MDOT MARYLAND DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ADMINISTRATION

6601 Ritchie Highway, N.E.,
Glen Burnie, Maryland 21062

DC-001A (04-23)

Driver Wellness & Safety Division Alcohol and Drug Questionnaire

To submit your form electronically, please visit: https://mymva.maryland.gov/go/web/DocUpload

Or submit by mail at:
MDOT MVA, Division of Driver Wellness and Safety, Room 124, 6601 Ritchie Highway, NE, Glen Burnie, MD 21062

Section A

Driver License Number		Today's Date	
Last Name	First	Middle	Date of Birth

Section B

1. Have you ever drank alcohol? ☐ Yes ☐ No

   If yes, what was the date of your last drink? _____

If you DID NOT drink alcohol in the past year, skip to question 9.
Chose the answer that most closely reflects your ALCOHOL USE IN THE PAST YEAR.

2. How often do you have a drink containing alcohol?

   ☐ Less than twice monthly ☐ Up to four times monthly ☐ Up to three times weekly ☐ More than four times weekly

3. When drinking, how many drinks do you usually have at a time?

   ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ More than 6

4. How often have you found that you were not able to stop drinking once you started?

   ☐ Never ☐ Once monthly ☐ Weekly ☐ Almost daily

5. How often have you failed to do what was normally expected of you because of drinking?

   ☐ Never ☐ Once monthly ☐ Weekly ☐ Almost daily

6. How often have you needed a first drink in the morning to get yourself going?

   ☐ Never ☐ Once monthly ☐ Weekly ☐ Almost daily

7. How often have you had a feeling of guilt after drinking?

   ☐ Never ☐ Once monthly ☐ Weekly ☐ Almost daily

8. How often have you been UNABLE to remember what happened the night before drinking?

   ☐ Never ☐ Once monthly ☐ Weekly ☐ Almost daily

9. Have you or someone else been injured as a result of your drinking?

   ☐ Yes, during the past year ☐ Yes, but not in the past year ☐ Never

10. Has a relative, friend, doctor or other healthcare worker been concerned about your drinking or suggest you cut down?

    ☐ Yes, during the past year ☐ Yes, but not in the past year ☐ Never

11. Do you think you have ever had a problem with your alcohol use? ☐ Yes ☐ No

12. Have you ever been in an alcohol treatment program? ☐ Yes ☐ No

    If yes, provide name(s) and date(s) of treatment: _____

13. Do you attend self-help meetings? ☐ Yes ☐ No

14. Have you ever been cited for drinking and driving? ☐ Yes, number of times: _____ ☐ No

Name:	Driver's License Number

Section C - Drug Use

1. Have you ever used illegal drugs? ☐ Yes ☐ No

   If yes, what drug(s) and when was the last day of use? _____

2. Have you ever misused or abused prescription drugs or pain medication? ☐ Yes ☐ No

   If yes, what drug(s) and when was the last day of use? _____

3. Have you ever been in a drug treatment program? ☐ Yes ☐ No

   If yes, provide name(s) and date(s) of treatment: _____

4. Do you attend self-help meetings? ☐ Yes, number of meetings per week _____ ☐ No

Use the following space for additional information and comments:

_____

_____

_____

_____

_____

Section D

I certify that the information I have provided is true and complete to the best of my knowledge and belief.

_____

Signature Date Daytime Phone

Apply to... Register to Vote Now!

Apply to register to vote with your driver's license transaction. For details ask your customer service representative.