

**ALCOHOL-DRUG-SCREEN**

**Name:** Jane Doe  
**Age:** 41    **Sex:** Female  
**Ethnicity/Race:** Caucasian  
**Education/Highest Grade:** 12  
**Date Scored:** 06/01/2022

**CONFIDENTIAL INFORMATION**  
**Last 4 Digits of SSN:** 1234  
**Date of Birth:** 01/01/1981  
**Marital Status:** Married

Alcohol-Drug-Screen (ADS) results are confidential and should be considered working hypotheses. No diagnosis or decision should be based solely upon ADS results.

<b>SELF-REPORTED HISTORY</b>	
Number of DUI/DWI arrests .....	0      Diagnosed an Alcoholic.....
Number of Alcohol-related arrests .....	1      Diagnosed Drug Dependent .....
Number of Drug-related arrests .....	0      Diagnosed Substance Dependent .....

**ALCOHOL-DRUG-SCREEN SCALES**

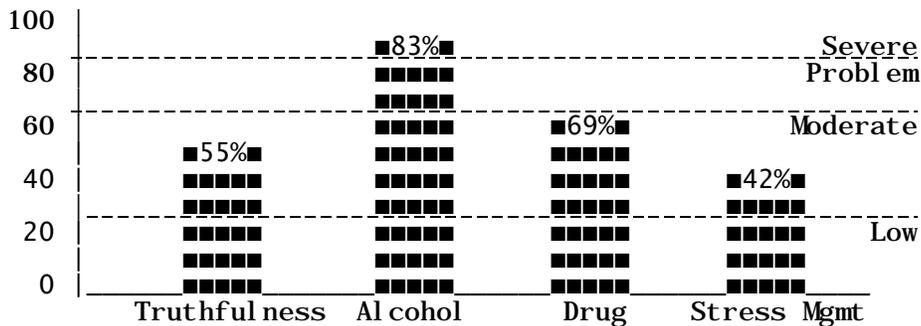


**TRUTHFULNESS SCALE:**

**RISK PERCENTILE: 55**

Ms. Doe's Truthfulness Scale score is in the medium risk (40 to 69<sup>th</sup> percentile) range. This is an accurate Alcohol-Drug-Screen (ADS) profile and all ADS scale scores are accurate. Yet, there is a noticeable tendency for Ms. Doe to be cautious or careful when answering questions. This may be situation specific and related to why she is being evaluated. However, there is a fine line between caution and recalcitrance or evasiveness. That said, Ms. Doe's Truthfulness Scale score is within the acceptable range and all her ADS scale scores are accurate. It's important to keep this scale score in perspective – it is within the acceptable (truthful) range.

**ADS Profile**

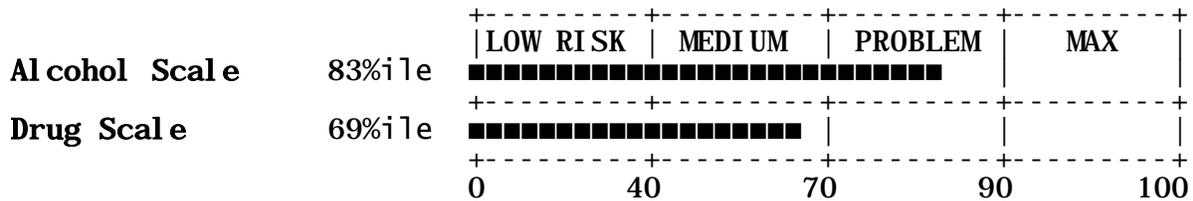


Privacy and client confidentiality must be protected. That is why a free proprietary "name deletion" software program is provided. It insures full HIPAA compliance.

**ALCOHOL SCALE:**

**RISK PERCENTILE: 83**

Ms. Doe's Alcohol Scale score is in the problem (70 to 89<sup>th</sup> percentile) range. An established pattern of alcohol (beer, wine or liquor) abuse is indicated. Consideration should be given to outpatient chemical dependency treatment for people with drinking problems. Participation in self-help or mutual-help meetings could augment, but should not replace treatment. Without treatment Ms. Doe's drinking problem will likely worsen. Should Ms. Doe relapse her optimum level of care would likely increase to "intensive outpatient treatment." For perspective, some "intensive" programs require daily attendance.



**DRUG SCALE:**

**RISK PERCENTILE: 69**

Ms. Doe's Drug Scale score is in the medium risk (40 to 69<sup>th</sup> percentile) range. This individual's Drug Scale score is indicative of either a "recovering" drug abuser (#58, 112) that has relapsed, or somebody in the initial or early stage of drug involvement. Intervention at this time could help Ms. Doe either stop or reverse her non-prescription drug involvement. Consideration might be given to a low intensity intervention like completing a chemical dependency educational class. An alternative recommendation would be attendance at self-help meetings like Narcotics Anonymous (NA) or Cocaine Anonymous (CA). No intervention or the lack of treatment would likely result in Ms. Doe's drug involvement worsening.

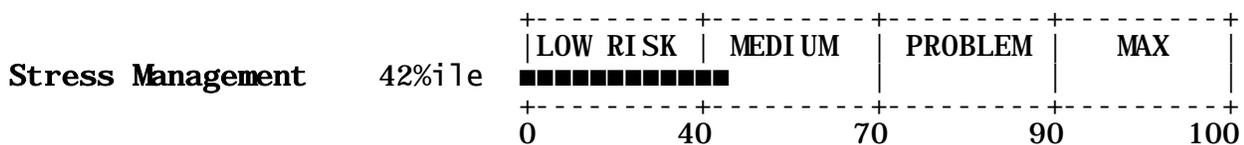
**SUBSTANCE USE DISORDER: MODERATE**

In DSM-5 a cluster of eleven (11) symptoms (criteria) are used to determine the severity of a client's (offender's) substance use. More specifically, the number of the eleven criteria (symptoms) that are admitted to establishes Substance Use Disorder severity. Ms. Doe admits to **two or three** of the eleven severity criteria, which meets the DSM-5 **moderate** severity criterion. This DSM-5 severity classification is equivalent to the Driver Risk Inventory (DRI) Alcohol and/or Drug Scales **moderate risk** (40 to 69<sup>th</sup> percentile) classification. The DSM-5 Substance Use Disorder incorporates both alcohol and drugs, whereas the DRI Alcohol Scale is assessed independently or separately from its Drug Scale.

**STRESS MANAGEMENT SCALE:**

**RISK PERCENTILE: 42**

Ms. Doe's Stress Management Scale score is in the medium risk (40 to 69<sup>th</sup> percentile) range. Stress management is not a focal issue, consequently no stress-related recommendations are made. Ms. Doe adequately manages her experienced stress. Two people can be in the same stressful situation, yet one person handles the stress well, while the other person is overwhelmed. In this example, both persons were experiencing the same level of stress which raises the question, "why did they handle (manage) it differently? The answer: one person acquired (learned) better stress management skills (stress management techniques and strategies) than the other. For reference, many good "stress management" books are available at local bookstores and libraries.



**SIGNIFICANT ITEMS:** Are direct admissions and/or unusual answers that can give rise to additional insight, awareness and understanding.

**ALCOHOL**

- 2. Concerned about drinking
- 8. Drinking not a problem
- 38. Family concerned about drinking
- 45. Admits drinking problem
- 49. Has lied about drinking
- Additional Items Include: #57; #60, #62.

**DRUG**

- 9. Admits smoking marijuana
- 30. May use offered drugs

**MULTIPLE CHOICE ANSWERS:** Alcohol-Drug-Screen (ADS) items numbered 109 through 116 have four answers to choose from. Ms. Doe's answers are printed.

- 109. Drinking a moderate problem
- 110. Handle drinking problem myself
- 111. One alcohol trtmt. program
- 112. Not a recovering person

- 113. Drug use not a problem
- 114. No enrollment in drug programs
- 115. No need for help
- 116. No preferred substance

**OBSERVATIONS/RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**STAFF MEMBER SIGNATURE**

\_\_\_\_\_  
**DATE**

**ADS RESPONSES**

1- 50 FTTFFTTFFT FTTTFFTTFF TTFFTTFFTT FTTFFFTFFT FTTTFTTFFT  
 51-100 TFFTTFFTTT FFFFTTTFFT TFFFTTFTF TTTFFTTFTT FTTTFFTTT2  
 101-116 2331212223 144444