ATTACHMENT D5

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0626. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590. NHTSA Form 1064

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United States Department of Transportation National Highway Traffic Safety Administration

2)

3)

4) 5)

know

Yes, LF

Yes, LR Yes, RR

Yes, RF Yes, Spare Yes, Don't

INTERVIEW FORM TIRE PRESSURE

(5/18/10 Draft)

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

National Automotive Sampling System Tire Pressure Mon<u>itoring System – Special Study</u>

	Primary Sampling Unit Nu	mber	
	Site Number		
	Observation Number	•	
	Date of Observation		/
	Interview in: O English	$\overline{0}$	
	Observations: (O Interview		
Ο.	<2004)	vea O	Refused O
	1) Body Type: Auto: O	Small	O Large
	O suv O	Van (O PU
	2) Sex: O Male O Fema	le	
	3) Age: O Young Adult (O Adu	It O Senio
	4) # in Vehicle:		
	estions about Vehicle]		
	Who is the owner of this volume 1) O Joint with other 2) O Self 3) O Partner/spouse/sign 4) O Parent or Other fam 5) O Friend or neighbor 6) O Lease 7) O Short-term rental 8) O Car-share 9) O Company/work 10) O Other	ificant	other
8.	How long have you had th	is vehi	icle?
•	Years: Months:		Days:
			(< 1 mont
9.	Was this vehicle new when	_	obtained it
	O No) Yes	
10	Have any of the original vehicle been replaced? If when?		
	Tire Y	ears	Month
	1) No, none		S

11. ir 1 2 3 4	Drivers keep their tires at their proper pressure for different reasons. List the reasons that are important to you for keeping tires properly inflated. (Do not read categories, but check all that apply)
11 22 33 44 55 66 77 8	Where would you, or do you, <u>primarily</u> turn for information on what pressure to set your tires for his vehicle? (Check one) (1) O Intuition/prior knowledge (2) O Owner's manual (3) O Vehicle placard (4) O Tire sidewall labeling (5) O A service technician (6) O OnStar or other automatic system (7) O Relative or friend (8) O Don't know (9) O Other (specify)
2 3 4 5 6	Whose responsibility is it to check the tire pressure? (Check one) Self Relative or friend Service station/dealer TPMS OnStar or other automatic system Owner (other than self, relative or friend) No one Other (specify)
11 22 33 44 55 66 77 89	Under what circumstances do you have the tire pressure on this vehicle checked, either by yourself or someone else? (Check all that apply) Never (Skip to Q 16—Add Air)C Before a long trip When tires look or feel low When tire pressure warning light comes on When car is serviced When the load being carried is changed Tire pressure is checked on a regular basis By OnStar or other automatic system Don't know Other (specify)

2 3 4 5	When was the last time that you, or someone else, checked the tire pressure on this vehicle? O Never O Within the past month O 1-2 months ago O 3-4 months ago O More than 4 months ago O Continuously (as with TPMS or OnStar) O Don't know
2 3 4 5	When was the last time that you, or someone else, put air in the tires on this vehicle? O Never (Skip to Q18-Have TPMS) O Within the past month O 1-2 months ago O 3-4 months ago O More than 4 months ago O Don't know
2 3 4 5	The last time that you, or someone else, put air in the tires on this vehicle—how did you do it? O Used pump owned by self or other person GO Gas station air pump by self or other GO Asked a relative/friend to do it O When vehicle was serviced O Has not needed to put air into a tire O Other
2	Does this vehicle have a Tire Pressure Monitoring System – also known as a TPMS system? O No O Yes O Don't know
19. 20. 21. 1 2 3 4	How old are you? (Code to nearest yr) What is the highest grade or year of school you completed? Description Less than high school High school / GED Some college College graduate Higher degree
6	O (Vol) Refused
(Cont. 22.	tinue only for vehicles that have TPMS-Q#18) Would you have time now to answer a few questions on TPMS? O No (Go to Q 23-Do Later) O Yes (Go to Supplemental Form)
(Cont. 22. 1 23. 23.	tinue only for vehicles that have TPMS-Q#18) Would you have time now to answer a few questions on TPMS? O No (Go to Q 23-Do Later) O Yes (Go to Supplemental Form)
(Cont. 22. 1 23. 23.	Would you have time now to answer a few questions on TPMS? 1) O No (Go to Q 23-Do Later) 2) O Yes (Go to Supplemental Form) Would you be willing to answer a few questions on TPMS at a later date, using: 1) O On-line 2) O Mail-back form 3) O Phone call back
(Cont. 22. 1. 2. 23. 1. 2. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	tinue only for vehicles that have TPMS-Q#18) Would you have time now to answer a few questions on TPMS? O No (Go to Q 23-Do Later) Yes (Go to Supplemental Form) Would you be willing to answer a few questions on TPMS at a later date, using: O On-line O Mail-back form O Phone call back O Refuse (End)
(Cont. 22. 1 23. 1 23. 4	Would you have time now to answer a few questions on TPMS? O No (Go to Q 23-Do Later) Yould you be willing to answer a few questions on TPMS at a later date, using: O On-line O Mail-back form O Phone call back O Refuse (End) What is your name?