

Driver Orientation Screen for Cognitive Impairment, Missouri (DOSCI-MO)

RULE OUT

- Intoxication from alcohol, prescription medication, illicit drugs or other impairing substances
- Urgent medical conditions

ASK ALL 9 QUESTIONS: Subtract one point for each incorrect response.

- 1 What is your date of birth?** Fecha de nacimiento (-1PT.)
Month, day and year required; must match documents
- 2 What is your full home address?** (-1PT.)
Su dirección (número, calle, ciudad, estado)
Address provided must match document;
if not, prompt for address listed on documents
- 3 What state are we in now?** (-1PT.)
¿En que estate se encuentra usted, en este momento?
- 4 What city/town are we in now?** (-1PT.)
¿En que ciudad es encuentra usted, en este momento?
- 5 Without looking at your watch, can you estimate what time it is now?** (-1PT.)
¿Sin mirar su reloj puede decirme aproximadamente que hora es?
Answer provided must be plus or minus one hour of correct time.
- 6 What day of the week is it?** ¿Que dia de la semana, es hoy? (-1PT.)
What is today's date? Prompt for month, day and year if needed.
¿Cuál es la fecha de hoy?
- 7 Month:** (Mes) (-1PT.)
- 8 Day:** (Dia) (-1PT.)
- 9 Year:** (Año) (-1PT.)

SCORING CRITERIA

- | | |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 or more incorrect | <ul style="list-style-type: none">▪ Cite and report▪ Unsafe to drive; refer to department procedures for alternative transportation and vehicle removal |
| 3-4 incorrect | <ul style="list-style-type: none">▪ Potentially cite and report▪ Potentially unsafe to drive; consider totality of circumstances |
| 0-2 incorrect | <ul style="list-style-type: none">▪ No citation or potentially cite and report based on totality of circumstance |

OR MORE

ADDITIONAL QUESTIONS TO ASSIST IN EVALUATION

- **Where are you coming from and where are you going?**
¿De dónde viene y a dónde va?
- **Will you please spell your name?** Por favor deitree su nombre
- **Do you have an emergency contact? What is the name and phone number?**
¿Tiene un contacto de emergencia?Cuál es su nombre y número de teléfono?

Missouri Resources

STATE REPORTING

STEP
1

Report unsafe drivers to the Missouri licensing authority, the Missouri Department of Revenue, for review of medical fitness to drive. Use the Driver Condition Report (Form 4319). Form is available online, dor.mo.gov/forms/4319.pdf

STEP
2

Submit accurate and complete Form 4319

- **IDENTIFICATION:** Name, DOB, driver license #, current address and license plate of vehicle being operated
- **UNSAFE DRIVING BEHAVIOR:** Provide as many details as possible (traffic violations, crashes and dangerous driving habits)
- **CONDITION OF DRIVER:** Problems that may affect safe driving (problems moving legs, arms or head, losing consciousness, dementia or mental confusion, vision problems, and any problems with alcohol and drug use)

STEP
3

Additional information about the reporting process is available online, dor.mo.gov/faq/drivers/unsafe.php

REFERRAL SERVICES

ALZHEIMER'S ASSOCIATION: Offers a 24 hour helpline for referrals and support. www.alz.org or **(800) 272-3900**

MISSOURI'S ELDER ABUSE AND NEGLECT HOTLINE: The Missouri Department of Health & Senior Services investigates abuse, neglect and exploitation of vulnerable individuals age 60 or above and people with disabilities between 18-59. The hotline is available year round from 7 AM - 12 AM **(800) 392-0210**

TRANSPORTATION ALTERNATIVE

**For use by caregivers or the cited driver*

Dial 2-1-1 or **(800) 427-4626** to reach United Way and be connected to resources and agencies, such as your local Area Agency on Aging, near you. Or go online to www://health.mo.gov/seniors/aaa/

CONTACT INFORMATION

Funding provided by MoDOT through NHTSA.

DOSCI-MO modified with the assistance of the Subcommittee on Elder Mobility and Safety (SEMS).

Missouri Coalition
for Roadway Safety



www.savemolives.com