## Transportation Research Center, Inc. Driving Simulator Research Study Applicant Contact Information Form







OMB Control No. 2127-XXXX Expiration Date XX/XX/XXXX

This study is being conducted by the Transportation Research Center, Inc., for the United States Department of Transportation's National Highway Traffic Safety Administration (NHTSA) to evaluate different tools that researchers use to measure distraction caused by in-vehicle technologies and portable devices including cell phones.

Participation involves one session of approximately 7-8 hours. Participants will drive a driving simulator and perform in-vehicle tasks like tuning a radio or talking on a cell phone. If selected, you will be invited to come to a laboratory facility located on the Transportation Research Center Proving Grounds in East Liberty. Ohio.

If selected, you will receive \$42 per hour for time spent at the data collection facility, as well as mileage reimbursement for travel to and from the data collection site.

NHTSA and TRC will not release any personally identifying information you provide. All information gathered will be kept confidential.

## Participation Requirements:

- \* Must be 18 70 years old
- \* Good general health
- \* Must have a valid U.S. driver's license with no restrictions other than corrective lenses
- \* Drive at least 3000 miles per year
- \* Must have experience using a cell phone while driving

If you satisfy these criteria and are available to participate in a daytime session of approximately 7-8 hours sometime during the next 2 months, please click the button below to continue to the contact information entry form.

Click here to continue >>

NHTSA Form 1309

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## U.S. Department of Transportation National Highway Traffic Safety Administration

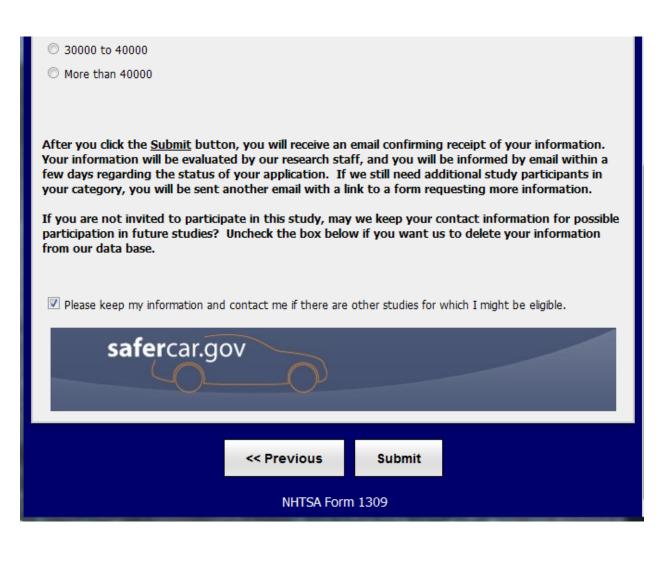
This collection of information is voluntary and will be used to determine your eligibility for study participation. Public reporting burden is estimated to average 5 minutes, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Any data collected relating to this study that personally identifies you or that could be used to personally identify you will be treated with confidentiality. Contact information data will be stored on password-protected directories and destroyed after the study is complete, unless you have indicated that you have interest in participating in future NHTSA studies in which case we will retain your name, contact information, and the data provided by you in connection with screening process (except specific health information) by which you were selected to participate in this study.

Please note that 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. The OMB control number for this collection is 2127-XXXX. 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 Avenue, SE, Washington, DC 20590.

First Name:	Middle Initial:	Last Name:
E-Mail Address:	5 Digit ZIP Code	:
		-
	_	
Phone number (best number to reach you during the day):		

Gender: Age (years):
© Female
○ Male
Have you participated in a O Yes  previous driving simulator  ctudy? No
study? No
How did you learn about our study?
Craigslist Ad
Newspaper Print Ad
Newspaper Web Site Online Ad
Friend or Relative
☐ Facebook Ad
Other (Please specify.):
Do you have a valid U.S. driver's license?
○ Yes ○ No
How many miles do you drive per year?
C Less than 3000
© 3000 to 7000
© 7000 to 10000
© 10000 to 15000
○ 15000 to 20000
© 20000 to 30000
© 30000 to 40000
○ More than 40000



Are you taking any medications (over-the-counter or prescription) that may cause drowsiness or affect your driving ability?  O Yes O No			
Do you currently have any medical condition that might affect your ability to concentrate while driving, such as Attention Deficit Hyperactivity Disorder (ADHD), depression, anxiety, or claustrophobia?  Ores Ores No			
Availability			
Please indicate which days you are available to participate in a session of 7-8 hours. Check all that apply:			
Any Day Monday Tuesday Wednesday Thursday Friday			
Days Available:			
Is there anything else we need to know about your availability, such as dates on which you absolutely CAN'T come, or the minimum amount of notice you need in order to be able to schedule an appointment?  Or Yes Or No, I'm fairly flexible.			
Are you available on short notice to participate in our study? Could we call you on the same day to schedule if necessary?			
○ Yes ○ No			
May we use email to help with scheduling?  ○ Yes ○ No			
Do you regularly communicate using text messages?  O Yes O No			
How long would you like to be considered for this study?			
After you click the <u>Submit</u> button, you will receive an email confirming receipt of your information. Your information will be evaluated by our research staff. The study is expected to last several weeks. We will notify you as soon as we can whether we will be able to include you in this driving study. However, it might take a couple of weeks to make that determination.			
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NHTSA Form 1310			