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Commercial Motor Vehicle Driver Survey

Employee # _____

Date: _____

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. **REMEMBER, you are only able to participate if you have completed driver orientation at your current fleet WITHIN THE LAST YEAR. You will not be compensated for your participation if this is not true for you.**

1. Please mark your marital status (please check).

Single Married Divorced Widowed

i. If **married**, how long have you been married in years? _____

2. Do you have any children [include step-children] (please check). Yes No

i. If **yes**, how many children live at home with you? _____

3. How many years of school have you completed? [e.g., High school diploma = 12, Associates Degree = 14, Bachelors Degree = 16] _____ years.

4. What is the highest academic degree you have earned (please check one)?

- GED
 High School Diploma
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 Doctorate
 MD
 None of the above

5. Is English your primary language (please check)? Yes No

i. If **no**, please indicate your primary language here _____

6. How long have you been driving commercial vehicles? _____ years _____ months

7. Please give the type of trucking license(s) you currently hold _____

8. Type of truck endorsements held (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Double/Triple Trailers |
| <input type="checkbox"/> Tanker Vehicle | <input type="checkbox"/> Combination HazMat/Trailer |
| <input type="checkbox"/> Bus Passenger | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School Bus | |

9. Are you an owner operator? Yes No

10. When driving your **personal vehicle**, how often do you wear a seat belt (please check)?

- Always Often Sometimes Rarely Never

11. When driving a **commercial vehicle**, how often do you wear a seat belt (please check)?

- Always Often Sometimes Rarely Never

12. 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] (please check)? Yes No (if **no**, skip to question 15)

i. If **yes**, check the **type of vehicle, fault status, and crash type/role code** (using the below codes 1-13) 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:

Crash Type/Role Codes

- | | | |
|------------------------|-----------------------|-----------------|
| (1) Roadside Departure | (5) Hit Moving Object | (9) Jackknife |
| (2) Rear-end | (6) Backing | (10) T-bone |
| (3) Side-swipe | (7) Parking Lot | (11) Head-on |
| (4) Hit Fixed Object | (8) Roll-over | (12) Pedestrian |
| | | (13) Other |

	Commercial Vehicle	Personal Vehicle	At-Fault	Not At-Fault	Crash Type/Role (Code)
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"/>	

13. Over the past three years, have you had any moving violations in any vehicle, either personal or commercial (please check)? Yes No (If **no**, skip to question 16)

i. 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"/>	

14. 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 (If **no**, skip to question 17)

i. 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.	

15. Have you attended a formal truck driver training school prior to your current training (please check)? Yes No

i. If yes, how long was the training you received, in weeks/days (please check)?

Weeks	Days
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	
<input type="checkbox"/> 8	

16. 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

i. If yes, how long was the training? Please indicate length in hours, days, or weeks, whatever is appropriate.

How many weeks? _____
 How many days if less than a week? _____
 How many hours if less than a day? _____

17. How much on-the-job training have you received? Please indicate whether it was hours, days or weeks in your answer. _____

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

19. Do you drink coffee or other caffeinated beverages or energy supplements (e.g., tea, Coke, Pepsi, Mountain Dew, Red Bull, No Doz, etc.) (please check)? Yes No

i. If yes, please list how many cups/glasses/pills per day (e.g., 2 cups of coffee).

20. Do you drink alcohol (please check)? Yes No

i. If yes, how many days a week (please check)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

ii. If yes, how many alcoholic drinks do you average in a week? _____
drinks per week

21. Do you currently smoke cigarettes or use other tobacco products (please check)?

Yes No

22. When you are not working, do you find time to exercise (please check)? Yes No

i. If yes, how many times per week do you engage in at least moderate intensity exercise (such as brisk walking) for a minimum of 30 minutes (please check)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- More than 7

23. How would you describe your diet (please check)?

Poor Below Average Average Above Average Excellent

24. In general, do you keep a regular sleep schedule? Yes Sometimes No

25. Overall, about how many **hours of actual sleep** do you usually get in a 24-hour period (please check)?

- | | | |
|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 7 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 8 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 9 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 10 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 11 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 12 | <input type="checkbox"/> 18 |

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 for questions 26-33 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)
26. Sitting and reading	_____
27. Watching TV	_____
28. Sitting, inactive in a public place (e.g. a theatre or a meeting)	_____
29. As a passenger in a motor vehicle for an hour without a break	_____
30. Lying down to rest in the afternoon when circumstances permit	_____
31. Sitting and talking to someone	_____
32. Sitting quietly after lunch (no alcohol)	_____
33. In a motor vehicle, while stopped for a few minutes in traffic	_____

Please choose your response to each following question.

34. Do you snore? Yes No (skip to #38) Don't Know

If you snore:

35. Your snoring is:
- Slightly louder than breathing
 - As loud as talking
 - Louder than talking
 - Very loud – can be heard in adjacent rooms

36. How often do you snore?

- Nearly every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or nearly never

37. Has your snoring ever bothered other people?

- Yes
- No
- Don't Know

38. Has anyone noticed that you quit breathing during your sleep?

- Nearly every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or nearly never

39. How often do you feel tired or fatigued after your sleep?

- Nearly every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or nearly never

40. During your waking time, do you feel tired, fatigued or not up to par?

- Nearly every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or nearly never

41. Have you ever nodded off or fallen asleep while driving a vehicle?

- Yes
- No

If you answered yes in question 41, proceed to question 42. Otherwise, proceed to question 43.

42 How often does this occur?

- Nearly every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or nearly never

43. Do you have high blood pressure? Yes No Don't Know

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** by marking an “X” in the column under your response. There are no “correct” responses, please answer honestly.

	<i>Not at all part of my life</i>	<i>Only slightly part of my life</i>	<i>Distinctly part of my life</i>	<i>Very much part of my life</i>
1. Disliking your daily activities over the past month.				
2. Disliking your work over the past month.				
3. Ethnic or racial conflict over the past month.				
4. Conflicts with in-laws or boyfriend's/girlfriend's family over the past month.				
5. Being let down or disappointed by friends over the past month.				
6. Conflict with supervisor(s) at work over the past month.				
7. Social rejection over the past month.				
8. Too many things to do at once over the past month.				
9. Being taken for granted over the past month.				
10. Financial conflicts with family members over the past month.				
11. Having your trust betrayed by a friend over the past month.				
12. Having your contributions overlooked over the past month.				
13. Struggling to meet your own standards of performance or accomplishment over the past month.				
14. Being taken advantage of over the past month.				
15. Not enough leisure time over the past month.				
16. Cash-flow difficulties over the past month.				

	<i>Not at all part of my life</i>	<i>Only slightly part of my life</i>	<i>Distinctly part of my life</i>	<i>Very much part of my life</i>
17. A lot of responsibilities over the past month.				
18. Dissatisfaction with work over the past month.				
19. Decisions about intimate relationship(s) over the past month.				
20. Not enough time to meet your obligations over the past month.				
21. Financial burdens over the past month.				
22. Lower evaluation of your work than you think you deserve over the past month.				
23. Experiencing high levels of noise over the past month.				
24. Lower evaluation of your work than you hoped for over the past month.				
25. Conflicts with family member(s) over the past month.				
26. Finding your work too demanding over the past month.				
27. Conflicts with friends over the past month.				
28. Trying to secure loans over the past month.				
29. Getting “ripped off” or cheated in the purchase of goods over the past month.				
30. Unwanted interruptions of your work over the past month.				
31. Social isolation over the past month.				
32. Being ignored over the past month.				
33. Dissatisfaction with your physical appearance over the past month.				
34. Unsatisfactory housing conditions over the past month.				
35. Finding work uninteresting over the past month.				

	<i>Not at all part of my life</i>	<i>Only slightly part of my life</i>	<i>Distinctly part of my life</i>	<i>Very much part of my life</i>
36. Failing to get money you expected over the past month.				
37. Gossip about someone you care about over the past month.				
38. Dissatisfaction with your physical fitness over the past month.				
39. Gossip about yourself over the past month.				
40. Difficulty dealing with modern technology over the past month.				
41. Hard work to look after and maintain home				

Questionnaire #3

Below are 38 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 sometimes feel resentful when I don’t get my own way.					
7. I verbally insult drivers who annoy me.					
8. I deliberately use my car/truck to block drivers who tailgate me.					
9. If another driver <u>seriously</u> threatens my safety, I would defend myself.					
10. I would tailgate a driver who annoys me.					
11. I sometimes try to get even rather than forgive and forget.					
12. I “drag race” other drivers at stop lights to get out front.					
13. I will illegally pass a car/truck that is going <u>too</u> slowly.					
14. I am always willing to admit when I’ve made a mistake.					
15. I feel it is my right to strike back in some way, if I feel another driver has been aggressive toward me.					
16. When I get stuck in a traffic jam I get <u>very</u> irritated.					
17. I will race a slow moving train to a railroad crossing.					

	Never	Rarely	Sometimes	Always	Often
18. I have sometimes taken unfair advantage of another person.					
19. I will weave in and out of slower traffic.					
20. I will drive if I am only <u>mildly</u> intoxicated or buzzed.					
21. When someone cuts me off, I feel I should punish him/her.					
22. I get impatient and/or upset when I fall behind schedule when I am driving.					
23. I am always courteous, even to people who are disagreeable.					
24. Passengers in my car/truck tell me to calm down.					
25. I get irritated when a car/truck in front of me slows down for no reason.					
26. I will cross double yellow lines to see if I can pass a slow moving car/truck.					
27. I feel it is my right to get where I need to go as quickly as possible.					
28. I am an aggressive driver.					
29. I feel that <u>passive</u> drivers should learn how to drive or stay home.					
30. I keep some type of weapon in my car/truck.					
31. I am always a good listener, no matter who I'm talking to.					
32. I will drive in the shoulder lane or median to get around a traffic jam.					
33. When passing a car/truck on a 2-lane road, I will barely miss on-coming cars.					
34. I will drive when I am drunk.					
35. I feel that I may lose my temper if I have to confront another driver.					
36. I consider myself to be a risk-taker.					
37. I feel that most traffic "laws" could be considered as suggestions.					
38. There have been occasions when I have taken advantage of someone.					

Questionnaire # 4

Below are 18 statements about your opinions related to your work as a commercial driver. Please read each statement and circle your response based on the following scale:

Circle: **1** for "Yes" if it describes your work

2 for "No" if it does not describe it

3 for "?" if you cannot decide

JOB IN GENERAL

Think of your job in general as a commercial driver. All in all, what is it like most of the time?

For each of the following words or phrases, circle:

	Yes	No	?
Pleasant.....	1	2	3
Bad	1	2	3
Ideal.....	1	2	3
Waste of time	1	2	3
Good	1	2	3
Undesirable.....	1	2	3
Worthwhile.....	1	2	3
Worse than most.....	1	2	3
Acceptable	1	2	3
Superior	1	2	3
Better than most	1	2	3
Disagreeable	1	2	3
Makes me content.....	1	2	3
Inadequate	1	2	3
Excellent.....	1	2	3
Rotten	1	2	3
Enjoyable.....	1	2	3
Poor	1	2	3