _____ # a.m. _____ # p.m.
Friday: _____ # a.m. _____ # p.m.

During the week-ends, I tend to drink (or use drugs) on (place the number of drinks/amount of drugs used next to a.m./p.m.):

Saturday: _____ # a.m. _____ # p.m. Sunday: _____ # a.m. _____ # p.m.

Summarize any other comments about your drug/alcohol usage and the events leading up to your arrest below:

My Personal Action Plan

BD – II

Name: _____ Date: _____

Instructor's Name: _____

Based on what I know now about the effects of alcohol/drugs on traffic safety and the body, the cost, and signs of alcoholism, I plan to make the following changes:

- ___ Stop drinking alcohol and/or using drugs
- ___ Separate my drinking/drug use from driving
- ___ Have a designated driver
- ___ Not drive when taking my medication
- ___ Change people, places and alcohol/drug-related activities

I can depend on the following people for support in following my plan:

- ___ Family
- ___ Spouse
- ___ Non-drinking/drug-using friends
- ___ AA/NA sponsor
- ___ Spiritual leader/higher power
- ___ Other _____

I will get the following benefits from following my plan:

- ___ No legal problems related to alcohol/drug use
- ___ Healthier lifestyle
- ___ Rebuild trust and respect
- ___ More money
- ___ Freedom
- ___ Other: _____

NAME: _____

DATE: _____

WHAT IT COST ME

In order to determine cost of DWI, will you please answer these questions to the best of your knowledge at this time?

In round numbers, my costs are:

ATTORNEY'S FEES: \$ _____

FINES AND COURT COSTS: \$ _____

LOSS OF SALARY: \$ _____

BOND: \$ _____

CAR COSTS (IF CRASH INVOLVED): \$ _____

 CAR DAMAGE REPAIRS: \$ _____

 TOWING AND STORAGE: \$ _____

 TEMPORARY TRANSPORTATION: \$ _____

 BUS, CAB: \$ _____

 RENTAL/LEASE CAR, ETC: \$ _____

DWI EDUCATION COURSE FEES: \$ _____

DRIVER LICENSE SURCHARGE: \$ _____

ALCOHOL/DRUG PROGRAMS/COUNSELING/

TREATMENT: \$ _____

INCREASED COST OF INSURANCE PER YEAR) \$ _____

PROBATION FEES: \$ _____

ANY OTHER COSTS: \$ _____

 (RESTITUTION, FOR EXAMPLE) \$ _____

TOTAL: \$ _____

Post Knowledge Test Answer Sheet.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

DWI COURSE EVALUATION

Please rate the following items by circling the word that best describes what you thought about the course.

- | | | |
|----|---|-----------|
| 1. | Was this course helpful to you? | Yes
No |
| 2. | Did the course teach you more about how alcohol and other drugs affect you when driving? | Yes
No |
| 3. | Was the course taught in a manner that held your attention? | Yes
No |
| 4. | Were the videos and teaching aids used effectively in the course? | Yes
No |
| 5. | Was the instructor knowledgeable about the materials he/she covered? | Yes
No |
| 6. | If you ever needed help for a drinking or drug problem would you know where you can get it? | Yes
No |

7. List any good points about this course.

8. List any bad points about this course.

9. What could we do to make this course better and more helpful?
