CONTROL MOTORCYCLE PASSENGER QUESTIONNAIRE

1. Control Case Number	2. Control Passenger Number
BACKGROUND INFORMATION	
3. How old are you? Code actual age in years (99) unknown	
4. Where did you get your current driver's lice (1) no license (2) California (3) other State (list) (4) Canada (5) Mexico (6) military (7) not applicable (8) other (describe) (9) unknown	ense?
5. What kind of operator's license is it? (Code up to 4; input "00" in remaining responses (01) no license held (02) learner's permit, only (03) motorcycle license (04) automobile license (05) commercial license (06) motorcycle driver and competition license (07) license to transport people (08) heavy truck license (97) not applicable, have no license (98) other (describe) (99) unknown	
6. What year was/were the license(s) issued? (Listed in same order as licenses above (7777) not applicable (9999) unknown	
7. Are you of Hispanic or Latino origin? (0) refused to answer (1) no (2) yes (8) other (describe) (9) unknown	
8. What is your race? Please select one or more, code "7" in others (0) refused to answer (1) white	

 (2) black or African American (3) Asian (4) Native Hawaiian or other Pacific Islander (5) American Indian or Alaska native (7) Not applicable (8) other (9) unknown
9. What is your height? ft in. (9/99) unknown
10. What is your weight? lbs. (999) unknown
11. Gender (1) male (2) female (9) unknown
12. How much formal education have you had? (01) no formal schooling (02) less than high school diploma (03) high school diploma or GED (04) partial college/university (05) college/university graduate (06) graduate school, advanced degree, professional degree (07) specialty/technical school (97) not applicable (98) other (specify) (99) unknown
13. What is your current occupation? (11) management occupations (13) business and financial (15) computer and mathematical (17) architecture and engineering (19) life, physical, and social science (21) community and social services (23) legal (25) education, training or library (27) arts, design, entertainment, sports or media (29) healthcare practitioners and technical jobs (31) healthcare support (33) protective services (35) food preparation and serving related (37) building and grounds maintenance (39) personal care and services (41) sales and related occupations (43) office and administrative support (45) farming, fishing or forestry (47) construction or extraction (49) installation, maintenance or repair

 (53) transportation and material moving (55) military (60) full time student (97) not applicable, not in workforce at present (98) other (specify) (99) unknown
RIDING/DRIVING EXPERIENCE
14. How many YEARS have you been driving any kind of motor vehicle? (00) less than two weeks (01) one year or less (02-96) actual number of years (97) not applicable/no previous experience/first time (99) unknown
15. How many MONTHS have you operated a street motorcycle? (000) never (001) less than or equal to one month (002-095) actual number of months (096) 96 months or more (997) not applicable (998) other (specify) (999) unknown
16. What is the average number of days per year you ride as a passenger on motorcycles? (000) this is the first time (001-365) Actual number of days per year (997) not applicable, never or first time (999) unknown
17. About how many miles per year do you ride as a passenger on motorcycles?
18. What kind of motorcycle training have you had? (00) none (01) self taught (02) taught by family or friends (03) special voluntary motorcycle training for road riding (04) special compulsory motorcycle training for road riding (05) professional training for competition license (06) advanced training (07) compulsory motorcycle training ordered by judge/police/etc. (98) other (specify) (99) unknown

19. When you ride a motorcycle as a passenger, what is the percentage of time you use it for each of these categories? (indicate % of total riding/driving time for each category)
Recreation% Basic transportation
(000) first time use (999) unknown
20. How much experience would you say you have riding as a passenger on motorcycles? (0) first time (1) very little experience (2) moderate experience (3) extensive experience (8) other, specify: (9) unknown
21. How many moving traffic violations have you had in the previous 5 years? Code the total number of moving traffic convictions – any vehicle (00) none (99) unknown
22. Of those how many were motorcycle moving violations crashes?
23. Of those how many were car or truck moving violation crashes?
PROTECTIVE CLOTHING/GEAR WHEN RIDING
24. What kind of clothing do you usually wear on your upper body? (0) none (1) light cloth garment, i.e., thin cotton (2) medium cloth garment, i.e., denim, nylon (3) heavy cloth garment, i.e., imitation leather (4) leather garment (5) Kevlar (8) other (specify) (9) unknown
25. Is this upper body clothing motorcycle-oriented? (1) no (2) yes (7) not applicable/no clothing (8) other (specify) (9) unknown

26. What kind of clothing do you usually wear on your lower body?
(0) none (1) light cloth garment, i.e., thin cotton (2) medium cloth garment, i.e., denim, nylon (3) heavy cloth garment, i.e., imitation leather (4) leather garment (5) Kevlar (8) other (specify) (9) unknown
27. Is this lower body clothing motorcycle-oriented? (1) no (2) yes (7) not applicable/no clothing (8) other (specify) (9) unknown
28. Do you usually wearing an inflatable safety vest? (1) no (2) yes (8) other (specify) (9) unknown
29. What kind of shoes or boots do you usually wear? (1) no shoes or boots, barefoot (2) light sandal (3) medium street shoe, loafer (4) athletic, training shoe (5) heavy shoe or boot (6) reinforced work boot or motorcycle boot (8) other (specify) (9) unknown
30. Does this footwear go up over your ankle? (1) no (2) yes (7) not applicable, no footwear worn (8) other, specify (9) unknown
31. Is the footwear motorcycle-oriented? (1) no (2) yes (7) not applicable, no footwear worn (9) unknown
32. What kind of gloves do you usually wear? (0) none (1) light cloth garment, i.e., thin cotton (2) medium cloth garment, i.e., denim, nylon (3) heavy cloth garment, i.e., imitation leather (4) leather garment

(5) Kevlar(8) other (specify)(9) unknown
33. Are the gloves motorcycle-oriented? (1) no (2) yes, full fingered (3) yes-shorties (7) not applicable, no gloves worn (8) other (specify) (9) unknown
34. Is any of this clothing retroreflective? Code up to 3 responses (1) no retroreflective clothing or gloves (2) upper body (shirt/jacket/vest) (3) lower body (pants/ shorts) (4) gloves (5) special arm bands, or similar items (7) not applicable, no clothing or gloves (8) other (specify) (9) unknown
35. What is the clothing color of the following? Upper body clothing Lower body clothing Footwear Gloves
(01) no dominating color, multi-colored (02) white (03) yellow (04) black (05) red (06) blue (07) green (08) silver (09) orange (10) brown (11) purple (12) gold (13) grey (97) not applicable/no clothing (98) other (specify) (99) unknown
36. What kind of eye protection do you usually wear? (01) none (02) non-prescription clear glasses (03) prescription clear glasses (04) non-prescription sunglasses (05) prescription sunglasses

(06) goggles, non-prescription (07) goggles, prescription (08) industrial safety glasses (98) other (specify) (99) unknown
37. Are you required to wear corrective lenses when riding/driving? (1) no (2) yes (8) other specify (9) unknown
38. What color is the eye coverage lens? (1) clear (2) green (3) grey, smoke (4) amber, yellow (5) blue (6) reflective (any color) (7) not applicable, not wearing eye coverage (8) other (specify) (9) unknown
HELMET DATA
39. Do you usually wear a helmet? (1) no (2) yes (3) helmet available but not used (8) other (specify) (9) unknown
40. What is your reason for not wearing a helmet? (01) not required by law (02) no expectation of accident involvement (03) helmets too expensive (04) helmets are inconvenient and uncomfortable (05) helmets reduce traffic awareness, limit hearing and vision (06) helmets ineffective in reducing head injury (07) helmets cause neck injury (08) helmets can not be used, physical or religious reasons (09) do not own a helmet (10) forgot to bring helmet today (97) not applicable, rider always wears a helmet (98) other (*describe, 80 characters) (99) unknown
IF NO HELMET WAS WORN, GO TO IMPAIRMENT SECTION.
41. Is your helmet properly adjusted? (1) no (2) yes

(7) not applicable, no helmet(8) other (specify)(9) unknown
42. Is your helmet securely fastened? (1) no (2) yes (7) not applicable, no helmet (8) other (specify) (9) unknown
43. What type of helmet is it? (1) not a motorcycle helmet (2) half/police motor vehicle, motorcycle helmet (3) open face motor vehicle, motorcycle helmet (4) full face motor vehicle, motorcycle helmet (5) novelty helmet (7) not applicable, not helmet (8) other (specify) (9) unknown
44. What is the type of helmet coverage?
45. What is the predominant color of your helmet? (01) no dominating color, multi-colored (02) white (03) yellow (04) black (05) red (06) blue (07) green (08) silver, grey (09) orange (10) brown, tan (11) purple (12) gold (13) chrome, metallic (97) not applicable/no helmet (98) other (specify) (99) unknown

46. What is the color of the face shield? (1) clear (2) green (3) grey, smoke (4) amber, yellow (5) blue (6) reflective (any color) (7) not applicable/no face shield (8) other (specify) (9) unknown
47. Do you own this helmet? (1) no (2) yes (7) not applicable, no helmet (8) other (specify) (9) unknown
48. How well does this helmet fit? (1) acceptable fit (2) too large, too loose (3) too small, too tight (7) not applicable/no helmet (8) other (specify) (9) unknown
49. What percentage of time do you wear your helmet (when riding)? % (001-100) Code actual percentage (997) not applicable/no helmet (999) unknown
50. Under what conditions do you usually wear your helmet? (code up to four; input "0" for remaining responses) (1) never uses helmet (2) long trips (3) highway traffic (4) in adverse weather (5) never in hot weather (6) always (7) not applicable/no helmet (8) other (specify) (9) unknown
IMPAIRMENT
51. Do you have any of the following permanent physical conditions? (indicate all that apply; input "01" in remaining responses) (Code up to three; input "01" in remaining responses) (01) no (02) vision reduction or loss (03) hearing reduction or loss

(04) respiratory, cardiovascular condition
(05) paraplegia
(06) amputee
(07) neurological, epilepsy, stroke
(08) endocrine system, diabetes, digestive system
(09) infirmity, arthritis, senility
(98) other (specify)
(99) unknown
52. Are you concerned about any of the following issues today?
(indicate all that apply; input "01" in remaining responses)
(01) no problems
(02) conflict with friends, relatives, divorce, separation
(03) work related problems
(04) financial distress
(05) school problems
(06) legal, police problems
(07) reward stress
(08) traffic conflict, road rage
(09) death of family, friend
(98) other (specify)
(99) unknown
53. How many hours of sleep did you have in the past 24 hours?
(00) no sleep
(01-24) number of hours slept
(98) other (specify)
(99) unknown