

## **MAST- Questionnaire About Drinking Habits**

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|-----|---|-----|----|
| 1.  | Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people)   | YES | NO |
| 2.  | Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?  | YES | NO |
| 3.  | Does your wife, husband, parent, or other near relative ever worry or complain about your drinking?   | YES | NO |
| 4.  | Can you stop drinking without a struggle after one or two drinks?   | YES | NO |
| 5.  | Do you feel bad about your drinking?  | YES | NO |
| 6.  | Do friends or relatives think you are a normal drinker?   | YES | NO |
| 7.  | Do you ever try to limit your drinking to certain times of the day or to certain places?  | YES | NO |
| 8.  | Are you always able to stop drinking when you want to?  | YES | NO |
| 9.  | Have you ever attended a meeting of Alcoholics Anonymous (A.A.)?  | YES | NO |
| 10. | Have you gotten into physical fights when drinking?   | YES | NO |
| 11. | Has your drinking ever created problems between you and your wife, husband, parent, or another relative?  | YES | NO |
| 12. | Has your wife, husband, or other family members ever gone to anyone for help about your drinking?   | YES | NO |
| 13. | Have you ever lost friends because of your drinking?  | YES | NO |
| 14. | Have you ever gotten into trouble at school or work because of drinking?  | YES | NO |
| 15. | Have you ever lost a job because of drinking?   | YES | NO |
| 16. | Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?  | YES | NO |
| 17. | Do you drink before noon fairly often?  | YES | NO |
| 18. | Have you ever been told you have liver trouble? Cirrhosis?  | YES | NO |
| 19. | After heavy drinking have you ever had Delirium Tremens (D.T.'s) or severe shaking, or heard voices or seen things that weren't really there?                               | YES | NO |
| 20. | After heavy drinking, have you ever heard voices or seen things that weren't really there?  | YES | NO |
| 21. | Have you ever gone to anyone for help about your drinking?  | YES | NO |
| 22. | Have you ever been in a hospital because of drinking?   | YES | NO |
| 23. | Have you ever been a patient in a psychiatric hospital or a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization? | YES | NO |
| 24. | Have you ever been in a hospital to be "dried out" (detoxified) because of drinking?  | YES | NO |
| 25. | Have you ever been in jail, even for a few hours, because of drunken behavior?  | YES | NO |

## **Intake Questionnaire**

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**Full Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (MI)

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Physical Address** (If different from above): \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Phone Number** (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
(Month / Day / Year)

**Level of Education:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Annual Income:** \_\_\_\_\_

**Are You a Student? (circle one) YES NO** **Name of School:** \_\_\_\_\_

**Are You Employed? (circle one) YES NO** **Name of Employer:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ (Single, Married, Divorced, Separated) **Spouses Name** (if applicable): \_\_\_\_\_

**Number of Marriages:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_

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***If Applicable:***

**Military Status:** \_\_\_\_\_ Active \_\_\_\_\_ Honorable Discharge \_\_\_\_\_ Dishonorable Discharge \_\_\_\_\_ Other

**Branch of Service:** \_\_\_\_\_ **Dates of Service:** \_\_\_\_\_

**List any Medical Conditions/Disabilities:** \_\_\_\_\_

**List all prescribed medications you are currently taking:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_

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***Current Offense:***

**Court:** \_\_\_\_\_ **Judge** \_\_\_\_\_ **Attorney:** \_\_\_\_\_

**What was the charge?** \_\_\_\_\_ **# of Previous charges of same offense?** \_\_\_\_\_

**Was there a crash involved in your arrest?** \_\_\_\_\_ **Were there any injuries?** \_\_\_\_\_

**What was your Blood Alcohol Content (BAC)?** \_\_\_\_\_ **What time did you start & stop drinking?** \_\_\_\_\_

**The day of the offense, were you using any drugs other than alcohol?** \_\_\_\_\_ **What drugs?** \_\_\_\_\_

**Place of Last Drink/Drug?** \_\_\_\_\_ **How much did you have to drink/use?** \_\_\_\_\_

**What were you drinking or using?** \_\_\_\_\_ **What was the occasion?** \_\_\_\_\_

**What time were you arrested? Why were you stopped?** \_\_\_\_\_

**do you have any pending charges?** \_\_\_\_\_ **If so, where and what for?** \_\_\_\_\_

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***Legal History:***

**Are you currently on probation with any other agency?** \_\_\_\_\_ **If yes where and name of PO** \_\_\_\_\_

*Prior to this offense, have you ever:*

**Participated in any ASAP?** \_\_\_\_\_ **If Yes, When/Where?** \_\_\_\_\_

**Been charged or convicted of DUI?** \_\_\_\_\_ **If Yes, When/Where?** \_\_\_\_\_

Been charged or convicted of Drunk in Public or Drunk & Disorderly? \_\_\_\_\_

If Yes, When/Where: \_\_\_\_\_

Been charged or convicted of Underage Possession of Alcohol? \_\_\_\_\_

If Yes, When/Where: \_\_\_\_\_

Been charged or convicted of any Drug-related charges? *If Yes, When/Where?* \_\_\_\_\_

What was the charge? \_\_\_\_\_

Been charged or convicted of any criminal offenses? \_\_\_\_\_

If Yes, When/Where? \_\_\_\_\_ What was the charge? \_\_\_\_\_

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***Alcohol and Drug History:***

Do you now have or have you ever had an alcohol or drug problem? \_\_\_\_\_

Age of first alcohol use \_\_\_\_\_ When was your last use of alcohol? \_\_\_\_\_

In what settings do you normally drink (Example: bar, home, parties, etc) \_\_\_\_\_

How much and what do you normally drink on each occasion? \_\_\_\_\_

Is there anyone in your family or extended family who has or has had alcohol or drug problems? \_\_\_\_\_

Circle all that apply: *Mother Father Sibling Aunts Uncles Cousins Grandparents*

Have you ever or are you currently using drugs? \_\_\_\_\_ *If yes, when was the last time you used?* \_\_\_\_\_

What drug(s) have you experimented with in your lifetime? \_\_\_\_\_

What drug(s) are you currently using? (Please include; amount, frequency, where you are using, and with whom) \_\_\_\_\_

Do you often mix the use of drugs and alcohol together? \_\_\_\_\_

Have you ever received alcohol/drug education as a result of an alcohol/drug incident? \_\_\_\_\_

When and where: \_\_\_\_\_

Have you received any treatment for substance abuse? \_\_\_\_\_ *If Yes, When/Where?* \_\_\_\_\_

Have you ever received psychiatric treatment? \_\_\_\_\_ *If Yes, When/Where?* \_\_\_\_\_

I certify this information is accurate to the best of my knowledge.

Probationer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RAPPAHANNOCK AREA ALCOHOL SAFETY ACTION PROGRAM**

## RAASAP OVERVIEW AND FEE POLICY

You have been referred by the Court to the Rappahannock Area Alcohol Safety Action Program (RAASAP). You may be referred by the Court to RAASAP:

1. After being convicted of Driving Under the Influence (DUI)
2. After being convicted of Boating Under the Influence (BUI)
3. After being convicted of a similar offense in another state
4. If you have been charged with or convicted of a drinking/drug violation which could result in driver's license suspension.
5. After being convicted or having found facts sufficient to convict of violating the drug laws of the Commonwealth.
6. After being convicted of any offense that is alcohol or drug related misdemeanor.

Participation in RAASAP is directed by Court Order and is part of probation for the offense. The Court has placed you on probation for a period of time as specified on the restricted license order (DC-265 or DC-359).

Section 18.2-271 (E) of the Code of Virginia requires that no restricted license be issued until the defendant is enrolled in a certified Virginia Alcohol Safety Action Program (VASAP). The Rappahannock Area Alcohol Safety Action Program is certified by the state VASAP.

To enroll in the RAASAP, you must contact this office to schedule an appointment. You may drop in or call between the hours of 8:30AM and 4:00PM Monday through Thursday; the office is closed from 11:00AM to 12:00PM for lunch and 8:30AM to 11:00AM on Fridays. The enrollment appointment must be completed within 15 days of being referred by the Court to RAASAP. There is a \$25.00 missed appointment fee if you fail to show for an appointment or fail to reschedule with 24 hours advance notice.

Prior to or on the day of the intake appointment, you must be prepared to pay VASAP fees or make payment arrangements. All payments must be paid by personal check, money order or bank check. WE DO NOT ACCEPT CASH! All payments are non-refundable.

### **INTERVENTION SERVICES**

In addition to the probation supervision and monitoring provided by the case manager, you will be referred to intervention services. You are responsible for costs and fees associated with the following intervention services: **EDUCATION SERVICES** includes 20 hours of alcohol and drug education and information taught in 2-hour weekly sessions.

**INTENSIVE EDUCATION SERVICES** includes 20 hours of weekly group sessions (each session is approximately 2 hours) that take an in-depth look at the role alcohol and drugs play in your life.

**TREATMENT SERVICES** involve being referred to a treatment agency for further evaluation. If appropriate, you may be recommended to participate in a combination of group, individual or residential treatment based on your individual needs.

Your case will be referred back to court if you fail to complete an intake interview, if you fail to pay the VASAP fees, or if you fail to complete any program guidelines. If you are returned to court as non-compliant, the ASAP fee will NOT be refunded unless court ordered. Should a refund be ordered, \$100.00 will be withheld by the RAASAP to cover the administrative costs of enrollment and intake.

VASAP services are user funded. No tax dollars fund the system. ASAP fees are not refundable.  
 You understand that delinquent balances are subject to the Virginia Debt Set-Off program and other collection procedures.

**PROGRAM FEES**

**Services Fees**

VASAP DUI/RECKLESS DRIVING/BUI	=	\$300.00
VASAP FIRST OFFENDER DRUG	=	\$300.00
VASAP HABITUAL OFFENDER	=	\$300.00
YOUNG OFFENDER (ALCOHOL POSSESSION)	=	\$150.00
LICENSE RESTORATION EVALUATION	=	\$175.00
PRE COURT EVALUATION	=	\$175.00
EDUCATION INTERVENTION (with supervision)	=	\$100.00
EDUCATION INTERVENTION	=	\$100.00 (Education Services only)
RE-SCHEDULING INTERVENTION	=	\$ 25.00 (Education only)
RE-ENSTATEMENT APPOINTMENT	=	\$ 25.00
MONITORING	=	\$ 30.00 per visit*
ELECTRONIC MONITORING	=	\$ 50.00 per month (no RAASAP probation supervision)
RE-ASSESSMENT	=	\$300.00
RE-ENTRY	=	\$ 50.00
DRIVER IMPROVEMENT	=	\$ 50.00
RECKLESS AGGRESSIVE DRIVER	=	
EDUCATION PROGRAM (RADEP)	=	\$125.00

**Administrative Fees**

MISSED APPOINTMENT	=	\$ 25.00
MAKE UP MISSED CLASS	=	\$ 25.00 (Excused Absence only)
RETURNED CHECK	=	\$ 35.00
COMPREHENSIVE DRUG SCREEN	=	\$ 25.00
COMPREHENSIVE ALCOHOL SCREEN	=	\$ 25.00
VICTIMS IMPACT PANEL	=	\$ 25.00 (without RAASAP probation monitoring)
COPY OF FILE	=	\$ 1.00 1 <sup>ST</sup> PAGE
	=	\$ .50 EVERY PAGE THEREAFTER

\* referral for monitoring only or supervision after one year per visit

\_\_\_\_\_  
 Probationer signature

\_\_\_\_\_  
 Case Manager

\_\_\_\_\_  
 Date

**RAPPAHANNOCK AREA ALCOHOL SAFETY ACTION PROGRAM  
 AGREEMENT TO PARTICIPATE  
 (Not Court Assigned)**

**I HAVE REQUESTED ENROLLMENT IN THE RAPPAHANNOCK AREA ASAP AND AGREE TO THE FOLLOWING TERMS OF PARTICIPATION:**

**1. (a) all fees paid to the RAASAP are non-refundable.**

- (b) after I have been in the ASAP for 12 months, I am required to pay \$30.00 for any case review appointments.
- (c) I must pay the cost of any treatment program to which I am referred.
- (d) I agree to the Overview Fee Policy of the Rappahannock Area ASAP that specifies additional user fees.

**2. Program Participation:**

- (a) my participation in ASAP will involve a commitment of my time and will not be solely at my convenience. I agree to meet my ASAP Case Manager at the RAASAP office as required.
- (b) I have completed the enrollment process when I have completed the intake interview with the Case Manager.
- (c) I agree to attend all program requirements including monitoring case reviews and a final case review.
- (d) I will continue with ASAP supervision and requirements until the end of the court-ordered or DMV administrative period of suspension or revocation of my driver's license related to this offense.
- (e) the minimum service plan will include attending and completing the required education and or treatment intervention as determined by the Case Manager, attending case-review appointments, community resource support meetings or identified alternatives, and breath and urine drug screens as required.
- (f) I agree to abstain from the use of alcohol or illegal drugs. ASAP staff and instructors (including staff or referring agencies) will conduct breath and urinalysis tests. I agree to submit to such tests.
- (g) Absenteeism will be excused in emergency situations ONLY. (Emergency situations are defined as: a) death or illness, which must be verified in writing by a physician or, b) work, which must be verified in writing by my supervisor in company letterhead, or c) other verified emergency situations. I MUST have prior approval from the case manager for class absence. If I miss a scheduled group meeting or counseling appointment even though I have notified the case manager by phone, my absence will not be excused until the case manager has received in writing the reason(s) for missing said group or counseling session. I understand that the written excuse must be in the RAASAP office by 4:00PM the day prior to the next group meeting. I also agree to meet with my case manager prior to the next group session and make up the group if necessary. Failure to follow the above procedures for a class absence will result in me being removed from that group.
- (h) Participation in ASAP may require that I attend Alcoholics Anonymous (AA) or other addictions support groups as part of my education or treatment plan. I understand that if I object to AA on religious grounds, other alternatives will be identified for me.
- (i) failure to keep the terms of this agreement shall result in being discharged from the program as unsuccessful.

**ACTIONS THAT SHALL RESULT IN DISCHARGE FROM THE PROGRAM AS UNSUCCESSFUL:**

- 1. Failure to complete a scheduled intake appointment or any other scheduled appointment.
- 2. Failure to cooperate in the initial intake evaluation and investigation of your case by the Case Manager.
- 3. Failure to actively participate and behave/interact appropriately in any education or treatment intervention.
- 4. Absence from any scheduled counseling session or education class session without the approval of the Case Manager.
- 5. Appearing for any activity or program appointment while under the influence of alcohol or other drugs.
- 6. More than one positive breath or urine drug screen.
- 7. A subsequent alcohol or drug related arrest.

**ENROLLMENT PRIOR TO CONVICTION**

**I understand that a copy of my final report will be sent to the Court of record. I agree to attend the pre-court program for 12 months unless I am convicted of this offense prior to the end of the twelve-month period. If convicted of this offense, I will continue with ASAP supervision and requirements until the end of the suspension period set by the court. I understand that fees are not refundable regardless of the outcome of the of my pending charge.**

**I HAVE READ THE ABOVE AND UNDERSTAND THE TERMS AND CONDITIONS OF MY PARTICIPATION IN ASAP**

\_\_\_\_\_  
(INITIAL ENROLLMENT DATE)

\_\_\_\_\_  
(CLIENT SIGNATURE)

\_\_\_\_\_  
(INTAKE DATE)

\_\_\_\_\_  
(CASE MANAGER SIGNATURE)

07/07