

Participant ID \_\_\_\_\_

This collection of information is voluntary and will be used for formative purposes only so that we may develop vehicle safety programs designed to reduce the number of traffic-related injuries and deaths. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0741. Public reporting for this collection of information is estimated to be approximately five minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. 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 Ave, S.E., Washington, DC, 20590.

For questions about this study, please contact Andrew Krum at 540-231-0353 or akrum@vti.vt.edu

For questions about the approval of this research, please contact the Virginia Tech IRB at 540-231-3732 or irb@vt.edu.

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### Demographics

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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

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 have you used (i.e. VORAD, Wingman<sup>®</sup>, OnGuard<sup>™</sup>)?

\_\_\_\_\_

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: \_\_\_\_\_