
Attachment 2

Driving Survey

Study/Subject:

Date: _____

OMB Control #: 0925-xxxx Expiration Date: mm/dd/yyyy

Public reporting burden for this collection of information is estimated to average 15 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. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

Study/Subject:

Date: _____

No, not Hispanic or Latino

8) What is your race?

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

9) What is the highest level of education that you have completed? (Check only one)

- Primary School
- High School Diploma or equivalent
- Technical School or equivalent
- Some College or University
- Associate's Degree
- Bachelor's Degree
- Some Graduate or Professional School
- Graduate or Professional Degree

Driving Experience

10) How old were you when you started to drive, even if you were not yet licensed? ____ years of age

11) For which of the following do you currently hold a valid driver's license within the United States? (Check all that apply)

	Vehicle Type	Year When FIRST Licensed (May be Approximate)
<input type="checkbox"/>	Passenger Vehicle License	_____
<input type="checkbox"/>	Commercial Truck License	_____
<input type="checkbox"/>	Motorcycle License	_____
<input type="checkbox"/>	Other: _____	_____
<input type="checkbox"/>	Other: _____	_____

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Crashes

20) In the past five years, have you been involved in a crash while driving a motor vehicle in which there was damage to your vehicle or another vehicle?

- Yes (**Continue with 20A**)
- No (**IF NO, Survey is Complete**)

20A) If you answered **yes** to number 20, how many times have you been the driver of a car involved in a crash?

- 1
- 2
- 3
- 4 or more

20B) If you answered **yes** to number 20, were any of these crashes the result of any of the following behaviors:

	Yes	No
Nodding off/struggling to keep eyes open	<input type="checkbox"/>	<input type="checkbox"/>
After drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Talking on cell phone	<input type="checkbox"/>	<input type="checkbox"/>
Texting on cell phone	<input type="checkbox"/>	<input type="checkbox"/>
Talking to passenger	<input type="checkbox"/>	<input type="checkbox"/>
Eating or drinking	<input type="checkbox"/>	<input type="checkbox"/>
Looking at map/GPS	<input type="checkbox"/>	<input type="checkbox"/>
Using handheld device such as iPod	<input type="checkbox"/>	<input type="checkbox"/>
Sending or receiving emails	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>

20C) If you answered **yes** to number 20, were any of these crashes the result of Other/Anything Else: _____

The End