

Expiration Date: MM/DD/YYYY

## Compass Demographics Questionnaire

### Public Burden Statement

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**Participant Number:**

**Date:**

**Time:**

**Results of Vision Test (20/40 required to pass)**

Pass

Did not pass

**Results of Hearing Test**

Pass

Did not Pass

**Results of Color Vision Test**

Pass

Did not Pass

### Basic Information

1. How old are you?
2. What is your sex? Circle one
  - a. Male
  - b. Female
3. Are you left or right handed?
  - a. Right
  - b. Left
  - c. Ambidextrous

6. At what age did you receive your driver's license?
7. Can you estimate how many hours you drive in a typical week?
- \_\_\_\_\_ hours per week
8. Considering your driving time in a typical week, what percentage is primarily highway driving vs. urban/rural driving (note percentages should =100%)?
- % highway = \_\_\_\_\_ % rural/urban = \_\_\_\_\_