ATTACHMENT D6

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 1065



United States Department of Transportation National Highway Traffic Safety Administration INTERVIEW FORM
REFUELING
(5/26/10 Draft)

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

National Automotive Sampling System Tire Pressure Monitoring System – Special Study



1. Primary Sampling U	Jnit Number		
2. Site Number			
3. Observation Number			
4. Date of Observation		/2010	
5. Interview in: O En			
6. Observations: (O II < 2004)	nterviewed O Re	fused O	
1) Body Type: Aut		_	
	JV O Van O	PU	
2) Sex: O Male C	_	•	
3) Age: O Young A			
4) # in Vehicle:	0	Unknown	
Questions about Refueling] 7. Did you go out of your station? If so, how finding.			
8. Did it take extra tim If so, how long?	ne to get to this (Code to ne	gas station?	
9. Before filling up you gauge?	ur tank. where v	was the gas	
10. How many person	ons_total are in	this vehicle?	
11. How many of th	<u>em are</u> <u>under t</u>	<u>he age of 16?</u>	
12. For each of the	persons in this	vehicle, what	
is his/her primary re			_
	Driver Adult	ts <16 Yrs.	
a. To/From Work			
b. On Work Time			
c. Other]
. 3. How many gallo your vehicle?	ons of gas did yo ((ou put in Code to nearest	
14. After adding gas the gas gauge?	s to your tank, v	where was to nearest 1/8 th	
15. If Full: Do you a	· · · · · ·		
	Yes If refueling		
		stopped for	gas today? <i>(Check one)</i>
1) O Gas tank low 2) O Price of the g			
3) O Fill up on rout		weekly hi-wee	klv)
4) O Top off tank for			
5) O Convenient a	•		
6) O To get/do sor	_	.g., food, rest	stop)
7) O Other (specif	[:] y)		
17. Does this vehicl 1) O No	e have a Tire Pr	ressure Monit	oring System – also known as a TPMS system

	O Yes O Don't know
18. 19. 20. 1) 2) 3) 4) 5)	need to ask you some basic information about yourself. [Demographic Information] What is your home zip code? How old are you? (Code to nearest yr) What is the highest grade or year of school you completed? O Less than high school O High school / GED O Some college O College graduate O Higher degree O (Vol) Refused
(Contin 21. 1)	ue only for vehicles that have TPMS; Q#17) Would you have time now to answer a few questions on TPMS? O No (Go to Q 22-Do Later) O Yes (Go to Supplemental Form)
1) 2) 3)	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)
23.	What is your name?
24.	At what phone number(s) would you like to be called?
25. 26.	What are good times to call? SUP ID:
Not	e: Check that INR13-INR15 have been answered