**Federal Motor Carrier Safety Administration (FMCSA)**

**CMV Safety Belt Survey Questionnaire**

**Public Burden Statement**

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 2126-XXXX. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and 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 Brian Ronk, Office of Outreach and Education (MC-ADO)*,* Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE Washington, DC 20590, (202) 366-1072, brian.ronk@dot.gov.

**Introduction (Est. 30 sec. – 1 min.):**

Consent: Thank you for your interest in participating in this Federal Motor Carrier Safety Administration (FMCSA) survey. As part of the U.S. Department of Transportation (DOT), FMCSA’s broader goal is to make America’s roadways safer for everyone. This survey aims to gain insights into public perception and viewpoints related to drivers’ safety. Your participation is voluntary, and you may choose to stop at any time. Your answers will be kept confidential and be used only for research purposes. None of your responses to the survey questions will be attributed to you in any way. You will not be contacted after the survey regarding any of your responses.

Please provide truthful responses to each survey question

Do you agree to continue?

|  |  |
| --- | --- |
|  | ALLOW ONE RESPONSE |
| Yes | 1 |
| No | 2 |

**Programming Instructions:** ***ONLY PROCEEDS IF ANSWER IS: 1. IF ANSWER IS 2, THE SURVEY IS TERMINATED.***

**Screening Questions (Est. 45 sec. – 1 min.):**

**Q1.** How old are you? Please indicate your age in the age ranges below.

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE  |
|  |
| Below 18 years old | 1 |  |
| 18-24 | 2 |  |
| 25-34 | 3 |  |
| 35-44 | 4 |  |
| 45-54 | 5 |  |
| 55-64 | 6 |  |
| 65-74 | 7 |  |
| 75+ | 8 |  |
| Don't know | 98 |  |
| Prefer not to answer | 99 |  |

 **Programming Instructions:** ***ONLY PROCEEDS IF ANSWER IS: 2,3,4,5,6,7,8. IF ANSWER IS 1, 98, 99 THE SURVEY IS TERMINATED.***

**Q2.** Which one of the following best describes your current primary employment?

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE  |
|  |
| **Private Sector Employee** |  |
| For-profit *(company or organization)* | 1 |  |
| Non-profit *(organizations including tax-exempt and charitable organizations)* | 2 |  |
| **Government Employee** |  |
| Local government *(for example: city or county school district)* | 3 |  |
| State government *(including state colleges/universities)* | 4 |  |
| Active duty *(U.S. Armed Forces or Commissioned Corps)* | 5 |  |
| Federal government *(civilian employee)* | 6 |  |
| **Self-Employed / Other** |  |
| Owner of non-incorporated *(business, professional practice, or farm)* | 7 |  |
| Owner of incorporated (business, professional practice, or farm) | 8 |  |
| Worked without pay in a for-profit family business or farm for 15 hours or more per week | 9 |  |
| Currently unemployed | 10 |  |
| Don't know | 98 |  |
| Prefer not to answer | 99 |  |

**Programming Instructions**: ***ONLY PROCEEDS IF ANSWER IS: 1,7,8. IF ANSWER IS 2, 3, 4, 5, 6, 9, 10, 98, 99, THE SURVEY IS TERMINATED.***

**Q3.** Do you currently operate a commercial motor vehicle (CMV) as part of your primary employment?

*A commercial motor vehicle is defined as any self-propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle— (1) Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of 4,536 kg (10,001 pounds) or more, whichever is greater; or (2) Is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) Is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 CFR, subtitle B, chapter I, subchapter C*

|  |  |
| --- | --- |
|  | ALLOW ONE RESPONSE |
|  Yes | 1 |
|  No | 2 |
|  Don’t know  | 98 |
|  Prefer not to answer | 99 |

**Programming Instructions:** ***ONLY PROCEEDS IF ANSWER IS: 1. IF ANSWER IS 2, 98, 99 THE SURVEY IS TERMINATED.***

**Demographics (Est. 1.5 min. – 2 min.):**

**Q4.** What is your gender?

|  |  |
| --- | --- |
|  | ALLOW ONE RESPONSE |
| Male | 1 |
|  Female | 2 |
| Transgender | 3 |
| Prefer not to answer | 99 |

**Q5.** What State do you currently reside in?

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE |
| Alabama | 1 |
| Alaska | 2 |
| Arizona | 3 |
| Arkansas | 4 |
| California | 5 |
| Colorado | 6 |
| Connecticut | 7 |
| Delaware | 8 |
| District of Columbia | 9 |
| Florida | 10 |
| Georgia | 11 |
| Hawaii | 12 |
| Idaho | 13 |
| Illinois | 14 |
| Indiana | 15 |
| Iowa | 16 |
| Kansas | 17 |
| Kentucky | 18 |
| Louisiana | 19 |
| Maine | 20 |
| Maryland | 21 |
| Massachusetts | 22 |
| Michigan | 23 |
| Minnesota | 24 |
| Mississippi | 25 |
| Missouri | 26 |
| Montana | 27 |
| Nebraska | 28 |
| Nevada | 29 |
| New Hampshire | 30 |
| New Jersey | 31 |
| New Mexico | 32 |
| New York | 33 |
| North Carolina | 34 |
| North Dakota | 35 |
| Ohio | 36 |
| Oklahoma | 37 |
| Oregon | 38 |
| Pennsylvania | 39 |
| Rhode Island | 40 |
| South Carolina | 41 |
| South Dakota | 42 |
| Tennessee | 43 |
| Texas | 44 |
| Utah | 45 |
| Vermont | 46 |
| Virginia | 47 |
| Washington | 48 |
| West Virginia | 49 |
| Wisconsin | 50 |
| Wyoming | 51 |
| Don't know | 98 |
| Prefer not to answer | 99 |

**Q6.** Which of the following best describes the highest level of education that you have completed?

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE |
| Some high school, but did not receive a diploma | 1 |
| Regular high school diploma | 2 |
| GED or alternative credential | 3 |
| Some college credit, but less than one year of college credit | 4 |
| One or more years of college credit, no degree | 5 |
| Associate’s degree *(for example: AA, AS)* | 6 |
| Bachelor’s degree *(for example: BA, BS)* | 7 |
| Master’s degree *(for example: MA, MS, MEng, MEd, MSW, MBA)* | 8 |
| Professional degree beyond a bachelor’s degree *(for example: MD, DDS, DVM, LLB, JD)* | 9 |
| Doctorate degree *(for example: PhD, EdD)* | 10 |
| Don’t know  | 98 |
| Prefer not to answer | 99 |

**Q7.** What is your race and/or ethnicity? Select all that apply.

*Justification for revised SPD 15: The minimum categories for race and/or ethnicity have been used to align with the revised SPD 15 standards. This form of question will ease the burden on respondents, given the modality is an online survey with self-reported responses. The potential benefit of detailed data related to race and/ or ethnicity would not justify the additional burden to the public in relation to the length of the survey and comprehension of the question through a self-administered survey, and thus, the minimum categories have been used.*

|  |  |
| --- | --- |
|  | ALLOW MULTIPLE RESPONSES |
| American Indian or Alaska Native | 1 |
| Asian  | 2 |
| Black or African American | 3 |
| Hispanic or Latino | 4 |
| Middle Eastern or North African | 5 |
| Native Hawaiian or Pacific Islander | 6 |
| White | 7 |
| Don’t know  | 98 |
| Prefer not to answer | 99 |

**Programming Instructions:** ***ANCHOR DON’T KNOW & PREFER NOT TO ANSWER AT END***

**Q8.** How long have you been operating a commercial motor vehicle (CMV)? Please indicate the number of years of driving experience using the ranges below.

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE  |
|  |
| Less than one year | 1 |  |
| Between 1 to 3 years | 2 |  |
| Between 3 to 5 years | 3 |  |
| Between 5 to 8 years | 4 |  |
| Between 8 to 11 years | 5 |  |
| Between 11 to 14 years | 6 |  |
| Between 15 to 18 years | 7 |  |
| Between 18 to 20 years | 8 |  |
| 20 years or more | 9 |  |
| Don't know | 98 |  |
| Prefer not to answer | 99 |  |

**CMV Driver Classifications (Est. 45 sec. – 1.25 min.)**

**Q9:** Which of the following best describes how you operate your commercial motor vehicle?

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE |
| Long Haul (Do not return to terminal daily) | 1 |
| Short Haul (Return to terminal daily) | 2 |
| Combination | 3 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Q10.** What classification below best describes the commercial motor vehicle you use for your primary employment?

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE |
| Class A CDL | 1 |
| Class B CDL | 2 |
| Class C CDL | 3 |
| Other  | 4 |
| Do not have a CDL | 5 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

Programming Instructions: **IF ANSWER = 1, move to Q11; IF ANSWER = 2, move to Q12; IF ANSWER = 3, move to Q13; IF ANSWER = 4, 5, move to Q15**

**Q11.** What type of commercial motor vehicle do you most often operate for your primary employment?

|  |  |
| --- | --- |
|  CLASS A | ALLOW ONE RESPONSE |
| Tractor-trailer | 1 |
| Tanker vehicle | 2 |
| Box trailer | 3 |
| Livestock carrier | 4 |
| Flatbed vehicle | 5 |
| Tractor-trailer bus | 6 |
| Tractor-trailer doubles/triples | 7 |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ | 97 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Q12.** What type of commercial motor vehicle do you most often operate for your primary employment?

|  |  |
| --- | --- |
| CLASS B  | ALLOW ONE RESPONSE |
| Tank truck | 1 |
| Public transportation bus | 2 |
| Segmented bus | 3 |
| Box truck | 4 |
| School bus | 5 |
| Dump truck | 6 |
| Towing truck | 7 |
| Flatbed truck | 8 |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ | 97 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Q13.** What type of commercial motor vehicle do you most often operate for your primary employment?

|  |  |
| --- | --- |
| CLASS C  | ALLOW ONE RESPONSE |
| Passenger van | 1 |
| Combination vehicle | 2 |
| Box truck | 3 |
| Utility truck/van | 4 |
| Cement mixer | 5 |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ | 97 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Q14.** Do you currently have any of the following endorsements for your commercial driver's license (CDL)? Please select all that apply to your CDL.

|  |  |
| --- | --- |
|   | ALLOW MULTIPLE RESPONSES |
| H endorsement  | 1 |
| N endorsement  | 2 |
| P endorsement | 3 |
| S endorsement | 4 |
| T endorsement | 5 |
| X endorsement | 6 |
| None of the above | 96 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

 **Safety Belt Usage & Perceptions (Est. 3.5 min. – 4.5 min.)**

**Q15.** How often do you wear a safety belt during the different phases of operating a commercial motor vehicle? For the options below, please indicate if you always wear a safety belt, frequently wear a safety belt, occasionally wear a safety belt, rarely wear a safety belt, or never wear a safety belt.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | Always | Frequently | Occasionally | Rarely | Never | Don’t Know | Refused to answer |
| **Q15a.** As you enter the cabin and sit in the driver’s seat before starting the vehicle | 1 | 2 | 3 | 4 | 5 | 98 | 99 |
| **Q15b.** After starting the vehicle and preparing to drive | 1 | 2 | 3 | 4 | 5 | 98 | 99 |
| **Q15c.** Driving the vehicle on public roads | 1 | 2 | 3 | 4 | 5 | 98 | 99 |
| **Q15d.** Driving the vehicle on highways | 1 | 2 | 3 | 4 | 5 | 98 | 99 |
| **Q15e.** Pulling up to a fueling station | 1 | 2 | 3 | 4 | 5 | 98 | 99 |
| **Q15f.** Parking the vehicle  | 1 | 2 | 3 | 4 | 5 | 98 | 99 |
| **Q15g.** Reversing the vehicle to a loading dock/bay | 1 | 2 | 3 | 4 | 5 | 98 | 99 |

**Programming Instructions: IF ANSWER AT Q15a-g = ANY VALUE OTHER THAN 1, PROCEED TO Q16 BEFORE LOOPING BACK TO NEXT RESPONSE OPTION IN Q15a-g.**

**Q16.** What is the main reason you do not always wear a safety belt [**ITEM Q15a-g]?**

|  |  |
| --- | --- |
| [RANDOMIZE LIST] | ALLOW ONE RESPONSE |
| Lack of comfort | 1 |
| Restriction of movement | 2 |
| Practical constraints (cargo handling, frequent vehicle entry/exit) | 3 |
| Issues with vehicle design  | 4 |
| Negative past experiences with safety belts | 5 |
| Ineffectiveness of a functioning safety belt system in the vehicle | 6 |
| Opposition to wearing a safety belt | 7 |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ | 97 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Programming Instructions:** ***ANCHOR OTHER, DON’T KNOW & PREFER NOT TO ANSWER AT END OF RANDOMIZATION***

**Q17.** Does the commercial motor vehicle you primarily operate have a seat belt reminder system, and if so, how effective do you find it in encouraging safety belt usage?

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE |
| Yes, very effective in encouraging safety belt usage | 1 |
| Yes, somewhat effective in encouraging safety belt usage | 2 |
| Yes, but the system is neither effective nor ineffective in encouraging safety belt usage | 3 |
| Yes, ineffective in encouraging safety belt usage | 4 |
| Yes, very ineffective in encouraging safety belt usage | 5 |
| No, the vehicle does not have a seat belt reminder system | 6 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Q18**. How effective do you think safety belts are at preventing injuries during crashes while driving?

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE |
| Very effective  | 1 |
| Somewhat effective  | 2 |
| Neither effective nor ineffective | 3 |
| Ineffective | 4 |
| Very ineffective | 5 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Q19**. Have you ever been involved in a crash while operating your commercial motor vehicle?

|  |  |
| --- | --- |
|  | ALLOW ONE RESPONSE |
|  Yes | 1 |
|  No | 2 |
|  Don’t know  | 98 |
|  Prefer not to answer | 99 |

**Programming Instructions: IF Q19 = 1, PROCEED TO Q20. ALL OTHER RESPONSE SKIP TO Q21.**

**Q20**. Were you wearing your safety belt at the time of the crash?

|  |  |
| --- | --- |
|  | ALLOW ONE RESPONSE |
|  Yes | 1 |
|  No | 2 |
|  Don’t know  | 98 |
|  Prefer not to answer | 99 |

**Q21**. How often do you encounter safety belt enforcement checks while driving a commercial motor vehicle, and do you feel these checks impact your compliance with wearing a safety belt?

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE |
| Frequently and positively | 1 |
| Frequently but with no impact | 2 |
| Occasionally and positively | 3 |
| Occasionally, but with no impact | 4 |
| Rarely encountered | 5 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Road Safety Perceptions (Est. 1 min. – 1.5 min.)**

**Q22**. How would you rate yourself as a commercial motor vehicle driver?

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE |
| Very safe | 1 |
| Somewhat safe  | 2 |
| Neutral | 3 |
| Somewhat unsafe | 4 |
| Very unsafe | 5 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Q23**. How do you think your safety belt usage compares to other commercial motor vehicle drivers you encounter on the road?

|  |  |
| --- | --- |
|   | ALLOW ONE RESPONSE |
| Much higher | 1 |
| Higher  | 2 |
| About the same | 3 |
| Lower | 4 |
| Much lower | 5 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Q24**. What are the primary safety challenges you encounter while driving a commercial motor vehicle?

|  |  |
| --- | --- |
| [RANDOMIZE]  | ALLOW ONE RESPONSE |
| Distracted driving by other motorists  | 1 |
| Poor road conditions *(potholes, uneven surfaces, debris)*  | 2 |
| Aggressive driving by other motorists | 3 |
| Poor weather conditions *(snow, rain, fog)* | 4 |
| Traffic congestion  | 5 |
| Vehicle malfunction/mechanical issues | 6 |
| Inadequate signage or road markings  | 7 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Programming Instructions:** ***ANCHOR DON’T KNOW & PREFER NOT TO ANSWER AT END OF RANDOMIZATION***

**Q25**. What is the primary reason that you wear a safety belt while operating a commercial motor vehicle?

|  |  |
| --- | --- |
| [RANDOMIZE]  | ALLOW ONE RESPONSE |
| Compliance with company policies  | 1 |
| Personal habit | 2 |
| Increased personal safety | 3 |
| Compliance with laws | 4 |
| Influence of colleagues/peers  | 5 |
| Due to professional training | 6 |
| Negative experience with crashes  | 7 |
| Personal comfort  | 8 |
| Due to the vehicle’s seat belt reminder system | 9 |
| I do not wear a safety belt | 10 |
| Don’t know | 98 |
| Prefer not to answer | 99 |

**Q26**. What would encourage you to wear a safety belt while driving your commercial motor vehicle? Please select the most applicable option.

|  |  |
| --- | --- |
| [RANDOMIZE]  | ALLOW ONE RESPONSE |
| Financial incentive for consistent safety belt usage | 1 |
| Enhanced comfort features in safety belt design | 2 |
| Stricter enforcement of safety belt regulations | 3 |
| Increased awareness on the benefits of safety belt usage | 4 |
| Inclusion of safety belt reminders in the vehicle | 5 |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ | 97 |
| Don’t know | 98 |
| Prefer not to answer | *99* |

***Programming Instructions:* Programming Instructions:** ***ANCHOR OTHER, DON’T KNOW & PREFER NOT TO ANSWER AT END OF RANDOMIZATION. ONLY ASK IF Q25 = 10 OR Q20 = 2 OR Q16 = ANY RESPONSE.***

**Close-out Message (Est. 30 sec.):**

*Thank you for participating in our survey. Your insights are invaluable in enhancing our understanding of the industry's challenges and perceptions related to road safety. Your contribution will be crucial in shaping future initiatives to promote safer driving practices among commercial vehicle drivers. Thank you for your time and commitment to improving road safety for all. Safe travels!*