

## Q: WHY SHOULD I TAKE A DriveABLE ASSESSMENT?

**A:** Your Doctor may have recommended this assessment based on your medical history. Medical conditions can cause even the best driver to become unsafe. Driving is a complex task in which memory, attention, judgment and other cognitive abilities are used in concert to guide successful performance. Many medical conditions such as Memory Loss, Stroke, Heart Disease, and Diabetes can impact driving abilities. Even if no single condition is severe, several conditions can combine to make a person unsafe to drive. Medications can also affect your ability to drive safely.

**Driving skills can change. Drivers with cognitive impairment are over 3 times more likely to cause a crash. \***

Help keep you, your loved ones, and your community safe. Through knowledge and self-awareness, you can make better decisions about when to get behind the wheel, and when to seek other forms of transportation.

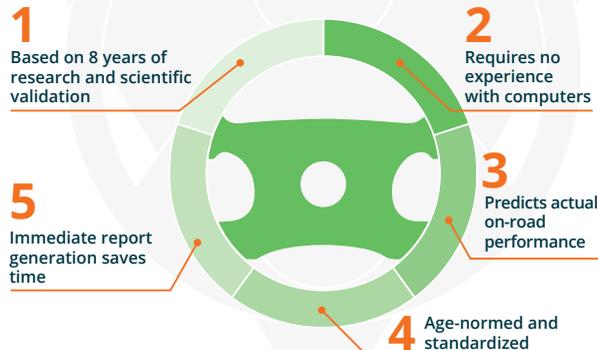
\* Source: Diller, E., Cook, L., Leonard, D., et al. (1999). Evaluating drivers licensed with medical conditions in Utah, 1992-1996. DOT HS 809 023. Washington, DC: National Highway Traffic Safety Administration.

## Q: WHY SHOULD I TRUST DriveABLE?

**A:** DriveABLE provides an unbiased and objective measure of the cognitive skills required for driving.

- Over 80,000 DriveABLE assessments have been completed across North America.
- Developed to protect safe drivers from misidentification due to diagnosis or age.
- Results are compared with drivers of the same age.
- Research has demonstrated fairness for both urban and rural drivers.
- Better Business Bureau accredited for over seven years.
- Recipient of the 1999 Prix d'Excellence, Claude P. Beaubien – Award of Excellence from The Alzheimer Society of Canada.

### Why It Works



**What to Expect During your Upcoming DriveABLE Cognitive Assessment**

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## I HAVE AN UPCOMING COGNITIVE ASSESSMENT

### Q: WHAT DOES THIS MEAN?

**A:** Your doctor wants more details on your brain's ability to observe and process information. The DriveABLE assessment measures the cognitive abilities we need to drive safely.

### Cognition is the ability to:



### Q: WHAT SHOULD I EXPECT DURING MY DriveABLE ASSESSMENT?

**A:** The DriveABLE Cognitive Assessment Tool (DCAT) is a simple test that consists of six tasks. These tasks are performed on a touch screen (pictured below). All that is required during these six tasks:

- Watching the screen
- Using your finger on the screen to touch and identify objects
- Pressing one of three buttons to complete tasks



The assessment is as simple to perform as using a telephone. During your assessment, you won't be alone. Throughout your assessment you will have a DriveABLE trained and certified assessor by your side. They will set you up for the assessment, explain every task to you, and provide you with an opportunity to practice each task before it starts.

## BEFORE AND AFTER AN ASSESSMENT

### On The Day of The Assessment

- Please do not drive yourself to the assessment; have someone drive you or use alternate transportation.
- Please bring your driver's license. If you do not have a valid license, please let us know.
- If you need glasses for reading or driving, or if you wear hearing aids (make sure you have fresh batteries), please bring them with you.
- Please continue to take any medication as prescribed, or as your normally would prior to driving.
- The assessment will take approximately 1 to 1.5 hours to complete.

### After the Assessment

- We strongly recommend that you do not drive until you have spoken to your physician about the results of the assessment.
- After the assessment, please make an appointment to see your doctor.
- Your results will be sent to your doctor, usually within two working days after your assessment.
- If you require the results to be sent sooner, please let your doctor know.





**DRIVEABLE**

## Medically At-Risk Driver Red Flags:

For Conditions with Persistent Outcomes

For Episodic Outcomes consult your Medical Association guidelines.

Examples of Episodic Outcomes: Epilepsy, Seizures, Diabetes, Hypoglycemia

### A: DRIVING STATUS

- Currently driving
- Not driving, but plans to resume driving
- Not driving (Obtain signature. No further action required. Proceed to **Signature**) 

### B: FLAGS

- 70 years of age or older
- Family concerns about driving
- The presence of one or more of the following conditions: (Proceed to **Section C**) 

### C: MEDICAL CONDITIONS WITH PERSISTENT OUTCOMES

#### Cardiovascular Disease:

- Cardiac Arrhythmias
- Artificial Cardiac Pacemakers
- Hypertrophic Cardiomyopathy
- Congestive Heart failure
- Valvular Heart Disease

#### Cerebrovascular Disease:

- Cerebrovascular Accident (Stroke)
- Head Injury

#### Neurological Disease:

- Multiple Sclerosis
- Parkinson's Disease
- Sleep Apnea

#### Respiratory Disease:

- Chronic Obstructive Pulmonary Disease
- Respiratory Failure

#### Medications (Chronic use):

- Older Antidepressants  
(e.g., amitriptyline, imipramine)
- Older Antihistamines (e.g., triprolidine, clemastine)
- Any drug that has prominent Central Nervous System effects (e.g., analgesics, some antihypertensives, sedatives, hypnotics, anxiolytics, benzodiazepines, stimulants)

#### Metabolic Disease:

- Untreated Hypothyroidism
- Diabetes

#### Renal Disease:

- Chronic Renal Failure
- End Stage Renal Disease

#### Cognitive Impairment

- Cognitive Impairment No Dementia
- Mild Cognitive Impairment

#### Dementia:

- Progressive Dementia (e.g., AD, Vascular, MID)

#### Psychiatric Illness:

- Schizophrenia
- Personality Disorder
- Chronic Alcohol Abuse

#### Other:

- Falls
  - Functional Decline (Changes in ADLs, IADLs)
  - Changes in Mobility
  - Other Cognitive/Functional Concerns:  
(crashes, tickets, close calls when driving getting lost while driving)
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