

COMMERCIAL DRIVERS SUPPLEMENTAL QUESTIONNAIRE

COUNTY OF LOS ANGELES

NAME (LAST, FIRST):	LAST 4 SSN	BIRTHDAY
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Have you had any of the following in the last 10 years?

YES	NOT SURE	NO		YES	NOT SURE	NO	
_____	_____	_____	S1. Pancreatitis	_____	_____	_____	S6. ADHD
_____	_____	_____	S2. Tremors	_____	_____	_____	S7. Suicide Attempt
_____	_____	_____	S3. Thyroid Trouble	_____	_____	_____	S8. Psychiatric Hospitalization
_____	_____	_____	S4. Sleep Apnea	_____	_____	_____	S9. Manic Episode
_____	_____	_____	S5. Drug or Alcohol Treatment	_____	_____	_____	S10. Panic Attack

YES	NOT SURE	NO	
_____	_____	_____	S11. Do you currently have or have you recently had chest pain or irregular heartbeat?
_____	_____	_____	S12. Do you have any limitations or difficulties related to driving?
_____	_____	_____	S13. Are you pregnant?
_____	_____	_____	S14. Has someone ever been concerned about your drinking or drug use?
_____	_____	_____	S15. Has someone ever been angry or upset about your drinking or drug use?
_____	_____	_____	S16. Have you been convicted of a "wet-reckless," or driving under the influence (DUI) in the last five years?
_____	_____	_____	S17. Have you ever felt bad about your drinking or drug use?
_____	_____	_____	S18. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

For "Yes" or "Not Sure" answers, please provide details including dates of occurrence.

I declare that my answers to the questions contained in this questionnaire are true to the best of my knowledge and belief. I am aware that urine and blood testing may be used to detect therapeutic medications to verify my answers on this form and Form MCSA-5875. I am aware that any willful inaccuracy may result in disciplinary action.

COMPLETE SIGNATURE:	DATE:
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