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.

-	/Subject:
Daie.	Driving Survey
ask al questi you ha	rt of this study, it is useful to collect information describing each participant. The following questions bout you and your health, your driving patterns, and your alcohol consumption. Please read each ion carefully. If something is unclear, ask the researcher for help. Your participation is voluntary and ave the right to omit questions if you choose. Please remember that all of your answers will be kept lential.
Back	ground Information
1)	What is your birth date? Month Day Year
2)	What age are you today?
3)	What is your gender? ☐ Male ☐ Female
4)	What is your marital status? (Check only one) Single, never married Married Domestic Partnership Separated or Divorced Widowed
5)	What was your total household income last year? (Check only one)
	\$0-\$24,999 \$25,000-\$29,999 \$30,000 - \$34,999 \$35,000 - \$39,999 \$40,000 - \$49,999 \$50,000 - \$59,999 \$60,000 - \$69,999 \$70,000 - \$79,999 \$80,000 - \$89,999 \$90,000 - \$99,999 \$100,000 or more
6)	What is your present employment status? (Check only one)
	 ☐ Unemployed ☐ Retired ☐ Work part-time ☐ Work full-time ☐ None of the above

7) Are you Hispanic or Latino?

☐ Yes, Hispanic or Latino

Study/ Date:	Subject:							
_	□ No	not Hispanic or Latino						
8)	What is y	our race?						
	☐ As ☐ Bla ☐ Na	nerican Indian/Alaska Native sian ack/African American ative Hawaiian/Other Pacific Islander J White						
9)	What is t	he highest level of education that yo	u have completed? (Check only one)					
Driving	☐ 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					
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)					
		Passenger Vehicle License						
		Commercial Truck License						
		Motorcycle License						
		Other:						
		Other:						
	Outor.							

Date:												
12)	How of	ten do ya	ou drive?	(Check t	he most ap	propriate	category)					
		∟ess than At least o At least o	nce wee	kly								
13) Ap	proximat	tely how	many m	iles do yo	u drive per	year?		_			_	
14)	How fre	equently	do you d	Irive in the	e following e	environm	ents? (Che	ck only	one f	or each	enviro	onment)
					Never	Yearly		Week	dy D	aily		
		esidential										
		<u>ısiness D</u>			<i>3)</i>							
			, , , , , , , , , , , , , , , , , , , 	., Route 6	·)							
				erstate 80) -		+ -					
	G	avel Roa	เดร									
15)					n you drive propriate an				or per	form the	follo	wing
				ery nfortable	Slight Uncomfo		Slightly Comfortal		Ve Comfo	,		Not licable
Highw	ay/freew	av				tabic					, , , , ,	
	drinking a											
	hildren											
		offic										
High-density traffic												
Passing other cars												
	jing lanes											
Making left turns at uncontrolled intersections			5	0								
Health	n Status											
16)	How of	ten do yo	ou exper	ience mot	tion sicknes	s? (Circl	e only one)					
	0 Never	1	2	3 4	5	6	7 8	Ç	9	10 Always		
17)	17) How severe are your symptoms when you experience motion sickness (Circle only one)											
	0 None	1	2	3 4	5	6	7 8	į	9	10 Severe		
18)	Have y	ou taken	any me	dication ir	n the past 4	8 hours?	(Check on	ly one)				
			ıse list a	II)								
19)		s vour no	rmal her	Itime (hou	ur of the day	w?						

Study/Subject:

	/Subject							
Crash	nes							
20)	20) In the past five years, have you been involved in a crash while driving a motor vehicle there was damage to your vehicle or another vehicle?							
		Yes (Continue with 20A) No (IF NO, Survey is Cor						
	20A)	If you answered yes to n involved in a crash?	umber 20, how r	many times have y	ou been the driver of a car			
		☐ 1 ☐ 2 ☐ 3 ☐ 4 or more						
	20B)	If you answered yes to n following behaviors:	umber 20, were	any of these crash	es the result of any of the			
			Yes	No				
		Nodding off/struggling to keep eyes open						
		After drinking alcohol						
		Talking on cell phone						
		Texting on cell phone						
		Talking to passenger						
		Eating or drinking						
		Looking at map/GPS						
		Using handheld device such as iPod						
		Sending or receiving emails						
		Reading						
	20C)	If you answered yes to n	umber 20, were	any of these crash	es the result of Other/Anything			

The End