

Transportation Research Center, Inc. Driving Simulator Research Study Applicant Screening 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 and stored in a password protected database on a local computer. Responses to health related questions will not be kept - they are only being asked to determine your eligibility for participation.

[Click here to continue >>](#)

NHTSA Form 1310

Transportation Research Center, Inc. Driving Simulator Research Study Applicant Screening Form

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

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 10 minutes, including the time for reviewing instructions searching existing data sources, gathering the data needed, and completing 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. NHTSA will not release any information collected regarding your health and driving record.

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.

Please enter the information requested below:

Personal Information

First Name:

Middle Initial:

Last Name:

E-Mail Address:

Phone number (best number to reach you during the day):

Date of birth (Please select, year, month, and day from the dropdown lists):

Year: Month: Day:

Home Address:

Street Address (first line, required):

Street Address (Second Line, Optional):

City:

State: 5 digit ZIP Code: ZIP+4 (optional):

The address you provide must be a physical address, not a P.O. box number. This is necessary so that we may calculate the mileage payment for you from your home to TRC, Inc.

Driving Experience

	Year	Make	Model
What kind of vehicle do you normally drive?	<input type="text"/>	<input type="text"/>	<input type="text"/>

How comfortable are you at multi-tasking while driving (e.g., eating, drinking, changing radio stations, talking on a cell phone, talking with passengers)?

0 1 2 3 4 5 6 7 8 9 10

0: Not at all comfortable

10: Very much at ease

Do you use a cell phone while driving?

Yes No

Do you use a navigation system, computer, or any other similar devices in your car?

Yes No

Medical History and Present Health Condition

The next section contains questions about your health and physical condition. This information will not be kept and is only asked to determine your fitness for participation in the study.

Do you have any health problems that affect driving?

Yes No

Do you wear prescription eye glasses or contacts while driving?

Yes No

Do you require reading glasses to use a cell phone while driving?

Yes No

Are you able to drive without the use of assistive devices?

Yes No

Do you have high blood pressure that is not controlled by medicine?

Yes No

Do you have a history of seizures or epilepsy?

Yes No

Are you susceptible to motion sickness?

Yes No

Do you have difficulty hearing and understanding normal conversation?

Yes No

Do you have any inner ear, dizziness, vertigo, or balance problems?

Yes No

Do you have diabetes for which insulin is required?

Yes No

Have you ever had a concussion, brain injury, or other injury resulting in decreased motor control or cognitive ability?

Yes No

Are you taking any medications (over-the-counter or prescription) that may cause drowsiness or affect your driving ability?

Yes 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?

Yes 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

Yes 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?

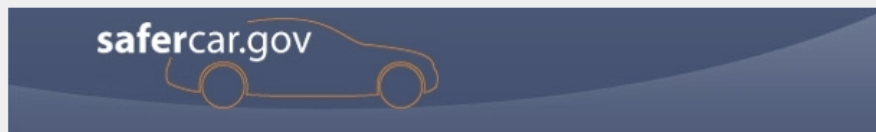
Yes No

Do you regularly communicate using text messages?

Yes No

How long would you like to be considered for this study?

After you click the [Submit](#) 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.



<< Previous

Submit