

ATTACHMENT B:

**Screen shots of Drugged Driving Survey (DDS)
with \$0 incentive**

NIDA

Drug Driving Survey

Age Verification

Page description:

Form Approved OMB No. 0925-XXXX
Expiration Date 00/00/20XX

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This anonymous survey is designed for people who are 18 years of age or older. If you are not 18 years old or over, you are not eligible. Before proceeding please certify that you are 18 years or older:

1. I am 18 years of age or older. *

- Yes, I am 18 years of age or older.
- No, I am not 18 years of age or older.

2. You received a sticker on your receipt from your state or jurisdiction's Department of Motor Vehicles. Please enter the code you received on your sticker.

Basic Information

Page description:

Background: The Drugged Driving Survey asks questions about medications, drugs, alcohol, and driving and is designed to understand more about drugged driving. The information gathered in this survey will be used for research on drugged driving. We want to know about what medications or drugs people may have taken that could possibly impair their ability to drive safely. You will be asked information about your personal use of medications, drugs, alcohol and driving.

THIS SURVEY IS COMPLETELY ANONYMOUS – we will not ask you to provide any information that could identify you as an individual or the computer that you used to complete the survey. You will be asked some information about yourself such as age, gender, and zip code, but you will not be asked your name or any other personally identifying information. Even though the survey is anonymous, your responses will be stored in a secure facility – that means we will keep your responses secure, and will not share or report any individual survey responses, only grouped (aggregated) information (e.g. “women who are between 18-24 reported that...” or “men reported that....”)

When you complete the survey, you will have the satisfaction of knowing that you helped researchers understand more about the choices drivers make about using medications, drugs and other substances.

Driving background

Page description:

This survey asks questions about driving motor vehicles such as cars, SUVs, vans, motorcycles, and trucks of all sizes (e.g., light, medium, heavy, very heavy, transporters) that are driven on roads and highways. It does not refer to “off-road” vehicles.

3. Please tell us if you have driven a motor vehicle in: *

	Yes	No
Past 30 days *	<input type="radio"/>	<input type="radio"/>

4. Have you driven a motor vehicle in: *

	Yes	No
The past year	<input type="radio"/>	<input type="radio"/>

5. What type of license(s) do you have? Check all that apply. *

- State issued driver's license (this includes learners permit, provisional and/or special licenses for new drivers)
- State Issued commercial driver's license (CDL) (i.e., to drive a commercial vehicle based on your state or jurisdiction regulations for commercial vehicles)
- State issued motorcycle license
- I drive, but I don't have a license OR my license is suspended, revoked, or expired

6. On average, about how many miles do you think you drive each year? *

- Less than 8,000 miles per year (less than 667 per month)
- 8,000 to 15,000 (between 668 and 1,250 per month)
- 15,000 to 20,000 (between 1,251 and 1,667 per month)
- More than 20,000 (more than 1,668 per month)

Demographics

Page description:

7. What is your current age in years? *

8. Are you male or female? *

- Male
- Female

9. What is the zip code for your place of residence? *

10. What is the highest grade or year of school you have completed? *

- Never attended school
- Kindergarten – 8th grade
- Some high school – no degree
- High school graduate
- High school equivalency (sometimes known as “GED”)
- Trade school (e.g., certification program for electrician) following high school
- Some college – no degree
- Associate’s degree
- Bachelor’s degree
- Master’s degree
- Doctoral degree

11. Are you still in school? If YES, please indicate the type of school from the choices below: *

- NO, I am not in school.
- YES, I am in high school.
- YES, I am in college or graduate school.
- YES, I am in a training or technical program.

12. What is your present job status? Please pick one: *

- Working
- Unemployed and looking for work
- Disabled and unable to work
- Retired
- Homemaker
- Other

13. If you are working now, are you working (please check one):

- Full time
- Part time

14. Are you now, or have you ever been, in the U.S. military? *

- Yes
- No

15. Please check the status that applies for your military status:

- Active Duty
- Active Reserve or National Guard
- Inactive Reserves
- Separated
- Retired

16. Which races best describe you? (Please select all that apply) *

- American Indian
- Asian
- Black or African American
- White
- Native American
- Native Hawaiian or other Pacific Islander

17. Which ethnicity best describes you? (Select only one) *

- Hispanic or Latino
- Not Hispanic or Latino

Driving Incidents

Page description:

This next section asks questions about driving experiences where you came very close to having an accident/crash. (e.g. this includes a near collision with one or more other vehicles, whether moving or parked; an object (tree, guardrail, etc.); bicyclist; or pedestrian.) Remember this survey is completely anonymous. The information you provide will only be used for research purposes.

18. During the past 30 days, have you had any experiences where you came very close to having an accident/crash? *

- Yes
- No

19. When you think back to that experience, what may have contributed to coming very close to having an accident/crash? Check all that apply.

- The weather was bad (e.g., heavy rain, fog, snow, or other bad weather conditions)
- I was sleepy or had fallen asleep
- Another driver caused the near accident/crash
- Distracted (e.g. texting, using cellular phone, etc.)
- I had been drinking alcohol prior to driving
- I had taken prescription medication prior to driving
- I had taken an over-the-counter drug prior to driving
- I had used marijuana prior to driving
- I had taken illegal drugs (other than marijuana) prior to driving
- I had been drinking alcohol prior to driving and taken a medication or drug

Citations for moving violations

Page description:

Here is some background information about the next section: A citation for a moving violation is when you receive a ticket or other official citation for any alleged violation of the law when you are the driver of a vehicle while it is moving. Examples of moving violations include: running a stop sign or red traffic light; speeding, which can be exceeding a limit or simply driving an unsafe speed; failure to signal for turns or lane changes, reckless driving, or driving under the influence. Different states and jurisdictions have different names for driving while under the influence of drugs or alcohol, including driving while impaired or intoxicated (DWI), driving under the influence of alcohol or drugs (DUI), operating while intoxicated or impaired (OWI), or operating under the influence of alcohol or drugs (OUI). Remember this survey is completely anonymous. The information you provide will only be used for research purposes. Please select one of the following options.

20. In the past year, did you receive any citations/tickets for any alleged moving violations? (See above for information about moving violations.) *

- YES, I did receive a citation for a moving violation
- NO, I did not receive a citation for a moving violation.

21. You answered “yes” to the previous question about receiving a citation for a moving violation in the past year. Please give us additional information about your alcohol or medication/drug use prior to the citation for a moving violation even though you might not have been cited or arrested specifically for the use of substances that can impair driving.

Remember this survey is completely anonymous. The information you provide will only be used for research purposes. Please select one of the following options.

- I had been drinking alcohol prior to the citation for a moving violation.
- I had taken medications or used drugs prior to the citation for a moving violation.
- I had combined alcohol with medications or drugs prior to the citation for a moving violation.
- I had NOT taken or used medications, drugs, or alcohol prior to the citation for a moving violation.

22. In the past year, were you involved in an accident/crash while you were driving? *

- YES, I was involved in an accident/crash with another vehicle in the past year.
- YES, I was involved in an accident/crash in the past year, but there were no other vehicles involved.
- NO, I have not been involved in any accidents/crashes in the past year.

23. You answered “Yes” that you were involved in an accident/crash in the past year. Please give us additional information about your accident/crash. Check all that apply.

- I had been drinking alcohol prior to the accident/crash.
- I had taken medications or used drugs (legal or illegal) prior to the accident/crash.
- I had been drinking alcohol and taken medications or used drugs prior to the accident/crash.
- I had NOT been drinking alcohol, taking medications, or using drugs prior to the accident/crash.

ALCOHOL, DRUGS AND OVER-THE-COUNTER MEDICATION

Page description:

ALCOHOL, OVER-THE-COUNTER MEDICATIONS, AND DRUGS

This section of the survey is focused on the use of alcohol, drugs, and medications that may have an effect on someone’s ability to drive safely. It includes questions about alcohol and a variety of drugs, medications, and marijuana. Remember this survey is completely anonymous. The information you provide will only be used for research purposes.

24. ALCOHOL *

	YES, I have used this in the past 30 days	NO, I have not used this in the past 30 days
Alcohol: Includes wine, beer, spirits, and other drinks containing alcohol/liquor. *	<input type="radio"/>	<input type="radio"/>

25. OVER-THE-COUNTER MEDICATIONS/DRUGS *

	YES, I have used this in the past 30 days	NO, I have not used this in the past 30 days
Over-the-counter sleep aids: Often contains antihistamines (e.g., Unisom or Tylenol P.M.)	<input type="radio"/>	<input type="radio"/>
Over-the-counter cold/allergy medicines: Often contains antihistamines such as Diphenhydramine (e.g., Benadryl)	<input type="radio"/>	<input type="radio"/>
Over-the-counter cough suppressant medicines: Often contains Dextromethorphan (DM) (e.g., Robitussin)	<input type="radio"/>	<input type="radio"/>

26. MARIJUANA *

	YES, I have used this in the past 30 days	NO, I have not used this in the past 30 days
Marijuana or Hashish: Used for recreational and/or medicinal purposes even if medicinal or recreational use of marijuana is not legal in your state or jurisdiction. This refers to smoking marijuana/hashish, or eating or drinking products containing marijuana/hashish (consuming marijuana-infused food products, also known as "edibles". *	<input type="radio"/>	<input type="radio"/>

27. DRUGS *

	YES, I have used this in the past 30 days	NO, I have not used this in the past 30 days
Spice/K2/Herbal Incense. "Spice" or "K2" refers to a wide variety of herbal/spice/plant mixtures that are sprayed with a chemically similar to marijuana. Sometimes it is referred to as "synthetic cannabis" or "synthetic marijuana." Other street names: Fake Weed, Yucatan Fire, Skunk, Moon Rocks, Mojo, Cloud 9, Smacked! Black Mamba, Bliss, Bombay Blue, Genie, or Zohai.) *	<input type="radio"/>	<input type="radio"/>
Bath Salts (These are not salts that you put in a bath. They are drugs designed to make you "high." These drugs contain chemicals (synthetic cathinones) which are amphetamine-like stimulants.) *	<input type="radio"/>	<input type="radio"/>
Inhalants: Includes use of glue, correction fluid, nitrous oxide, or 'whippits,' etc. *	<input type="radio"/>	<input type="radio"/>
Cocaine (e.g., inhaled, injected, crack, freebase) *	<input type="radio"/>	<input type="radio"/>
Amphetamines (e.g., Meth, Ecstasy, MDMA) *	<input type="radio"/>	<input type="radio"/>
Heroin *	<input type="radio"/>	<input type="radio"/>
PCP (e.g., angel dust) *	<input type="radio"/>	<input type="radio"/>
Hallucinogens (e.g., LSD/Acid, Mushrooms, Ketamine) *	<input type="radio"/>	<input type="radio"/>
Other illegal drugs not on this list *	<input type="radio"/>	<input type="radio"/>

Prescription Medications

Page description:

This survey is focused on the use of alcohol, drugs, and medications that may have an effect on someone's ability to drive safely. This section of the survey asks about your use of prescription medicines. We are not talking about prescription medications such as antibiotics, cholesterol-lowering medications, or other commonly prescribed medications. Remember this survey is completely anonymous. The information you provide will only be used for research purposes.

28. PAIN RELIEVERS *

	YES, I have taken this in the past 30 days	NO, I have not taken this in the past 30 days
Pain Relievers: These are sometimes called “pain killers.” Examples of pain relievers include: Morphine, Codeine, combinations of Hydrocodone/Acetaminophen (e.g., Vicodin, Percocet); Oxycodone (e.g., OxyContin); Demerol, Dextropropoxyphene (e.g., Darvocet/Darvon); Ultram (e.g., Tramadol and other pain relievers); or Fentanyl and synthetic opioid painkillers (e.g., Actiq, Duragesic, and Sublimaze) *	<input type="radio"/>	<input type="radio"/>

29. You have answered “yes” to having taken pain relievers in the past 30 days. Do you have a prescription for this medication?

- YES, I have a prescription for this medication
- NO, I do not have a prescription for this medication

30. Sedatives or Tranquilizers *

	YES, I have taken this in the past 30 days	NO, I have not taken this in the past 30 days
Sedatives or Tranquilizers: Barbiturates (e.g., Phenobarbital); Benzodiazepines or other tranquilizers (e.g., Diazepam, Valium); Alprazolam (e.g., Xanax); Chlordiazepoxide HCl (e.g., Librium); Estazolam (e.g., ProSom); Clonazepam (e.g., Klonopin); or others *	<input type="radio"/>	<input type="radio"/>

31. You have answered “yes” to having taken sedatives or tranquilizers in the past 30 days. Do you have a prescription for this medication?

- YES, I have a prescription for this medication
- NO, I do not have a prescription for this medication

32. Sleep Medications *

	YES, I have taken this in the past 30 days	NO, I have not taken this in the past 30 days
Sleep Medications: Prescription sleeping pills such as Zolpidem (e.g., Ambien); Zaleplon (e.g., Sonata); and Eszopiclone (e.g., Lunesta) or other sleeping pills *	<input type="radio"/>	<input type="radio"/>

33. You have answered “yes” to having taken sleep medications in the past 30 days. Do you have a prescription for this medication?

- YES, I have a prescription for this medication
- NO, I do not have a prescription for this medication

34. Muscle Relaxers *

	YES, I have taken this in the past 30 days	NO, I have not taken this in the past 30 days
Muscle Relaxers: Common types are Caclofen; Tizanidine (e.g., Zanaflex); Carisoprodol (e.g., Soma) or other muscle relaxers *	<input type="radio"/>	<input type="radio"/>

35. You have answered “yes” to having taken muscle relaxers in the past 30 days. Do you have a prescription for this medication?

- YES, I have a prescription for this medication
- NO, I do not have a prescription for this medication

36. Anti-depressants

	YES, I have taken this in the past 30 days	NO, I have not taken this in the past 30 days
Anti-depressants: Fluoxetine (e.g., Prozac); Sertraline (e.g., Zoloft); Escitalopram (e.g., Lexapro); Citalopram (e.g., Celexa); Amitriptyline (e.g., Elavil); Trazadone (e.g., Desyrel); Duloxetine (e.g., Cymbalta) or other anti-depressants	<input type="radio"/>	<input type="radio"/>

37. You have answered “yes” to having taken anti-depressants in the past 30 days. Do you have a prescription for this medication?

- YES, I have a prescription for this medication
- NO, I do not have a prescription for this medication

38. Stimulants

	YES, I have taken this in the past 30 days	NO, I have not taken this in the past 30 days
Stimulants: ADHD medications such as Methylphenidate (e.g., Ritalin, Aderall, Metadate, Concerta)	<input type="radio"/>	<input type="radio"/>

39. You have answered “yes” to having taken stimulants in the past 30 days. Do you have a prescription for this medication?

- YES, I have a prescription for this medication
- NO, I do not have a prescription for this medication

40. Synthetic or Semi Synthetic Opioids *

	YES, I have taken this in the past 30 days	NO, I have not taken this in the past 30 days
Synthetic Opioids (e.g., Methadone) or Semi Synthetic Opioids (e.g., Buprenorphine, Suboxone, Subutex) *	<input type="radio"/>	<input type="radio"/>

41. You have answered “yes” to having taken synthetic or semi synthetic opioids in the past 30 days. Do you have a prescription for this medication?

- YES, I have a prescription for this medication
- NO, I do not have a prescription for this medication

OVER-THE COUNTER MEDICATIONS

Page description:

You have answered “yes” to having used over-the-counter medications in the past 30 days. Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

42. Did you read the label and information found on bottle or in the package that discusses the possibility that these medications could have an effect on your ability to drive safely?

- YES
- NO

43. Do you believe that using any of these medications can affect your ability to drive safely?

- YES
- NO

44. Have you ever driven while using any of these medications in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using these medications.

45. In the past year, has using any of these medications ever affected your ability to drive safely?

- YES
- NO

MARIJUANA/HASHISH

Page description:

You answered “yes” to having used marijuana or hashish in the past 30 days. This is also called “pot,” “weed,” “hash,” or other names. (This refers to smoking marijuana/hashish or, eating or drinking products containing marijuana/hashish (consuming marijuana-infused food products, also known as “edibles”). Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

46. In the past 30 days, have you used marijuana/hashish for pain relief or to ease symptoms of a medical issue such as cancer treatment or other medical problems, even if “medical marijuana” is not legal in your state or jurisdiction?

- YES
- NO

47. In the past 30 days, have you obtained a medical marijuana permit or other state-approved medical marijuana card that allows you to purchase and use “medical marijuana”? (NOTE: Not all states or jurisdictions allow “medical marijuana.”)

- YES
- NO

48. Did a medical professional (e.g., doctor, nurse practitioner, or physician’s assistant), who may have recommended you receive a medical marijuana permit, discuss the possible affect marijuana/hashish could have on your driving?

- YES
- NO

49. Do you believe that using marijuana/hashish for either recreational or medical reasons can affect your ability to drive safely?

- YES
- NO

50. Have you ever driven while using marijuana in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using marijuana.

51. In the past year, has using marijuana/hashish ever affected your ability to drive safely?

- YES
- NO

K-2/SPICE/Herbal Incense/Synthetic Marijuana

Page description:

You answered “yes” to having used Spice/K2/Herbal Incense in the past 30 days. (NOTE: “Spice” or “K2” refers to a wide variety of herbal/spice/plant mixtures that are sprayed with a chemically similar to marijuana. Sometimes it is referred to as “synthetic cannabis” or “synthetic marijuana.”) Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

52. Do you believe using synthetic marijuana could affect your ability to drive safely?

- YES
- NO

53. Have you ever driven while using synthetic marijuana in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using synthetic marijuana.

54. In the past year, has using marijuana ever affected your ability to drive safely?

- YES
- NO

BATH SALTS (SYNTHETIC CATHINONES)

Page description:

You answered “yes” to having used bath salts in the past 30 days. (NOTE: These are not salts that you put in a bath. These are drugs containing chemicals related to cathinones, an amphetamine-like stimulant that may be sold legally in some states or jurisdictions, but are used to make you “high.”) Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

55. Do you believe using bath salts (synthetic cathinones) could affect your ability to drive safely?

- YES
- NO

56. Have you ever driven while using bath salts (synthetic cathinones) in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using bath salts.

57. In the past year, has using bath salts (synthetic cathinones) ever affected your ability to drive safely?

- YES
- NO

INHALANTS

Page description:

You answered “yes” to having used inhalants in the past 30 days. (NOTE: This includes the use of legally available substances such as glue, correction fluid, nitrous oxide, or ‘whippits’ that are used to make you “high.”) Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

58. Do you believe using the inhalants could affect your ability to drive safely?

- YES
- NO

59. Have you ever driven while using inhalants in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using inhalants.

60. In the past year, has using inhalants ever affected your ability to drive safely?

- YES
- NO

COCAINE/CRACK

Page description:

You answered “yes” to having used cocaine or crack (e.g., inhaled, injected, or freebased) in the past 30 days. Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes

61. Do you believe using cocaine or crack could affect your ability to drive safely?

- YES
- NO

62. Have you ever driven while using cocaine/crack in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using cocaine/crack.

63. In the past year, has using cocaine/crack ever affected your ability to drive safely?

- YES
- NO

AMPHETAMINES

Page description:

You answered “yes” to having used amphetamines in the past 30 days. (NOTE: This includes Meth, Ecstasy, or MDMA, also known as Molly/Mandy). Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

64. Do you believe using amphetamines could affect your ability to drive safely?

- YES
- NO

65. Have you ever driven while using amphetamines in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using amphetamines.

66. In the past year, has using amphetamines ever affected your ability to drive safely?

- YES
- NO

HEROIN

Page description:

You answered “yes” to having used heroin in the past 30 days (e.g., inhaled, smoked, or injected). Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

67. Do you believe using heroin could affect your ability to drive safely?

- YES
- NO

68. Have you ever driven while using heroin in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using heroin.

69. In the past year, has using heroin ever affected ability to drive safely?

- YES
- NO

PCP

Page description:

You answered “yes” to having used PCP (also known as Angel Dust) in the past 30 days. Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

70. Do you believe using PCP could affect your ability to drive safely?

- YES
- NO

71. Have you ever driven while using PCP in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using PCP.

72. In the past year, has using PCP ever affected your ability to drive safely?

- YES
- NO

HALLUCINOGENS

Page description:

You answered “yes” to having used hallucinogens in the past 30 days. (NOTE: These are drugs such as Acid/LSD, Mushrooms, Ketamine/“Special K.”) Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

73. Do you believe using hallucinogens could affect your ability to drive safely?

- YES
- NO

74. Have you ever driven while using hallucinogens in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using hallucinogens.

75. In the past year, has using hallucinogens ever affected your ability to drive safely?

- YES
- NO

OTHER DRUGS NOT INCLUDED IN THIS SURVEY

Page description:

You answered “yes” to having used other drugs in the past 30 days that are not included in this survey. Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

76. What other drugs have you used that were not included in this survey?

77. Do you believe using the drug(s) you named could affect your ability to drive safely?

- YES
- NO

78. Have you ever driven while using other drugs in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when using other drugs.

79. In the past year, has using other drugs ever affected your ability to drive safely?

- YES
- NO

PRESCRIPTION MEDICATIONS

Page description:

You answered “yes” to having taken prescription medications in the past 30 days. Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

80. Did a medical professional (e.g., doctor, nurse practitioner, or physician’s assistant) discuss the possible affect these prescription medications could have on your driving?

- YES
- NO

81. Do you believe taking any of these medications can affect your ability to drive safely?

- YES
- NO

82. Have you ever driven while taking any of these medications in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when taking these medications.

83. In the past year, has taking any of these medications ever affected your ability to drive safely?

- YES
- NO

COMBINING SUBSTANCES

Page description:

This section of the survey asks about combining medications/drugs, either with alcohol or with other medications/drugs. Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

84. In the past 30 days, did you ever combine drinking alcohol with taking any medications or drugs? This includes prescription medications (e.g., prescribed or not prescribed), over-the-counter medications, marijuana, or any other drugs.

- YES
- NO

85. You answered “yes” to the previous question about combining alcohol with medications or drugs. Please indicate which type of medications or drug(s) you used while drinking alcohol (check all that apply):

- Alcohol and prescription medications/drugs (i.e., legally prescribed for you)
- Alcohol and prescription medications/drugs (i.e., not legally prescribed to you)
- Alcohol and over-the-counter medications (e.g., cold or cough medication)
- Alcohol and marijuana/hashish
- Alcohol and other drugs (e.g., bath salts, cocaine, heroin, amphetamines, PCP, etc.)

86. Did a medical professional (e.g., doctor, nurse practitioner, or physician’s assistant) ever discuss the possibility that combining alcohol with any of these medications or drugs might affect your ability to drive safely?

- YES
- NO

87. Do you believe drinking alcohol and taking other medications/drugs can affect your ability to drive safely?

- YES
- NO

88. Have you ever driven while drinking alcohol and taking other medications/drugs in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when drinking alcohol and taking other medications/drugs.

89. In the past year, has drinking alcohol and taking other medications/drugs ever affected your ability to drive safely?

- YES
- NO

COMBINING DRUGS

Page description:

You answered “yes” to having taken two or more of the drugs discussed in this survey in the past 30 days. Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes.

90. In the past 30 days, have you taken two or more of the medications/drugs discussed in this survey at the same time (or within a few hours)?

- YES
- NO

91. You answered “yes” to the previous question about combining two different medications/drugs within a few hours. Please indicate which type of medications/drug you combined (check as many as apply):

- I combined two or more prescription medications.
- I combined marijuana/hashish with a prescription medication.
- I combined prescription medications/drugs with another drug.
- I combined two or more drugs.
- I combined over-the-counter medications with another drug.

92. Did a medical professional (e.g., doctor, nurse practitioner, or physician’s assistant) ever discuss the possible affect that combining drugs could have on your driving?

- YES
- NO

93. Do you believe combining two or more of these drugs can affect your ability to drive safely?

- YES
- NO

94. Have you ever driven while combining two or more of these drugs in the past year?

- YES
- YES, but I waited until I thought it was safe to drive.
- NO
- NO, I avoid driving when combining two or more of these drugs.

95. In the past year, has combining two or more of these drugs ever affected your ability to drive safely?

- YES
- NO

ADDITIONAL INFORMATION

Page description:

96.

You answered “yes” to a previous question about driving after having used medications, drugs, or alcohol during the past 30 days. Remember this survey is completely anonymous. The information you provide will not be reported to anyone and will only be used for research purposes. What was the reason for driving following the use of medications/drugs and/or alcohol (please check all that apply)?

- Work
- Family responsibilities
- Household responsibilities (e.g., going to the grocery store, pharmacy, or other stores)
- Restaurant/leisure/recreation/entertainment
- Needed to get home
- I did not think it would be a problem
- Other

97. We'd like to know what you think about driving and the use of alcohol, drugs, or medications. Please check which substances you believe might increase your chances of getting hurt while driving, even if you do not use any of these substances. Please check all substances you feel might affect your ability to drive safely: *

- Alcohol
- Over-the-counter medications
- Marijuana/hashish
- Illegal drugs such as cocaine, heroin, PCP, meth, bath salts, inhalants, etc.
- Prescription medications/drugs from the previous lists (e.g., those prescribed to you and/or those used without a prescription)
- Combining alcohol with the medications/drugs discussed in this survey
- Combining two or more medications/drugs discussed in this survey

Thank You!

THANK YOU FOR ANSWERING OUR QUESTIONS!

If you want to know more about how medications and drugs can affect your driving please check out our website: www.drugdrivinginfo.com or www.stayinlane.com