

# ATTACHMENT D6

## INTERVIEW FORM

### REFUELING

(2/26/10 Draft)

Form Approved O.M.B. No. 2127-0626  
Expiration Date: XXXX

National Automotive Sampling System  
Tire Pressure Monitoring System – Special Study



United States Department of Transportation  
National Highway Traffic Safety Administration

DRAFT

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1. Primary Sampling Unit Number \_\_\_\_
2. Site Number \_\_\_\_
3. Observation Number \_\_\_\_
4. Date of Observation \_\_\_\_/\_\_\_\_/2010
5. Interview in:  English  Spanish
6. Observations: ( Interviewed  Refused  <2004)
  - 1) Body Type:  Auto  SUV  Van  PU
  - 2) Sex:  Male  Female
  - 3) Age:  Young Adult  Adult  Senior
  - 4) Race:  Indian  Asian  Black  
 Hispanic  Hawaiian  White

[Questions about Refueling]

7. How many miles did you drive to reach this destination? \_\_\_\_\_ (Nearest ¼ mile)
8. How much of that distance was out of your way to get to this gas station? \_\_\_\_\_ (Nearest ¼ mile)
9. How much extra time did that take?  
 \_\_\_\_\_ (Code to nearest minute)
10. Before filling up your tank, where was the gas gauge? \_\_\_\_\_ (Code to nearest 1/8<sup>th</sup> tank)
11. [How many persons total are in this vehicle?](#)  
 \_\_\_\_\_
12. [How many of them are under the age of 16?](#)  
 \_\_\_\_\_
13. For each of the persons in this vehicle, what is his/her primary reason for traveling?

	Driver	Adults	<16 Yrs.
a. To/From Work			
b. On Work Time			
c. Personal			
d. Shopping			
e. Visiting			
f. Leisure			
g. Other			

14. How many gallons of gas did you put in your vehicle? \_\_\_\_\_ (Code to nearest gallon)
15. After adding gas to your tank, where was the gas gauge? \_\_\_\_\_ (Code to nearest 1/8<sup>th</sup> tank)
16. If Full: Do you always fill up your tank?  
 No  Yes If refueling, skip to #17
17. Why did you stop for gas today? (Check one)
  - 1)  Gas tank low
  - 2)  Price of the gas

- 3)  Fill up on routine basis (e.g., weekly, bi-weekly)
- 4)  Top off tank for specific reason (e.g., before long trip)
- 5)  Convenient at this time
- 6)  Other (specify) \_\_\_\_\_

18. Does this vehicle have a Tire Pressure Monitoring System – also known as a TPMS system?

- 1)  No
- 2)  Yes
- 3)  Don't know

**Now I need to ask you some basic information about yourself.** [Demographic Information]

- 19. What is your home zip code? \_\_\_\_\_
- 20. How old are you? \_\_\_\_\_ (Code to nearest yr)
- 21. What is the highest grade or year of school you completed?
  - 1)  Less than high school
  - 2)  High school / GED
  - 3)  Some college
  - 4)  College graduate
  - 5)  Higher degree
  - 6)  (Vol) Refused

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**(Continue only for vehicles that have TPMS; Q#18)**

- 22. Would you have time now to answer a few additional questions?
  - 1)  No (Go to Q 23-Do Later)
  - 2)  Yes (Go to Supplemental Form)
- 23. Would you be willing to answer a few additional questions at a later date, using:
  - 1)  On-line
  - 2)  Mail-back form
  - 3)  Phone call back
  - 4)  Refuse (End)
- 24. What is your name? \_\_\_\_\_
- 25. At what phone number(s) would you like to be called? \_\_\_\_\_
- 26. What are good times to call? \_\_\_\_\_
- 27. SUP ID: \_\_\_\_\_

\*\*\*Note: Check that INR14-INR16 have been answered\*\*\*