**Virginia Tech Transportation Institute**

**HV-CWI Questionnaire – Post Drive**

This collection of information is voluntary and will be used to screen for eligible participants. Public reporting burden is estimated to average 15 minutes per person, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Information will be kept confidential, and your name will not be attached to any data. 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.

**Trial 6**

*Please answer each question by selecting a number on the scale that best reflects your response. Half numbers, such as 4.5, are also acceptable.* **(If this is the baseline condition skip questions 1 - 5)**

1. **How attention-getting was the sound of the alert?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | **1** |  | **3** |  | **5** |  | **7** |  |
|  | **|** | **|** | **|** | **|** | **|** | **|** | **|** |  |
|  | **Very** |  |  | **Somewhat** |  |  | **Not at All** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **How attention-getting was the visual display for the alert?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | **1** |  | **3** |  | **5** |  | **7** |  |
|  | **|** | **|** | **|** | **|** | **|** | **|** | **|** |  |
|  | **Very** |  |  | **Somewhat** |  |  | **Not at All** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **How would you rate the glare from the visual display? (night participants only)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | **1** |  | **3** |  | **5** |  | **7** |  |
|  | **|** | **|** | **|** | **|** | **|** | **|** | **|** |  |
|  | **Too Much** |  |  | **Appropriate** |  |  | **Too Little** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **Was there any glare discomfort from the visual alert? (night participants only)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | **1** |  | **3** |  | **5** |  | **7** |  |
|  | **|** | **|** | **|** | **|** | **|** | **|** | **|** |  |
|  | **Very** |  |  | **Somewhat** |  |  | **Not at All** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **How appropriate was the timing of the alert?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | **1** |  | **3** |  | **5** |  | **7** |  |
|  | **|** | **|** | **|** | **|** | **|** | **|** | **|** |  |
|  | **Too Early** |  |  | **Appropriate** |  |  | **Too Late** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **Were you aware of the lead vehicle braking?**

Yes / No

1. **How quickly did you become aware of what was happening in the event?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | **1** |  | **3** |  | **5** |  | **7** |  |
|  | **|** | **|** | **|** | **|** | **|** | **|** | **|** |  |
|  | **Very** |  |  | **Somewhat** |  |  | **Not at All** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **Where was the side vehicle when the lead vehicle was braking?**

Response:

1. **Do you feel the visual alert was needed?**

Yes / No

1. **Have you previously driven a heavy vehicle equipped with a forward collision warning system?**

Yes / No

If yes, please describe the name of system and the type of alert(s) issued:

1. **We would like your input on the visual alert icons you may have encountered during the study (Hand participant sheet with alert icons). Please take your time and provide input on the following:**

**Size:**

**Background color:**

**Text color:**

**Image color:**

**Additional comments:**

1. **We would also like your input on the auditory alert you may have encountered during the study (Play the auditory alert). Please take your time and provide input on the following:**

**Duration of alert:**

**Loudness of alert:**

**Sound of alert:**

**Additional comments:**

1. **I am going to name and describe different alert types that could occur. For each, please let me know if it could be the same alert as the forward collision warning, or should be different from the forward collision warning alert.**
   1. **Blind spot warning, which warn a driver when they try to change lanes if there is a car in the blind spot.**

Visual: Same as FCW Alert / Unique Alert

Auditory: Same as FCW Alert / Unique Alert

* 1. **Electronic emergency brake lights, which notify a driver when a vehicle ahead of them is braking hard.**

Visual: Same as FCW Alert / Unique Alert

Auditory: Same as FCW Alert / Unique Alert

* 1. **Do not pass, which warn drivers if they attempt to change lanes and pass when there is a vehicle in the opposing lane within the passing zone.**

Visual: Same as FCW Alert / Unique Alert

Auditory: Same as FCW Alert / Unique Alert

* 1. **Lane departure assist, which warn a driver when the vehicle begins to move out of its lane unless a turn signal is on in that direction.**

Visual: Same as FCW Alert / Unique Alert

Auditory: Same as FCW Alert / Unique Alert

* 1. **Control loss warning, which warns drivers when they are about to lose control of the vehicle.**

Visual: Same as FCW Alert / Unique Alert

Auditory: Same as FCW Alert / Unique Alert

* 1. **Intersection movement assist, which warns the driver when it is not safe to enter an intersection, for example, when something is blocking a driver’s view of opposing traffic.**

Visual: Same as FCW Alert / Unique Alert

Auditory: Same as FCW Alert / Unique Alert