DHW ID - Form 42
(Rev. 10-01)

SUBSTANCE ABUSE
DUI EVALUATION DATA FORM

Client No.

Name	Address	
Arrest Date	Social Security No.	Birth Date
Remarks		

CUT ALONG DOTTED LINE

1. Client Number..... _____

2. Evaluator Number..... ___|___|___

3. County/Idaho Residence..... _____
(Write Name)

4. Sex..... _____
1 - Male 2 - Female

5. Birthdate (MMDDYYYY) _____

6. Marital Status..... ___
1 - Single (never married)
2 - Married
3 - Widowed 5 - Separated
4 - Divorced 6 - Living Together

7. Race/Ethnic Background..... ___
1 - White 4 - Hispanic
2 - Black 5 - Other
3 - American Indian

8. Highest Education Level..... ___
1 - 6th Grade or Less
2 - 7th Grade 8 - GED
3 - 8th Grade 9 - Some College
4 - 9th Grade 10 - BA
5 - 10th Grade 11 - MA
6 - 11th Grade 12 - PhD
7 - 12th Grade 13 - Prof Degree

9. Current Employment Status..... ___
1 - Employed 5 - Student
2 - Part-Time 6 - Unable to Work
3 - Homemaker 7 - Retired
4 - Unemployed

10. Gross Income Last Month..... $_____

11. Arrest Date (MMDDYYYY) _____

12. Number of Times Arrested for DUI in Last Five Years (Including This Arrest) _____

13. Primary Substance of Choice _____
00 - None
01 - Heroin
02 - Non-Rx Methadone
03 - Other Opiates and Synthetics
04 - Alcohol
05 - Barbiturates
06 - Other Sedatives or Hypnotics
07 - Amphetamines
08 - Cocaine
09 - Marijuana/Hashish
10 - Hallucinogens
11 - Inhalants
12 - Over the Counter
13 - Tranquilizers
14 - Other
15 - PCP
16 - Family
17 - Marital

14. Secondary Substance of Choice _____

15. Prior Treatment Experience _____
1 - Halfway-Recovery Cntr
2 - Outpatient
3 - Inpatient-Med. Residential
4 - Detoxification
5 - Comm. Residential
6 - A.A.
7 - Educational Sessions
8 - Mental Health
9 - Public Service
11 - Other
12 - None

16. Diagnostic Impression.... _____
1 - Alcohol Intox (303.00)
2 - Alcohol Abuse (305.00)
3 - Alcohol Depend (303.90)
4 - Amphet. Intox (292.89)
5 - Amphet. Abuse (305.70)
6 - Amphet. Depend (305.40)
7 - Cannabis Intox (292.89)
8 - Cannabis Abuse (305.20)
9 - Cannabis Dep (304.3)
10 - Cocaine Intox (292.89)
11 - Cocaine Abuse (305.60)
12 - Cocaine Depend (304.20)
13 - Hallucinogen Intox (292.89)
14 - Halluc. Abuse (305.30)
15 - Halluc. Depend (304.50)
16 - Inhalants Intox (292.89)
17 - Inhalants Abuse (305.90)
18 - Inhalants Depend (304.60)
19 - Opioids Intox (292.89)
20 - Opioids Abuse (305.50)
21 - Opioids Depend (304.00)
22 - Phencyclidene Intox (292.89)
23 - Phencyc. Abuse (305.90)
24 - Phencyc. Depend (304.90)
25 - Polysubstance Depend (304.80)
26 - Sedative-Hypnotic Intox (292.89)
27 - Sedative-Hypnotic Abuse (305.40)
28 - Sedative-Hypnotic Depend (304.10)
29 - Diagnosis Deferred (799.9)
30 - No Diagnosis (V71.09)

17. Type of Services Recommended to Court (codes from 15. above)
1st ... ___
2nd... ___
3rd... ___

18. Date DUI Evaluation Complete (MMDDYYYY) _____