Study name

Subject number

Date (mm/dd/yyyy)

Time (24 hour clock)

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

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NADS Driving Survey

As part of this study, it is useful to collect information describing each participant. The following questions ask about you and your health, your driving patterns, and your alcohol consumption. Please read each question carefully. If something is unclear, ask the researcher for help. Your participation is voluntary and you have the right to omit questions if you choose. Please remember that all of your answers will be kept private to the extent permitted by law.

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Background Information

What is your date of birth? (Enter in the form mm/dd/yyyy)

What age are you today?

What is your gender?

- Male
- Female

What is your marital status?

- Single, never married
- Married
- Domestic Partnership
- Separated or Divorced
- Widowed

What was your total household income last year?

- $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

- $100,000 or more

What is your present employment status?

- Unemployed
- Retired
- Work part-time
- Work full-time
- None of the above

Are you Hispanic or Latino?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

What is your race? Please check all that apply.

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

What is the highest level of education that you have completed?

- 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

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Driving Experience

How old were you when you started to drive, even if you were not yet licensed?

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

	Do you possess this type of license?		Year When FIRST Licensed (May be Approximate)
	Yes	No	(Please enter in format yyyy)
Passenger Vehicle License	☐	☐	
Commercial Truck License	☐	☐	
Motorcycle License	☐	☐	
Other:	☐	☐	
Other:	☐	☐	

How often do you drive? (Check the most appropriate category)

- ○ Less than once weekly
- ○ At least once weekly
- ○ At least once daily

Approximately how many miles per year do you drive?

How frequently do you drive in the following environments?

	Never	Yearly	Monthly	Weekly	Daily
Residential	○	○	○	○	○
Business District	○	○	○	○	○
Rural Highway (e.g., Route 6)	○	○	○	○	○
Interstate (e.g., Interstate 80)	○	○	○	○	○

Gravel Roads	○	○	○	○	○

How comfortable do you feel when you drive in the following conditions or perform the following maneuvers? (Check the most appropriate answer for each condition)

	Very Uncomfortable	Slightly Uncomfortable	Slightly Comfortable	Very Comfortable	Not Applicable
Highway/freeway	○	○	○	○	○
After drinking alcohol	○	○	○	○	○
With children	○	○	○	○	○
High-density traffic	○	○	○	○	○
Passing other cars	○	○	○	○	○
Changing lanes	○	○	○	○	○
Making left turns at uncontrolled intersections	○	○	○	○	○

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Health Status

How often do you experience motion sickness?

Never -0	1	2	3	4	5	6	7	8	9	Always - 10
○	○	○	○	○	○	○	○	○	○	○

How severe are your symptoms when you experience motion sickness?

None -0	1	2	3	4	5	6	7	8	9	Severe - 10
○	○	○	○	○	○	○	○	○	○	○

Have you taken any medication in the past 48 hours?

- ○ Yes
- ◉ No

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What is your normal bedtime (hour of the day)?

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Crashes

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
- ○ No

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How many times have you been the driver of a car involved in a crash?

- ○ 1
- ○ 2
- ○ 3
- ◉ 4 or more

Were any of these crashes the result of any of the following behaviors?

	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	☐	☐
Other:	☐	☐

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Thank you for completing our questionnaire.

At this time, please notify the experimenter that you have finished.

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Experimenter initials

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We thank you for your time spent taking this survey.
Your response has been recorded.