

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:

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

7. List any good points about this course.

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8. List any bad points about this course.

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

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