A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-XXXX. Public reporting for this collection of information is estimated to be approximately 7 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. 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, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590

Participant Eligibility Questionnaire:		
1.	What is your age:18 to 2930 to 4950 to 6970 and older	
2.	Are you legally blind?	
	Yes No	
3.	Do you travel and cross streets without assistance from another person?	
	Yes No	
4.	How often (how many times per week) do you cross streets without assistance from another person?	
	less than 10 street crossings per week between 10 and 20 street crossings per week more than 20 street crossings per week	
5.	Do you consider yourself to have normal hearing in both ears (without hearing aids)?	
	Yes No	
6.	Do you have normal manual dexterity in both hands (for prompt button pressing)?	
	Yes	

	No
7.	Are you a Volpe Center employee?
	Yes No