

# GOOBERMAN'S DWI MEDICAL QUESTIONNAIRE

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: HOME \_\_\_\_\_ WORK \_\_\_\_\_

Lawyer: \_\_\_\_\_ Tel Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Town of Arrest: \_\_\_\_\_

Date of arrest: \_\_\_\_\_ Time of Arrest: \_\_\_\_\_

Do you speak English as your first language? \_\_\_\_yes \_\_\_\_no

If no, what is your primary language:

\_\_\_\_\_

**DWI:** \_\_\_\_yes \_\_\_\_no      **REFUSAL:** \_\_\_\_yes \_\_\_\_no

\_\_\_\_ ETOH

\_\_\_\_ Drugs

Breath test: \_\_\_\_yes \_\_\_\_no      Result: \_\_\_\_\_

Blood test: \_\_\_\_yes \_\_\_\_no      Hosp? \_\_\_\_      Police lab? \_\_\_\_\_

Urine test: \_\_\_\_yes \_\_\_\_no      Hosp? \_\_\_\_      Police lab? \_\_\_\_\_

Substances and Levels:

Was there an MVA?      \_\_\_\_yes      \_\_\_\_no

Was there air bag deployment?      \_\_\_\_yes      \_\_\_\_no

Was there LOC?      \_\_\_\_yes      \_\_\_\_no

Was there AOB?      \_\_\_\_yes      \_\_\_\_no

Pale      \_\_\_\_yes      \_\_\_\_no

SFST's      \_\_\_\_yes      \_\_\_\_no

FIELD NOTES?      \_\_\_\_yes      \_\_\_\_no

FLASHING LIGHTS? \_\_\_\_\_yes \_\_\_\_\_no

SLERP DEPRIVATION (TIREDNESS)? \_\_\_\_\_yes \_\_\_\_\_no

HGN - 3 CLUES

1. Follow moving objects smoothly. \_\_\_\_\_yes \_\_\_\_\_no
2. Nystagmus at maximum deviation. \_\_\_\_\_yes \_\_\_\_\_no
3. Angle onset prior to 45 degrees. \_\_\_\_\_yes \_\_\_\_\_no

WALK AND TURN TEST - 8 CLUES

1. Can't keep balance. \_\_\_\_\_yes \_\_\_\_\_no
2. Starts early. \_\_\_\_\_yes \_\_\_\_\_no
3. Stops during. \_\_\_\_\_yes \_\_\_\_\_no
4. Doesn't touch. \_\_\_\_\_yes \_\_\_\_\_no
5. Steps off line. \_\_\_\_\_yes \_\_\_\_\_no
6. Uses arms to balance. \_\_\_\_\_yes \_\_\_\_\_no
7. Improper turn. \_\_\_\_\_yes \_\_\_\_\_no
8. Incorrect number of steps. \_\_\_\_\_yes \_\_\_\_\_no

ONE LEG STAND (OLS) - 4 CLUES

1. Sways. \_\_\_\_\_yes \_\_\_\_\_no
2. Uses arms for balance. \_\_\_\_\_yes \_\_\_\_\_no
3. Hopping. \_\_\_\_\_yes \_\_\_\_\_no
4. Puts foot down early. \_\_\_\_\_yes \_\_\_\_\_no

ADDITIONAL TEST? \_\_\_\_\_yes \_\_\_\_\_no

Alphabet \_\_\_\_\_yes \_\_\_\_\_no

Other:  
\_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Ideal Body Weight (IBW) \_\_\_\_\_ - \_\_\_\_\_

Body Mass Index (BMI) \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. / 2.2 = \_\_\_\_\_ kg or Weight: \_\_\_\_\_ lbs X 454 =  
\_\_\_\_\_ g

Ideal body weight; \_\_\_\_\_ BMI: \_\_\_\_\_  
(Overweight/Obese/morbid obesity)

First Beverage

Beverage-- (circle one) beer (.05), wine (.15), whiskey (.4), rum (.2),  
other \_\_\_\_\_

How many --\_\_\_\_\_Container (circle one) --bottle, can, glass, shot

Size (ounces) -- \_\_\_\_\_ X 30 = \_\_\_\_\_ml of beverage

\_\_\_\_\_ml Beverage X \_\_\_\_\_% ETOH = \_\_\_\_\_ml alcohol

\_\_\_\_\_ml Alcohol X 0.8 = \_\_\_\_\_g Alcohol

Second Beverage

Beverage-- (circle one) beer (.05), wine (.15), whiskey (.4), rum (.2), other\_\_\_\_\_

How many --\_\_\_\_\_Container (circle one) --bottle, can, glass, shot

Size (ounces) -- \_\_\_\_\_ X 30 = \_\_\_\_\_ml of beverage

\_\_\_\_\_ml Beverage X \_\_\_\_\_% ETOH = \_\_\_\_\_ml alcohol

\_\_\_\_\_ml Alcohol X 0.8 = \_\_\_\_\_g Alcohol

Wt in Grams \_\_\_\_\_

Alcohol in Grams \_\_\_\_\_

R value \_\_\_\_\_ (.68 or .55)

Max BAL \_\_\_\_\_

(\_\_\_\_\_g Alcohol / (\_\_\_\_\_g Body Weight X r)) X 100  
= \_\_\_\_\_g%

Time of your first drink: \_\_\_\_\_

Time of your last drink: \_\_\_\_\_

Time of your breath test: \_\_\_\_\_

Hrs \_\_\_\_\_ (BAL decreases by about 0.02 per hour)

Range: \_\_\_\_\_-\_\_\_\_\_

Did you drink with food (were you eating when you were drinking)? \_\_\_\_\_yes  
\_\_\_\_\_no

Were you well rested at the time of the arrest? \_\_\_\_\_yes \_\_\_\_\_no

Were you crying at the time of the breath test? \_\_\_\_\_yes \_\_\_\_\_no

Was there any dieting with weight loss in the days prior to the breath  
Test? \_\_\_\_\_Yes \_\_\_\_\_no

What medications were you taking at the time of the arrest?

Were you bleeding at the time of the arrest? \_\_\_\_\_yes \_\_\_\_\_no

If yes, where were you bleeding?

- \_\_\_\_\_Cuts (lacerations)
- \_\_\_\_\_Scratches (abrasions)
- \_\_\_\_\_Broken bones (fractures)
- \_\_\_\_\_BRUISES (hematomas)

Please explain:

Do you have diabetes? \_\_\_\_\_yes \_\_\_\_\_no---What medication do you take for  
the diabetes, if any?

Medication:

Did you suffer from any injuries at the time of arrest to your:

Ankles? \_\_\_\_\_ Feet? \_\_\_\_\_ Legs? \_\_\_\_\_ Back? \_\_\_\_\_  
Knee? \_\_\_\_\_ Hips? \_\_\_\_\_

Please explain:

Were you receiving treatment for the following neurologic conditions at the time of the arrest?

Vertigo (dizziness condition)?	_____yes	_____no
Seizure Disorder?	_____yes	_____no
Head Injury?	_____yes	_____no
Nerve Damage?	_____yes	_____no
A Learning disability?	_____yes	_____no
Stroke?	_____yes	_____no
DEPRESSION?	_____yes	_____no

Please explain:

PAST MEDICAL HISTORY:

Do you see a doctor regularly?	_____yes	_____no
Do you see a chiropractor regularly?	_____yes	_____no
Do you have any respiratory allergies?	_____yes	_____no
Do you have chronic sinusits?	_____yes	_____no
Did you have a cold/flu at the time of the arrest?	_____yes	_____no
Did you have bronchitis at the time of the arrest?	_____yes	_____no

Hospitalizations (please list)

Surgeries (please list)

Bariatric surgery? \_\_\_\_\_yes \_\_\_\_\_no

Do you suffer from an ongoing problem with any of the following?

- \_\_\_\_\_ Post Nasal Drip
- \_\_\_\_\_ Hoarseness
- \_\_\_\_\_ Nasal congestion
- \_\_\_\_\_ Something caught in throat
- \_\_\_\_\_ Halitosis (bad breath)
- \_\_\_\_\_ Rhinitis (runny nose)
- \_\_\_\_\_ Sore Throat
- \_\_\_\_\_ Choking spells
- \_\_\_\_\_ Excess Salivation
- \_\_\_\_\_ Voice changes
- \_\_\_\_\_ Persistent coughing
- \_\_\_\_\_ Ear pain (otalgia)
- \_\_\_\_\_ Throat clearing
- \_\_\_\_\_ Neck pain - not related to trauma

Have you ever had sinus x-rays? \_\_\_\_\_yes \_\_\_\_\_no---If yes, Please obtain the report.

Do you have asthma? \_\_\_\_\_yes \_\_\_\_\_no

Do you have bronchitis? \_\_\_\_\_yes \_\_\_\_\_no

Do you have emphysema? \_\_\_\_\_yes \_\_\_\_\_no

Do you have COPD? \_\_\_\_\_yes \_\_\_\_\_no

Do you use and inhaler? \_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_ Pulmonary inhaler

\_\_\_\_\_ Nasal inhaler

Do you have any of the following?

- A hiatal hernia
- Problems with indigestion (heart burn) and belching
- Difficulty swallowing
- Hoarseness in the morning
- Sore throat in the morning

Do you use antacids or other stomach medications regularly? yes  
no

Over the counter medications?

Prescribed by your doctor? Please obtain a report from him.

Have you ever have an upper GI x-ray? yes no---If yes, Please obtain the report.

Do you have?

- Dental Bridges
- Gum Disease (gingivitis, pyorrhea?)
- Dental plates
- Do you use adhesive? yes no
- If yes, what brand? \_\_\_\_\_

Did you use a mouth wash or breath spray at the time of the arrest? yes  
no

Breath spray Mouth wash

Did you eat anything peppermint around the time of the arrest? yes  
no

If yes, what?

IDEAL BODY WEIGHTS (IDW)

WOMEN, AGES 25 - 59  
 (All weights include 3 pounds of clothing)  
 (All heights include 1 inch for shoes)

HEIGHT Feet-inches	SMALL FRAME	MEDIUM FRAME	LARGE FRAME
4 - 10	102-111	109-121	118-131
4 - 11	103-113	111-123	120-134
5 - 0	104-115	113-126	122-137
5 - 1	106-118	115-129	125-140
5 - 2	108-121	118-132	128-143
5 - 3	111-124	121-135	131-147
5 - 4	114-127	124-138	134-151
5 - 5	117-130	127-141	137-155
5 - 6	120-133	130-144	140-159
5 - 7	123-136	133-147	143-163
5 - 8	126-139	136-150	146-167
5 - 9	129-142	139-153	149-170
5 - 10	132-145	142-156	152-173
5 - 11	135-148	145-159	155-176
6 - 0	138-151	148-162	158-179

MEN, AGES 25 - 59  
 (All weights include 5 pounds of clothing)  
 (All heights include 1 inch for shoes)

HEIGHT Feet-inches	SMALL FRAME	MEDIUM FRAME	LARGE FRAME
5 - 2	128-134	131-141	138-150
5 - 3	130-136	133-143	140-153
5 - 4	132-138	135-145	142-153
5 - 5	134-140	137-148	144-160
5 - 6	136-142	139-151	146-164
5 - 7	138-145	142-154	149-168
5 - 8	140-148	145-157	152-172
5 - 9	142-151	148-160	155-176
5 - 10	144-154	151-163	158-180
5 - 11	146-157	154-166	161-184
6 - 0	149-160	157-170	164-188
6 - 1	152-164	160-174	168-192
6 - 2	155-168	164-178	172-197
6 - 3	158-172	167-182	176-202
6 - 4	162-176	171-187	181-207