

**CONTROL
MOTOR VEHICLE DRIVER QUESTIONNAIRE**

1. Case Number _____

2. Vehicle Number _____ A. 4.3.1

BACKGROUND INFORMATION

3. How old are you? _____
Code actual age in years
(99) unknown

A.5.1.3.3

4. What state/country issued your current driver's license? _____
(1) no license
(2) California
(3) other State (list) _____
(4) Canada
(5) Mexico
(6) military
(7) not applicable
(8) other (describe) _____
(9) unknown

A.5.1.3.4

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, no license required
(98) other (describe) _____
(99) unknown

_____ A.5.1.3.5.1
_____ A.5.1.3.5.2
_____ A.5.1.1.5.3
_____ A.5.1.1.5.4

6. What year was/were the license(s) issued?
(Listed in same order as licenses above)
(9997) not applicable
(9999) unknown

_____ A.5.1.3.6.1
_____ A.5.1.3.6.2
_____ A.5.1.3.6.3
_____ A.5.1.3.6.4

7. Does your license qualify you to operate this motor vehicle?
(1) no
(2) yes
(7) not applicable
(9) unknown

_____ A.5.1.3.7

8. Are you of Hispanic or Latino origin? _____
(0) refused to answer
(1) no
(2) yes

- (8) other (describe) _____
- (9) unknown

9. 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

10. What is your height? _____ ft. _____ in. A.5.1.3.9
 (9/99) unknown

11. What is your weight? _____ lbs. A.5.1.3.10
 (999) unknown

12. Gender _____
 (1) male
 (2) female
 (9) unknown

13. How much formal education have you had? _____ A.5.1.3.11
 (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

14. What is your current occupation? _____ A.5.1.3.13
 (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

15. How many YEARS have you been driving any kind of motor vehicle? ___ ___ years

- (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

16. How many miles per year do you drive a car or truck? _____

- (00000) none
- (00001-99995) actual miles
- (99996) 99996 or greater miles
- (99998) other (specify) _____
- (99999) unknown

17. What kind of driver training have you had? ___ ___ A.5.1.3.20

- (01) no training
- (02) self taught
- (03) taught by friends or family
- (03) official driver training class
- (04) voluntary drivers education
- (05) compulsory drivers education
- (06) professional training for commercial license
- (07) compulsory motor vehicle training ordered by judge/police/etc.
- (98) other (specify) _____
- (99) unknown

18. How many moving traffic violations/convictions have you had in the previous 5 years?

Code the total number of moving traffic convictions – any vehicle ___ ___ A.5.1.3.24

- (00) none
- (99) unknown

19. Of those how many were motorcycle moving traffic crashes? ___ ___ A.5.1.3.25

Code the total number of previous motorcycle moving traffic crashes

- (00) none
- (99) unknown

20. Of those how many were car or truck moving violation crashes? ____ A.5.1.3.26

Code the total number of previous car or truck moving traffic crashes

- (00) none
- (99) unknown

21. How many MONTHS have you operated a street motorcycle? ____

- (001) less than or equal to one month
- (002-095) actual number of months
- (096) 96 months or more
- (997) not applicable, never operate motorcycle
- (998) other (specify) _____
- (999) unknown

IF NEVER OPERATED A MOTORCYCLE, CODE QUESTIONS 22-24 N/A AND GO TO QUESTION 25.

22. What is the average number of days per year you ride motorcycles? ____

- (001-365) Actual number of days per year A.5.1.3.18
- (997) not applicable
- (998) other _____
- (999) unknown

23. About how many miles per year do you ride motorcycles? ____

- (00000) none A.5.1.3.19
- (00001-99995) actual miles
- (99996) 99996 or greater miles
- (99998) other (specify) _____
- (99997) not applicable
- (99999) unknown

24. If you ride a motorcycle, what is the percentage of time you use it for each of these categories? (indicate % of total riding/driving time for each of the three categories)

Recreation ____ % A.5.1.3.21.1
Basic transportation ____ % A.5.1.3.21.2
100%

- (997) not applicable, never ride motorcycles
- (999) unknown

TRIP INFORMATION

25. At what kind of location did you begin your trip today? ____ A.5.1.3.27

- (01) home
- (02) work, business
- (03) recreation/social
- (04) school/religious activity
- (05) errand, shopping
- (06) family personal business/obligations
- (07) meals, restaurant, etc.
- (08) transport someone
- (09) medical/dental

- (10) bar, pub
- (98) other (specify) _____
- (99) unknown

26. How many passengers are in your vehicle? _____

- (0) none
- (1) one
- (2) two
- (3) three
- (4) four or more
- (9) unknown

27. What was your trip destination? _____ A.5.1.3.28

- (01) home
- (02) work, business
- (03) recreation/social
- (04) school/religious activity
- (05) errand, shopping
- (06) family personal business/obligations
- (07) meals, restaurant, etc
- (08) transport someone
- (09) medical/dental
- (10) bar, pub
- (11) no destination, joy riding
- (98) other (specify) _____
- (99) unknown

28. About how many miles would the trip have been one way? _____ A.5.1.3.29

Code the number of miles

- (001) one mile or less
- (002-995) actual number of miles
- (996) 996 miles or greater
- (997) not applicable
- (999) unknown

29. How frequently do you travel this road on/in any vehicle? _____ A.5.1.3.30

- (01) first time
- (02) daily use, i.e., once or more per day
- (03) weekly use, i.e., once or more per week
- (04) monthly use, i.e., once or more per month
- (05) quarterly, i.e., once or more per quarter
- (06) annually, i.e., once or more per year
- (07) less than annually
- (99) unknown

30. How many hours have you been driving today since your departure? _____

- (01) one hour or less
- (02-95) actual hours
- (96) 96 or more
- (97) not applicable, had not yet begun trip
- (98) other (specify) _____
- (99) unknown

31. How many miles have you been driving since your departure? ___ ___ ___

- (001) one mile or less
- (002-095) actual hours
- (096) 96 or more
- (997) not applicable, had not yet begun trip
- (998) other (specify) _____
- (999) unknown

IMPAIRMENT

32. Do you have any of the following permanent physical conditions? ___ ___

- (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

33. Are you experiencing any of the following? ___ ___

- (Code up to three; input "01" in remaining responses)
- (01) no
 - (02) fatigue
 - (03) hunger
 - (04) thirst
 - (05) elimination urgency
 - (06) muscle spasm, cramp, itch
 - (07) headache, minor malaise, fever
 - (08) siesta syndrome (tired in afternoon)
 - (98) other (specify) _____
 - (99) unknown

34. Are you concerned about any of the following issues today?

- (Code up to three; 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

35. 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

36. Did you drink any alcohol or take any drugs or medications today? _____

(1) no

(2) alcohol use, only

(3) drug/medication use, only

(4) combined alcohol and drug/medication use

(8) other, _____

(9) unknown

37. Type of drugs other than alcohol? _____

(1) no drugs other than alcohol

(2) stimulant

(3) depressant

(4) drugs taken, type unknown

(5) multiple drugs taken

(7) not applicable, no drugs or alcohol

(8) other (specify) _____

(9) unknown

38. Source of drugs other than alcohol? _____

(1) no drugs other than alcohol

(2) prescription

(3) non-prescription, over the counter

(4) illegal

(7) not applicable, no drugs or alcohol

(9) unknown