## Debrief

## Experience riding with the equipment

Please note 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 2117-xxxx. Public reporting for this collection of information is estimated to be approximately 15 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.

1. During the period you participated in this study, how often were you under the influence of drugs or alcohol while riding?

Approximately $\qquad$ times.
2. How often do you wear your safety belt when driving a car?
Never
Rarely
Occasionally
Often
Always
3. On average, how much stress did you feel during the period you participated in this study?
No Stress $\quad$ Slightly stressed $\quad$ Moderately $\quad$ Very stressed $\quad$ Extremely stressed stressed
4. To what degree do you think your riding was altered or different because you were participating in this study and your riding was monitored?

$$
\text { Not altered } \quad \text { Slightly altered } \quad \text { Moderately altered } \quad \text { Very altered } \quad \text { Extremely altered }
$$

5. In what way would you say it was altered?
$\qquad$
$\qquad$
$\qquad$
6. How would you rate how safely you rode during the period you participated compared to your riding before your involvement?

Much Less Safely \begin{tabular}{c}
Moderately less <br>
safely

$\quad$ Neither $\quad$

Moderately more <br>
safely
\end{tabular}$\quad$ Much more Safely

7. How would you rate your riding compared to other riders?
Much worse Moderately worse Neither Moderately better Much better
8. How would you rate your overall experience of participating in this study?
Very bad Bad Neither Good Very good
9. Is there anything in particular that you would like to bring to our attention?
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10. How would you rate your experience with having your bike instrumented?
Very bad Bad Neither Good Very good
11. Is there anything in particular that you would like to bring to our attention?
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