

Shapiro.txt

From: Hallquist, Theresa (FMCSA)
Sent: Tuesday, November 01, 2011 5:11 PM
To: 'Claire Shapiro'
Subject: RE: Notice of Agency Information Collection, Docket FMCSA 2011-0225, Request for additional documentation
Attachments: Questionnaire #5.pdf; Fleet Manager Questionnaire.pdf; Questionnaire #1.pdf; Questionnaire #2.pdf; Questionnaire #3.pdf; Questionnaire #4.pdf

Dear Ms. Shapiro,

Thank you for your inquiry regarding the Commercial Driver Individual Differences Study. I am attaching a copy of the surveys that will be used for the study.

Thank you,
Theresa Hallquist
Federal Motor Carrier Safety Administration
202-366-1064
theresa.hallquist@dot.gov

From: Claire Shapiro [mailto:claire@eisen-shapiro.com]
Sent: Friday, October 21, 2011 3:04 PM
To: Hallquist, Theresa (FMCSA)
Cc: Claire Shapiro
Subject: Notice of Agency Information Collection, Docket FMCSA 2011-0225, Request for additional documentation

Dear Ms. Hallquist: I have attached a letter filed today in the above-captioned docket requesting that additional information be placed in the docket. Please feel free to contact me if you want to discuss this matter further. Thank you for your attention to this matter. Claire Shapiro

Claire Shapiro
Eisen & Shapiro
10028 Woodhill Rd.
Bethesda, MD 20817

claire@eisen-shapiro.com

Driver ID # _____

Questionnaire #1

Please respond to the following questions by either placing an "X" in the appropriate box or writing a clear answer in the space provided. There are no "correct" responses, please just be honest.

1. Date: _____
2. Please mark your marital status. Single Married Divorced Widowed
3. If **Married**, how long have you been married in years? _____
4. Do you have any children [include step-children]. Yes No
 - i. If yes, how many children live at home with you? _____
5. How many years of school have you completed? [e.g., High school diploma = 12, Associates Degree = 14, Bachelors Degree = 16] _____ years.
6. What is the highest academic degree you have earned? _____
7. Is English your primary language (please check)? Yes No
 - i. If no, please indicate your primary language here _____
8. How long have you been driving commercial vehicles? _____ years _____ months
9. Please give the type of trucking license(s) you currently hold _____
10. Type of truck endorsements held (check all that apply):
 - Hazardous Materials
 - Tanker Vehicle
 - Bus Passenger
 - School Bus
 - Double/Triple Trailers
 - Combination HazMat/Trailer
11. What is your current company's operation type (please check)?
 - For hire: long-haul/truckload
 - For hire: long-haul/LTL
 - For hire: short-haul/regional
 - Private/long-haul
 - Private: short-haul
 - Pick-up & delivery
 - Other: _____

12. *When driving your **personal vehicle**, how often do you wear a seat belt?*

- Always Often Sometimes Rarely Never

13. *When driving a **commercial vehicle**, how often do you wear a seat belt?*

- Always Often Sometimes Rarely Never

14. *Over the past three years, have you had any crashes in any vehicle, either personal or commercial [also include any crash reported to police, insurance company, and/or carrier.]?*

- Yes No (skip to question 15)

If **yes**, check the **type of vehicle**, **fault status**, and **crash type** (e.g., rollover, sideswipe, run off road etc.) for each crash over the past three years. Each row is a different crash: thus, if you had two crashes you would complete two rows, one for each crash:

	Commercial Vehicle	Personal Vehicle	At-Fault	Not At-Fault	Crash Type/Role
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

15. *Over the past three years, have you had any moving violations in any vehicle, either personal or commercial?*

- Yes No (skip to question 16)

If **yes**, check the **type of vehicle** and **violation type** (e.g., speeding, tailgating, signal violation), for each crash over the past three years. Each row is a different violation: thus, if you had two violations you would complete two rows, one for each violation:

	Commercial Vehicle	Personal Vehicle	Violation Type
1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	

16. Over the past three years, have you been put out-of-service in any roadside inspection(s) (please check)?

Yes (list the vehicle and driver violations below) No (skip to question 17)

If yes, list the vehicle (e.g., brakes, tires, etc.) and/or driver (e.g., hours-of-service, log violation, etc.) out-of-service violation. Each row is a different violation: thus, if you had two violations you would complete two rows, one for each violation:

	Vehicle Violation
1.	
2.	
3.	
4.	
5.	
6.	
7.	

	Driver Violation
1.	
2.	
3.	
4.	
5.	
6.	
7.	

17. Have you gone to truck driver training school (please check)? Yes No

If yes, how long was the training, in weeks/days? _____ weeks _____ days

18. Prior to your first commercial driving job, did you receive any other commercial driver training? This includes informal training such as a friend or relative teaching you how to drive a truck (please check).

Yes No

If yes, how long was the training? _____ hours/days/weeks (circle)

19. How much on-the-job training have you received? _____ hours/days/weeks (circle)

20. Do you usually nap during the day (or between major sleep periods)? [Note: Naps may be of any duration.] Yes No

21. Do you drink coffee or other caffeinated beverages or energy supplements [e.g., tea, Coke, Pepsi, Mountain Dew, Red Bull, No Doz, etc.]? Yes No
- i. If yes, please list how many cups/glasses/pills per day (e.g., 2 cups of coffee). _____
22. Do you drink alcohol (please check)? Yes No
- i. If yes, how many days a week? _____ day(s)
- ii. If yes, how many alcoholic drinks do you average in a week?
_____ per week
23. Do you currently smoke cigarettes or use other tobacco products (please check)?
 Yes No
24. When you are not working, do you find time to exercise (please check)? Yes No
- i. If yes, how many times per week? _____ time(s) per week
25. How would you describe your diet (please check)?
 Poor Below Average Average Above Average Excellent
26. In general, do you keep a regular sleep schedule? Yes Sometimes No
27. Overall, about how many hours of actual sleep do you usually get in a 24-hour period?
_____ hours.

The following scale is used to determine the level of daytime sleepiness. How likely are you to doze or fall asleep in the following situations? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

- 0 = would *never* doze
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

It is important that you answer each question as best you can.

Situation	Chance of Dozing (0-3)
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g. a theatre or a meeting)	_____
As a passenger in a motor vehicle for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after lunch (no alcohol)	_____
In a motor vehicle, while stopped for a few minutes in traffic	_____

Questionnaire #2

Below are 41 life experiences you may have experienced recently. For each of the following experiences, indicate to what degree it has been a part of your life **OVER THE PAST MONTH**.

1. Disliking your daily activities.

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

2. Disliking your work

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

3. Ethnic or racial conflict

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

4. Conflicts with in-laws or boyfriend's/girlfriend's family

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

5. Being let down or disappointed by friends

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

6. Conflict with supervisor(s) at work

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

7. Social rejection

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

8. Too many things to do at once

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

9. Being taken for granted

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

10. Financial conflicts with family members

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

11. Having your trust betrayed by a friend

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

12. Having your contributions overlooked

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

13. Struggling to meet your own standards of performance or accomplishment

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

14. Being taken advantage of

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

15. Not enough leisure time

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

16. Cash-flow difficulties

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

17. A lot of responsibilities

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

18. Dissatisfaction with work

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

19. Decisions about intimate relationship(s)

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

20. Not enough time to meet your obligations

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

21. Financial burdens

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

22. Lower evaluation of your work than you think you deserve

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

23. Experiencing high levels of noise

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

24. Lower evaluation of your work than you hoped for

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

25. Conflicts with family member(s)

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

26. Finding your work too demanding

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

27. Conflicts with friends

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

28. Trying to secure loans

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

29. Getting “ripped off” or cheated in the purchase of goods

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

30. Unwanted interruptions of your work

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

31. Social isolation

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

32. Being ignored

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

33. Dissatisfaction with your physical appearance

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

34. Unsatisfactory housing conditions

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

35. Finding work uninteresting

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

36. Failing to get money you expected

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

37. Gossip about someone you care about

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

38. Dissatisfaction with your physical fitness

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

39. Gossip about yourself

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

40. Difficulty dealing with modern technology

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

41. Hard work to look after and maintain home

Not at all part of my life *Only slightly part of my life* *Distinctly part of my life* *Very much part of my life*

Questionnaire #3

Below are 57 statements regarding your opinions of yourself. Read each statement carefully. For each statement choose the response that best represents your opinion of yourself by marking an "X" in the column under your response. There are no "correct" responses. Please answer honestly.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am the life of the party.					
2. I am interested in people.					
3. I am always prepared.					
4. I am relaxed most of the time.					
5. I have a rich vocabulary.					
6. I sometimes feel resentful when I don't get my own way.					
7. I feel comfortable around people.					
8. I sympathize with others' feelings.					
9. I pay attention to details.					
10. I seldom feel depressed.					
11. I have a vivid imagination.					
12. I start conversations.					
13. I have a soft heart.					
14. I sometimes try to get even rather than forgive and forget.					
15. I am always willing to admit when I've made a mistake.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
16. I get chores done right away.					
17. I get stressed-out easily.					
18. I have excellent ideas.					
19. I talk to a lot of different people at parties.					
20. I take time out for others.					
21. I like order.					
22. I worry about things.					
23. I am quick to understand things.					
24. I don't mind being the center of attention.					
25. I have sometimes taken unfair advantage of another person.					
26. I feel others' emotions.					
27. I follow a schedule.					
28. I am easily disturbed.					
29. I use difficult words.					
30. I don't talk a lot.					
31. I make people feel at ease.					
32. I am exacting in my work.					
33. I get upset easily.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
34. I spend time reflecting on things.					
35. I am always courteous, even to people who are disagreeable.					
36. I keep in the background.					
37. I am not really interested in others.					
38. I leave my belongings laying around.					
39. I change my mood a lot.					
40. I am full of ideas.					
41. I have little to say.					
42. I insult people.					
43. I make a mess of things.					
44. I have frequent mood swings.					
45. I am always a good listener, no matter who I'm talking to.					
46. I have difficulty understanding abstract ideas.					
47. I don't like to draw attention to myself.					
48. I am not interested in other people's problems.					
49. I often forget to put things back in their proper place.					
50. I get irritated easily.					
51. I am not interested in abstract ideas.					
52. I am quiet around strangers.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
53. There have been occasions when I have taken advantage of someone.					
54. I feel little concern for others.					
55. I neglect my duties.					
56. I often feel depressed.					
57. I do not have a good imagination.					

Questionnaire #4

Below are 31 questions about your driving. Please note the rating scale has changed from the previous section. Read each item and choose your response by marking an "X" in the column under your response. There are no "correct" responses. Please answer honestly.

	Never	Rarely	Sometimes	Always	Often
1. I drive when I am angry or upset.					
2. I lose my temper when driving.					
3. I consider the actions of other drivers to be inappropriate or "stupid."					
4. I flash my headlights when I am annoyed by another driver.					
5. I make rude gestures (for example, giving the "finger" or yelling curse words) toward drivers who annoy me.					
6. I verbally insult drivers who annoy me.					
7. I deliberately use my car/truck to block drivers who tailgate me.					
8. If another driver <u>seriously</u> threatens my safety, I would defend myself.					
9. I would tailgate a driver who annoys me.					
10. I "drag race" other drivers at stop lights to get out front.					
11. I will illegally pass a car/truck that is going <u>too</u> slowly.					
12. I feel it is my right to strike back in some way, if I feel another driver has been aggressive toward me.					
13. When I get stuck in a traffic jam I get <u>very</u> irritated.					
14. I will race a slow moving train to a railroad crossing.					
15. I will weave in and out of slower traffic.					
16. I will drive if I am only <u>mildly</u> intoxicated or buzzed.					
17. When someone cuts me off, I feel I should punish him/her.					

	Never	Rarely	Sometimes	Always	Often
18. I get impatient and/or upset when I fall behind schedule when I am driving.					
19. Passengers in my car/truck tell me to calm down.					
20. I get irritated when a car/truck in front of me slows down for no reason.					
21. I will cross double yellow lines to see if I can pass a slow moving car/truck.					
22. I feel it is my right to get where I need to go as quickly as possible.					
23. I am an aggressive driver.					
24. I feel that <u>passive</u> drivers should learn how to drive or stay home.					
25. I keep some type of weapon in my car/truck.					
26. I will drive in the shoulder lane or median to get around a traffic jam.					
27. When passing a car/truck on a 2-lane road, I will barely miss on-coming cars.					
28. I will drive when I am drunk.					
29. I feel that I may lose my temper if I have to confront another driver.					
30. I consider myself to be a risk-taker.					
31. I feel that most traffic "laws" could be considered as suggestions.					