I. PATIENT INFORMATION

MEDRIL
MEDical testing for the DRIving Licence
EU project 2003-2006

Sex: Male ☐ Female ☐

Age: ……

Length of education (school-leaving age): 16 or lower ☐ 17-19 ☐ higher education ☐

Location of residence (population):

<2000	☐	40001-100000	☐
2001-10000	☐	100001-500000	☐
10001-40000	☐	500001+	☐

Living status:

Living alone ☐ Living with a partner ☐

II. DOCTOR'S ANAMNESIS

	YES	NO
1. **Eyes**: Are you being treated (or have you ever been treated) by an opthalmologist?	☐	☐
Do you have problems with night vision?	☐	☐
(If "no"): do you ever drive at night?	☐	☐
2. **Cardiovascular:** have you ever been treated for cardiovascular diseases?	☐	☐
3. **Renal**: have you ever been treated for kidney problems?	☐	☐
4. **Diabetes**: have you ever been treated for diabetes?	☐	☐
5. **Neurological**: have you ever suffered from any disorder of the brain or nervous system (Parkinson's, stroke, vertigo…)?	☐	☐
6. **Surgery:** have you ever had surgery on your eyes or brain, or have you ever had an organ transplant?	☐	☐
7. **Epilepsy** or similar: have you ever suffered from epilepsy or a similar disorder?	☐	☐
8. **Psychiatric conditions**: have you ever received treatment for your mental health?	☐	☐
9. **Medication affecting driving:** Do you take any medicine that may influence your ability to drive, such as hypnotics, tranquillisers, antidepressants, anti-psychotics, stimulants or other similar drugs? Hypnotics ☐ Sedatives ☐ Narcoleptics ☐ Analgesics ☐ Anti-depressants ☐	☐	☐
10. Sleeping disorders: do you have problems with abnormal sleepiness, getting to sleep or waking up suddenly during sleep?	☐	☐

11. Alcohol consumption

a) How often do you drink 3 portions of more of beer, wine, or other alcoholic beverages?

Never	☐	2-3 times a week	☐
About once a month	☐	4 times a week or more	☐
2-4 times a month	☐		

b) How many portions of alcohol do you generally consume each time you drink alcohol?

1-2 portions	☐	7-9 portions	☐
3-4 portions	☐	10 or more	☐
5-6 portions	☐		

c) How often do you consume six or more portions?

Never	☐	Once a week	☐
Once a month	☐	Daily or almost daily	☐

12. **Other** (please specify):

III. MEDICAL EXAMINATION

	PASS	FAIL
1. **Eyesight** (minimum 0.5)	☐	☐
2. **Visual field** (normal / abnormal)	☐	☐
3. **Strength** (normal / abnormal)	☐	☐
4. **Reflexes** (normal / abnormal)	☐	☐
5. **Balance** (normal / abnormal)	☐	☐
6. **General physical condition**: blood pressure (>200 systolic, or > 120 diastolic)	☐	☐
7. **General physical condition**: stethoscope (normal / abnormal)	☐	☐
8. **Cognitive impairment**: mini-mental test SCORE (max. 30):	……	
9. **Alcohol abuse** test (CAGE) if appropriate	☐	☐
Have you ever felt you ought to cut down on your drinking? Y ☐ N ☐		
Have people annoyed you by criticizing your drinking? Y ☐ N ☐		
Have you ever felt bad or guilty about your drinking ? Y ☐ N ☐		
Have you ever taken a morning eye opener to steady your nerves? Y ☐ N ☐		

10. Other (please specify):