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The "Drowsy Driving Knowledge, Attitudes and Behaviors Survey" is part of a research project to help us develop strategies to prevent drowsy driving. All responses to this collection of information are voluntary. There are no anticipated risks to participating in this study. No personal identifiable information is requested as part of the research or will be associated with your responses. You may discontinue participation at any time without penalty.

## National Survey of Drowsy Driving Knowledge, Attitudes and Behaviors

Thank you for taking part in the *National Survey of Drowsy Driving Knowledge, Attitudes and Behaviors*.

### SURVEY INSTRUCTIONS

For each question, please fill in the circle indicating the most appropriate answer.

For example:

CORRECT



INCORRECT



Please answer all questions unless directed otherwise. For some questions, you will see instructions telling you to skip ahead to other questions in the survey. If you do not feel comfortable answering a question, please move to the next question with which you feel comfortable.

When you have completed the survey, please return it in the enclosed postage-paid envelope.

### IF YOU HAVE ANY QUESTIONS:

Call: 844-333-9484

Email: [drowsydriving@mdavisco.com](mailto:drowsydriving@mdavisco.com)

Please return in the enclosed postage-paid envelope to:

XXX

XXX

XXX

### Who Should Take This Survey?

- A. Are you 18 years or older?
  - Yes
  - No
- B. Have you driven a motor vehicle in the past month?
  - Yes
  - No

If you answered "No" to QA or QB—  
**Stop.** Please do not proceed.  
 Return in the envelope provided.  
 We thank you for your participation!

If you answered "Yes" to each of the previous two questions, we invite you to participate in the National Survey of Drowsy Driving Knowledge, Attitudes, and Behaviors!

ID: XXX XXX

ep or nodding off, even for a moment, while driving.

Please read the following statements carefully and respond by filling in the number that best describes your opinion.

Please use the scale shown to the right. →

Fill in **one** circled number for each item.

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Somewhat disagree
- 4 = No opinion
- 5 = Somewhat agree
- 6 = Agree
- 7 = Strongly agree

N/A= Not Applicable

|   |               |   |
|---|---------------|---|
| 1. It is important for my state to have a law to reduce falling asleep/nodding off while driving that makes it a traffic violation (similar to a serious moving violation like reckless driving). | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 2. It is a threat to <i>my personal safety</i> if I drive and fall asleep/nod off.  | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 3. Falling asleep/nodding off while driving is dangerous.   | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 4. When I am falling asleep/nodding off before beginning a trip, it is extremely important to find an alternate way to get to my destination (other than driving myself).                         | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 5. When others on the road fall asleep/nod off while driving, it is a threat to me and/or my family's safety.   | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 6. When my family rides in the car with me, it is a threat to my family's personal safety if I fall asleep/nod off while driving.   | ① ② ③ ④ ⑤ ⑥ ⑦ | Ⓝ |
| 7. I can lower my risk of being in a crash by not driving when I am falling asleep/nodding off.   | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 8. I think most of my friends don't drive when they are falling asleep/nodding off.   | ① ② ③ ④ ⑤ ⑥ ⑦ | Ⓝ |
| 9. I think most of my family doesn't drive when they are falling asleep/nodding off.  | ① ② ③ ④ ⑤ ⑥ ⑦ | Ⓝ |
| 10. Most people who are important to me think that I should never drive if I am falling asleep/nodding off.   | ① ② ③ ④ ⑤ ⑥ ⑦ | Ⓝ |
| 11. My work would not accept falling asleep/nodding off while driving to work as a valid excuse for being late.   | ① ② ③ ④ ⑤ ⑥ ⑦ | Ⓝ |
| 12. It is extremely important for me to avoid driving when I am falling asleep/nodding off.   | ① ② ③ ④ ⑤ ⑥ ⑦ |   |

Please read the following statements carefully and respond by filling in the number that best describes your opinion.

Please use the scale shown to the right. →

Fill in **one** circled number for each item.

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Somewhat disagree
- 4 = No opinion
- 5 = Somewhat agree
- 6 = Agree
- 7 = Strongly agree

N/A =  
Not  
Applic-  
able

|  |               |   |
|--|---------------|---|
| 13. It is difficult for me to avoid driving when I am falling asleep/nodding off because of my responsibilities.                                   | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 14. (Thinking of the most recent time you were driving falling asleep/nodding off) - I believe I could have avoided driving.                       | ① ② ③ ④ ⑤ ⑥ ⑦ | Ⓝ |
| 15. I usually have enough spare money that I could afford to take a ride service like Uber, Lyft, or a taxi if I was falling asleep/nodding off.   | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 16. I often have sleep disruptions that result in me driving without getting enough sleep.   | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 17. I have close friends and/or family who can drive so I don't have to drive if I'm falling asleep/nodding off.                                   | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 18. There is enough flexibility in my schedule that I can sleep longer before having to drive if I am falling asleep/nodding off.                  | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 19. I can generally avoid driving late at night or at times when I would normally be sleeping.   | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 20. In the future if I find myself falling asleep/nodding off and need to go somewhere, I will find an alternate mode of transportation or not go. | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 21. If I only had 4 hours of sleep the night before work or an important event, I would probably still drive.                                      | ① ② ③ ④ ⑤ ⑥ ⑦ | Ⓝ |
| 22. If I find myself falling asleep/nodding off before getting on the road, I will still drive.  | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 23. I intend to not drive if I am falling asleep/nodding off.  | ① ② ③ ④ ⑤ ⑥ ⑦ |   |
| 24. I plan to get about 8 hours of sleep per night during the next work week.  | ① ② ③ ④ ⑤ ⑥ ⑦ |   |

**The next set of questions ask about your experience falling asleep or nodding off, even for a moment, while driving.**

25. Have you ever fallen asleep or nodded off, even for a moment, while driving?
- Yes – CONTINUE
  - No – **SKIP TO QUESTION 45 ON PAGE 6**

***If you answered “Yes” to question 25, answer questions 26 to 44:***

26. In the past 30 days, how many times have you fallen asleep or nodded off, even for a moment, while driving?
- None
  - Once
  - 2-3 times
  - 4-6 times
  - 7-9 times
  - 10+ times
27. Thinking of the most recent time that you drove and fell asleep/nodded off, how long ago was it?
- Within the past 30 days
  - 31 days – 6 months ago
  - More than 6 months ago but less than 12 months ago
  - 12 months ago or more
28. Thinking of the most recent time that you drove and fell asleep/nodded off, what time of day was it?
- 6 am – 11:59 am
  - Noon – 5:59 pm
  - 6 pm – 11:59 pm
  - Midnight – 5:59 am
  - I don't know
29. Thinking of the most recent time that you drove and fell asleep/nodded off, were you driving as part of your job (paid employment)?
- Yes
  - No
30. Thinking of the most recent time that you drove and fell asleep/nodded off, how long had you been driving?
- 30 minutes or less
  - More than 30 minutes, but less than 1 hour
  - 1 hour to less than 2 hours
  - 2 hours to less than 3 hours
  - 3 hours to less than 4 hours
  - 4 hours to less than 5 hours
  - 5 hours to less than 6 hours
  - 6 hours or more
  - I don't know
31. Thinking of the most recent time that you drove and fell asleep/nodded off, what type of road were you on?
- Multi-lane highway with speed limits of 55 mph or above
  - Non-interstate multi-lane roads with speed limits of 45 mph or above

- Two lane rural roads with one lane of traffic traveling in each direction, with speed limits of 45 mph or above
- City, town, or neighborhood street with speed limits of less than 45 mph
- I don't know

**32.** Before the most recent time that you drove and fell asleep/nodded off, how many hours did you sleep in the 24 hours before you drove?

- Less than 4 hours
- 4 hours to less than 5 hours
- 5 hours to less than 6 hours
- 6 hours to less than 7 hours
- 7 hours to less than 8 hours
- 8 hours or more
- I don't know

**In the following yes/no questions, we are still referring to falling asleep or nodding off, even for a moment, while driving.**

**Thinking of the most recent time you fell asleep or nodded off, even for a moment, while driving...**

|  | Yes                   | No                    | I don't know          |
|--|-----------------------|-----------------------|-----------------------|
| <b>33.</b> Did you run off the road?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>34.</b> Did you cross the centerline?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>35.</b> Did you drift into the other lane or onto the shoulder?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>36.</b> Did you miss your exit?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>37.</b> Did you get in a crash?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>38.</b> Did you forget driving the last few miles?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>39.</b> Did you unintentionally decrease your speed?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>40.</b> Did you intentionally increase your speed (to get to your destination quicker)?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>41.</b> Did you experience being startled awake?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>42.</b> Did you get pulled over by the police?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>43.</b> Did you consume alcoholic beverages (wine, beer, or liquor) within two hours prior to the most recent time you drove drowsy?                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>44.</b> Did you take medication(s) or other drugs (legal or illegal) that made you drowsy within two hours prior to the most recent time you were driving drowsy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**All respondents continue at Q45. Next are a few questions about drowsy driving in your state.**

**45.** Does your State have a law banning drowsy driving?

- Yes
- No
- I don't know

46. Do you support State laws banning drowsy driving?
- Yes
- No
- I don't know
47. Do you believe that drivers who drive and fall asleep/nod off should be ticketed (similar to a serious moving violation like reckless driving)?
- Yes
- No
- I don't know
48. Do you believe people are receiving tickets (similar to a serious moving violation like reckless driving) for driving and falling asleep/nodding off?
- Yes
- No
- I don't know
49. If you are driving and falling asleep/nodding off, what is the likelihood that you will get a ticket?
- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
50. In the past year, do you recall seeing or hearing any information or messages about the dangers of drowsy driving in your state?
- Yes – **CONTINUE**
- No – **SKIP TO QUESTION 60 ON PAGE 7**

*If you answered "yes" to question 50, answer questions 51-59:*

| Did you see/hear the information/messages about the dangers of drowsy driving...? | Yes                   | No                    | know                  |
|---|-----------------------|-----------------------|-----------------------|
| 51. In a television ad  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 52. On an electronic road sign or billboard                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 53. In news or magazine articles  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 54. On social media such as Facebook, Twitter, or Instagram                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 55. On the radio  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 56. From managers at your workplace   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 57. From coworkers at your workplace  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 58. From friends/family   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 59. From a doctor or health care professional                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**All respondents continue at question 60.**

**In general, if you feel like you might fall asleep/nod off while driving, do you do any of the following to wake up?**

|                              | Yes                   | No                    |
|------------------------------|-----------------------|-----------------------|
| 60. Pull over and take a nap | <input type="radio"/> | <input type="radio"/> |

|   |                       |                       |
|---|-----------------------|-----------------------|
| 61. Open the window                         | <input type="radio"/> | <input type="radio"/> |
| 62. Play music or radio                     | <input type="radio"/> | <input type="radio"/> |
| 63. Get out of the car and stretch/exercise | <input type="radio"/> | <input type="radio"/> |
| 64. Ask someone else in the car to drive    | <input type="radio"/> | <input type="radio"/> |
| 65.a. Speak to a friend on the phone        | <input type="radio"/> | <input type="radio"/> |
| 65.b. Speak to a passenger in the car       | <input type="radio"/> | <input type="radio"/> |
| 66. Eat                                     | <input type="radio"/> | <input type="radio"/> |
| 67. Sing out loud                           | <input type="radio"/> | <input type="radio"/> |
| 68. Get coffee/caffeinated beverage         | <input type="radio"/> | <input type="radio"/> |

**The next set of questions (questions 69–81) ask about when you have felt tired or sleepy enough while driving that you thought you might fall asleep or nod off, even though you didn't. These questions are similar to the questions above; however, please keep in mind that we are now talking about feeling tired or sleepy enough while driving that you thought you might fall asleep or nod off, even though you didn't.**

69. In the past 30 days, how many times have you felt tired or sleepy enough while driving that you thought you might fall asleep or nod off **even though you didn't?**

- None- **CONTINUE TO QUESTION 70**
  - Once
  - 2-3 times
  - 4-6 times
  - 7-9 times
  - 10+ times
- } For 1-10+ times **SKIP TO QUESTION 71 ON PAGE 8**

70. Have you ever felt tired or sleepy enough while driving that you thought you might fall asleep or nod off, **even though you didn't?**

- Yes- CONTINUE**
- No- SKIP TO QUESTION 82 ON PAGE 8**

**Thinking of the most recent time you felt tired or sleepy enough while driving that you thought you might fall asleep or nod off, even though you didn't...**

|   | Yes                   | No                    | I don't know          |
|---|-----------------------|-----------------------|-----------------------|
| 71. Did you run off the road?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 72. Did you cross the centerline?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 73. Did you drift into the other lane or onto the shoulder? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 74. Did you miss your exit?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 75. Did you get in a crash?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|
| <b>76.</b> Did you forget driving the last few miles?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>77.</b> Did you unintentionally decrease your speed?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>78.</b> Did you intentionally increase your speed (to get to your destination quicker)?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>79.</b> Did you get pulled over by the police?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>80.</b> Did you consume alcoholic beverages (wine, beer, or liquor) within two hours of the most recent time you drove drowsy?                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>81.</b> Did you take medication(s) or other drugs (legal or illegal) that made you drowsy within two hours prior to the most recent time you were driving drowsy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**82.** How often do you drive a motor vehicle?

- Every day
- Almost every day
- A few days a week
- A few days a month
- A few days a year

**83.** How often do you drive a motor vehicle at night, after 9:00 PM?

- Every day
- Almost every day
- A few days a week
- A few days a month
- A few days a year
- I never drive after 9:00 at night



**The following are some questions related to health conditions that may affect your sleep.**

|  | Yes                   | No                    | I don't know          |
|--|-----------------------|-----------------------|-----------------------|
| <b>84.</b> Are you currently taking any medications or supplements that have a drowsiness warning on the label?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>85.</b> Are you currently taking any medications or supplements that cause you to feel drowsy?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>86.</b> Has a medical professional ever personally advised you that a medication you have been prescribed may make you drowsy and affect your ability to drive? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>87.</b> Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>88.</b> Do you often feel sleepy during the daytime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>89.</b> Has anyone observed you stop breathing during your sleep?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>90.</b> Are you currently being treated for high blood pressure?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**91.** On average, how many hours of sleep do you get per day, not including naps?

- Less than 4 hours
- 4 hours to less than 5 hours
- 5 hours to less than 6 hours
- 6 hours to less than 7 hours
- 7 hours to less than 8 hours
- 8 hours or more
- I don't know

**92.** How often do you take **prescription** medications to help you sleep?

- Never
- 1 – 2 times per year
- 3 – 5 times per year
- 6 – 11 times per year
- Once or twice a month but less than weekly
- 1 – 2 times per week
- 3 – 4 times per week
- 5 – 6 times per week
- Every day

**93.** How often do you take **over-the-counter (OTC)** medications to help you sleep?

- Never
- 1 – 2 times per year
- 3 – 5 times per year
- 6 – 11 times per year
- Once or twice a month but less than weekly
- 1 – 2 times per week
- 3 – 4 times per week
- 5 – 6 times per week
- Every day

| Have you been told by a medical professional that you have: | Yes                   | No                    |
|---|-----------------------|-----------------------|
| 94. Sleep apnea?  | <input type="radio"/> | <input type="radio"/> |
| 95. Narcolepsy?   | <input type="radio"/> | <input type="radio"/> |
| 96. Insomnia?   | <input type="radio"/> | <input type="radio"/> |
| 97. Restless leg syndrome?                                  | <input type="radio"/> | <input type="radio"/> |

98. If you answered "Yes" to 94, 95, 96, or 97, are your sleep disorder(s) currently being treated?

- Yes  
 No  
 I have more than one sleep disorder and some are being treated but others are not

**All respondents continue at question 99.**

99. Over the past three months, how often have you had difficulty falling asleep, difficulty staying asleep, or problems with waking up too early?

- Never  
 Once or twice  
 At least once or twice a month but not every week  
 1 – 2 times per week  
 3 – 4 times per week  
 5 – 6 times per week  
 Every day

**Now we have some questions about your work.**

**For this set of questions work is defined as paid employment.**

- a. Do you currently have paid employment that is not work from home?**  
**b. Did you have paid employment prior to COVID-19 that was not work from home?**  
*If you answered "yes" to either a or b, please answer the following questions.  
If you did not answer "yes" to either a or b, please skip this section and go to question 108.*

100. How many **hours** do (did) you generally work in a week?

- 1 hour – less than 10 hours  
 10 hours – less than 20 hours  
 20 hours – less than 30 hours  
 30 hours – less than 40 hours  
 40 hours – less than 50 hours  
 50 hours or more

101. How many **days** do (did) you generally work in a week?

- 1 day  
 2 days  
 3 days  
 4 days  
 5 days  
 6 days  
 7 days

**102.** How many days do (did) you generally work **at home** in a week?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

**103.** What shift do (did) you generally work?

- Day
- Afternoon
- Night
- Rotating between day, afternoon, and/or night

**104.** What time do (did) you usually begin work?

\_\_\_\_\_:\_\_\_\_\_  
 AM  
 PM

**105.** What time does (did) your work usually end?

\_\_\_\_\_:\_\_\_\_\_  
 AM  
 PM

**106.** If you drive (drove) to work, how long is (was) your commute one way?

- 30 minutes or less
- More than 30 minutes but less than 60 minutes
- At least 60 minutes but less than 90 minutes
- 90 minutes or more
- I don't drive to work

**107.** Not counting commuting from your home to your workplace and back, how often do (did) you drive as part of performing your job duties?

- I never drive as part of performing my job duties
- I occasionally drive as part of performing my job duties
- I frequently drive as part of performing my job duties
- Driving is my primary job

**All respondents continue at question 108.**

**108.** Are taxis, Uber, Lyft, or other ride share services available where you live?

- Yes

No

**The following questions help us to understand what kind of people are participating in the drowsy driving survey.**

**109.** How old are you?

\_\_\_\_\_ (write in your age)

**110.** How do you currently identify yourself?

- Female
- Male
- I don't identify as male or female
- I prefer not to say

**111.** Which of the following describes your race? You can select as many as apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**112.** What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

**113.** What is the highest degree or level of school you have completed?

- Some high school, no diploma
- High school graduate or GED Equivalent
- Associate Degree
- Bachelor's Degree
- Advanced Degree

**114.** What is your total annual household income before taxes?

- Less than \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 or greater
- I prefer not to say

**That completes the National Survey of Drowsy Driving Knowledge, Attitudes, and Behaviors.  
Thank you very much for your participation!**