

DOSCI

DRIVER ORIENTATION SCREEN FOR COGNITIVE IMPAIRMENT

RULE OUT INTOXICATION AND URGENT MEDICAL CONDITIONS

ASK ALL 9 QUESTIONS - GIVE ONE POINT FOR EACH INCORRECT RESPONSE

- 1. What is your date of birth**
 - 2. What is your full home address**
 - 3. What state are we in now?**
 - 4. What city/town are we in now?**
 - 5. Without looking at your watch, can you estimate what time it is now? (Answer provided must be plus or minus one hour of correct time)**
 - 6. What day of the week is it?**
 - 7 – 9.What is today's date?**
 - Month
 - Day
 - Year
- (May prompt for month, day, & year if needed)

See reverse side for scoring

5 OR MORE INCORRECT: Unsafe to drive today; refer to department policy

Additional questions may help determine orientation

1. Where are you coming from and where are you going?
2. Will you please spell your name?
3. Do you have an emergency contact? What is their name and phone number?

0-2 INCORRECT: Based on totality of circumstances. Does not need referral for examination based on cognition

3-4 INCORRECT: Potentially unsafe to drive today; consider totality of circumstances and may want to *Request for Examination of Driver*

5 OR MORE INCORRECT: Unsafe to drive today; refer to department procedures for alternative transportation and vehicle removal.
Recommend submitting *Request for Evaluation of Driver* form

To access *Request for Examination of Driver* form
go to DPS web site and search “request for examination of driver”
the form comes up as printable PDF