

# DOSCI

## DRIVER ORIENTATION SCREEN FOR COGNITIVE IMPAIRMENT

RULE OUT INTOXICATION AND URGENT MEDICAL CONDITIONS

ASK ALL 9 QUESTIONS - GIVE ONE  
POINT FOR EACH INCORRECT RESPONSE

1. What is your date of birth
2. What is your full home address
3. What state are we in now?
4. What city/town are we in now?
5. Without looking at your watch, can you estimate what time it is now? (Answer provided must be plus or minus one hour of correct time)
6. What day of the week is it?
- 7 – 9. What is today's date?
  - Month
  - Day
  - YearPrompt for month, day, & year if needed

**5 OR MORE INCORRECT:** Unsafe to drive today ; refer to department procedures for alternative transportation and vehicle removal. Submit Request for Evaluation of Driver form

**3-4 INCORRECT:** Potentially unsafe to drive today; consider totality of circumstances/request for examination of driver

**0-2 INCORRECT:** Based on totality of circumstances. Does not need referral for examination based on cognition

Additional questions to help determine orientation

1. Where are you coming from and where are you going?
2. Will you please spell your name?
3. Do you have an emergency contact? What is their name and phone number?

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DOSCI maybe be used for pedestrians, bicyclists, or motorists.

Questions do not need to be asked in order and may be worked into the conversation.

**All 9 questions should be asked to create the score.**

Each answer is 1 point.

The 3 additional questions at bottom of card may provide helpful information related to cognition.

Back of card will hold useful information and directions to: Request for Examination of Driver form and other resources