**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you driven for your current company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you driven your current truck? \_\_\_\_\_ years \_\_\_\_\_ months
3. How would you describe your current route? (Please circle one below)

Over the road Dedicated route Local route

Other (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Northeast Southeast Midwest Southwest West

Other (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you driven your current route? \_\_\_\_\_ years \_\_\_\_\_ months
2. Do you train drivers for your company? \_\_\_ Yes \_\_\_ No
3. About how many miles have you driven on duty in the last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How many hours are you typically on-duty per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How many hours are you typically driving per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Have you ever used collision avoidance systems before? \_\_\_ Yes \_\_\_ No
	1. If yes, how long have you used them? \_\_\_\_\_ years \_\_\_\_\_ months
	2. If yes, which devices have you used (i.e. VORAD, Wingman®, OnGuardTM)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Did you receive training for your current collision avoidance system? \_\_\_ Yes \_\_\_ No
	1. 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_