This collection of information is voluntary, and will be used to better understand the causes of motorcycle crashes. Public reporting burden is estimated to average 25 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-0619. This collection expires on 11/31/2013. 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, Federal Highway Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590.

**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 license? \_\_\_\_\_**

(1) no license

(2) California

(3) other State (list) \_\_\_\_\_\_\_\_

(4) Canada

(5) Mexico

(6) military

(7) not applicable

(8) other (describe) \_\_\_\_\_\_\_\_\_\_\_\_

(9) unknown

**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

(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?** \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

00000 – this is the first time

00001-99995 - actual miles

99996 – 99996 or greater miles

99998- other (specify) \_\_\_\_

99999- unknown

**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 \_\_\_ \_\_\_ \_\_\_ %

 100%

(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?** \_\_\_ \_\_\_

Code the total number of previous motorcycle moving violation crashes

(00) none

(99) unknown

**23. Of those how many were car or truck moving violation crashes? \_\_\_ \_\_\_**

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

(00) none

(99) unknown

**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?** \_\_\_ \_\_\_

(11) partial coverage

(12) full coverage

(13) full facial, integral chin bar but no face shield

(14) full facial, removable chin bar

(15) full facial, retractable chin bar

(16) full facial coverage, integral chin bar and face shield

(17) wrap around face shield

(18) bubble type face shield

(19) visor/face shield combo

(97) not applicable/no helmet

(98) other (specify)

(99) unknown

**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