

STUDY: Research on Passenger Car Driver Interactions with Driver Assistance Technologies
STERLING IRB ID: 7780-EMazzae

OMB Control Number: 2127-NEW
Expiration Date: XX/XX/XXXX

Approved by Sterling IRB, IRB ID: 7780

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 miles 3,000 – 6,999 miles 7,000 – 9,999 miles 10,000 – 13,999 miles 14,000 – 20,999 miles 21,000 or 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

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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 – 9,999 10,000 – 14,999 15,000 – 19,999 20,000+

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

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

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

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Name *

First

MI

Last

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Address

Street Address

City

Zip

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E-mail

address: *

Phone

Number: *

How did you learn about our study? *

- | | |
|--|--|
| <input type="checkbox"/> TRC Website Online Ad | <input type="checkbox"/> Facebook Ad |
| <input type="checkbox"/> Newspaper Website Online Ad | <input type="checkbox"/> Newspaper Print Ad |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Other (Please specify): |

Submit