

DWI Questionnaire

Please complete the follow:

1. What was your actual height and weight at the time of the ticket? (Not necessarily what is shown on your drivers license.)

Height - _____ Weight - _____

2. What was your age at the time of the ticket? _____

3. What is your Race _____ and Eye Color _____?

4. Have you ever suffered a head injury or a serious strike to the head?

No _____ Yes _____

5. Have you ever been diagnosed as suffering from Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder?

No _____ Yes _____

If yes, have you taken any prescriptions for this condition?

No _____ Yes _____

If yes, please list all prescriptions you have taken for this condition, from the date of the ticket and up to 90 days proceeding the ticket.

1. _____

2. _____

3. _____

4. _____

(Use additional page if necessary)

6. Please list any prescriptions taken from the date of the ticket and up to 90 days proceeding the ticket.

1. _____

2. _____

3. _____

4. _____

(Use additional page if necessary)

7. Do you suffer from allergies?
No _____ Yes _____
8. Had you taken any over the counter medications from the date of the ticket and up to 30 days preceding the ticket?
1. _____
2. _____
3. _____
(Use additional page if necessary)
9. Do you wear glasses or contacts?
Glasses _____ Contacts _____ I wear both _____
10. Do you ever suffer from dry eyes?
No _____ Yes _____
11. Do you use eye drops regularly?
No _____ Yes _____ I have a prescription for dry eyes _____
12. Were you suffering from a "head" cold, or sinus condition on the day you received the ticket, or up to 72 hours preceding the ticket?
No _____ Yes _____
13. Do you suffer from problems with your:

	Occasionally	Much of the time.	Chronic. Most of the time.	At the time of arrest	
				√YES	√NO
Feet					
Ankles					
Legs					
Knees					
Hips					
Back					

14. Have you been treated by a Doctor for any of the above ailments?
No _____ Yes _____
15. Briefly describe the traffic and weather conditions at the time you received this ticket.