

Demographic Questionnaire

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 2127-XXXX. Public reporting for this collection of information is estimated to be approximately 10 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

Subject # _____

Supplemental Subject Information

All of this information is kept strictly confidential. We will protect all personally identifying data and information collected in connection with this study to the extent provided by law. Please note that your name is not used in any published reports, or when reporting any results.

Name: _____	Sex: Male Female (Circle One)
Home Address: _____ _____	
Work Address: _____ _____	
Times at work: _____	
Occupation: _____ (if student, note major; if retired, note former occupation)	
Highest Education Level Completed (Circle One)	
High school Some college Bachelor's degree Master's degree MD/JD/Ph.D.	
Current Phone Numbers: Home (____) ____ - ____ Work (____) ____ - ____ Cell (____) ____ - ____	
Email address: _____	
Birth date: _____	Current Age: _____
Driver's License Number: _____	

Type of car you drive:	Primary: Year ____ Make _____ Model _____
	Secondary: Year ____ Make _____ Model _____
	(if applicable)
What types of safety systems available in your current personal vehicle (circle all applicable):	
Forward crash warning; Lane departure warning; Adaptive Cruise Control; Blind spot detection	

How many years have you been driving? _____

Approximate total mileage driven over the past year: _____

On average, how many trips do you drive per week? _____

What is the average duration of each trip? _____

Do you wear glasses? Yes No Contacts? Yes No