**Driving Research Study Interest Response Form**

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. Respondent burden is estimated to average 5 minutes.

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.

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 XXXX-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.

Do you have a valid U.S. driver license? \*

* Yes  No

If your license has restrictions, please list:

Sex: \* Age (years): \*

* Male  Female

How many miles do you typically drive per year? \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Less than | * 3,000 – | * 7,000 – | * 10,000 – | * 14,000 – | * 21,000 or |
| 3,000 miles | 6,999 miles | 9,999 miles | 13,999 miles | 20,999 miles | more miles |

How many days per week do you typically drive? \*

|  |  |  |
| --- | --- | --- |
| * 0-1 days | * 2-4 days | * 5-7 days |

How many days per week do you find yourself driving on a multi-lane highway (at least 2 lanes in each direction)? \*

|  |  |  |
| --- | --- | --- |
| * 0-1 days | * 2-4 days | * 5-7 days |

What is the make, model, and model year of your current primary vehicle? \*

|  |  |
| --- | --- |
| Make/Model | Model Year |

What is the trim level of your vehicle? \*

Trim Level

If other, list the make/model:

Which of the following advanced driver-assist features is your vehicle equipped with? \*

|  |  |
| --- | --- |
| * GM Super Cruise | * Adaptive Cruise Control |
| * Lane Keeping Assist | * Blind Spot Warning |
| * None | * Other: |

How many miles have you driven with this particular vehicle? \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * 1 – 4,999 | * 5,000 – | * 10,000 – | * 15,000 – | * 14,000 – | * 20,000+ |
|  | 9,999 | 14,999 | 13,999 | 19,999 |  |

Approximately how many of those miles have you driven while using Adaptive Cruise Control and/or Lane Keeping Assist?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * 1 – 2,499 | * 2,500 – | * 5,000 – | * 7,500 – | * 10,000 – | * 12,500 – | * 15,001+ |
|  | 4,999 | 7,499 | 9,999 | 12,499 | 15,000 |  |

If your vehicle is not equipped with Adaptive Cruise Control and/or Lane Keeping Assist, have you ever driven a vehicle equipped with these features?

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Not sure |

If you have driven a vehicle equipped with Adaptive Cruise Control and/or Lane Keeping Assist, how much experience would you say you have in using these features? \*

|  |  |  |  |
| --- | --- | --- | --- |
| * No experience | * A little experience | * Some experience | * A lot of experience |

Name \*

|  |  |  |
| --- | --- | --- |
| First | MI | Last |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Address

|  |  |  |
| --- | --- | --- |
| Street Address | City | Zip |

|  |  |  |
| --- | --- | --- |
|  |  |  |

E-mail address: \* Phone Number: \*

\

How did you learn about our study? \*

\

|  |  |
| --- | --- |
| * TRC Website Online Ad | * Facebook Ad |
| * Newspaper Website Online Ad | * Newspaper Print Ad |
| * Friend or Relative | * Other (Please specify |

# Submit

):