

Participant ID _____

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Demographics

1. What is your gender? _____
2. What is your age? _____
3. Do you wear corrective lenses while driving? _____
4. Do you wear a hearing aid while driving? _____
5. How long have you had a CDL? ____ years ____ months
6. How many years have you driven truck tractors? _____
7. What type of loads or trailers do you typically pull (Circle any that apply)?

Box trailer Tanker trailer Flatbed trailer Specialty loads

Other (Please explain): _____

8. How long have you driven for your current company? _____
9. How long have you driven your current truck? ____ years ____ months
10. How would you describe your current route? (Please circle one below)

Over the road Dedicated route Local route

Other (Please explain): _____

11. In what region does the majority of your driving occur? (Please circle one below)

Northeast Southeast Midwest Southwest West

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Other (Please explain): _____

12. How long have you driven your current route? ____ years ____ months

13. Do you train drivers for your company? ____ Yes ____ No

14. About how many miles have you driven on duty in the last year? _____

15. How many hours are you typically on-duty per week? _____

16. How many hours are you typically driving per week? _____

17. Have you ever used collision avoidance systems before? ____ Yes ____ No

a. If yes, how long have you used them? ____ years ____ months

b. If yes, which devices has you used (i.e. VORAD, Wingman[®], OnGuard[™])?

18. Did you receive training for your current collision avoidance system? ____ Yes ____ No

a. If yes, please indicate which types of training you received (check any that apply);

____ In-vehicle Demonstration

____ Instructional Video

____ Classroom Instruction

____ Instruction from Safety Manager

____ Brochure / Manual

____ Instruction from Other Drivers

____ Other (Please describe): _____

19. Has the collision avoidance system on your truck ever been serviced or recalibrated?

____ Yes

____ No

If yes, please describe: _____