Under the Paperwork Reduction Act, a federal agency may not conduct or sponsor, and a person is not required to respond to, 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-TBD. The average amount of time to complete this portion of the study is 5 minutes. The purpose of this document is to obtain information about the effectiveness of a training for new drivers, and it will be used to inform the development of appropriate traffic safety countermeasures. All responses to this collection of information are voluntary. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave. SE, Washington, DC, 20590.

Screening Questionnaire

(NHTSA Form 2018)

Questionnaire

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1.	What year were you born?
2.	What month were you born?
3.	Do you currently have a driver's license, and, if so, what type?
	□ No □ Yes □ Learner's Permit □ Junior Operator's License¹ or other provisional license □ Unrestricted License
4.	Excluding your current license, did you ever hold another driver's license and, if so, what type?
	□ No □ Yes □ Learner's Permit □ Junior Operator's License or other provisional license □ Unrestricted License
5.	Do you plan to get your driver's license (any type) in the next 12 months?
	□ No □ Yes

¹ This is the name for an intermediate/provisional license in Massachusetts, a potential site where the study may be conducted.

6.	In general, what days of the week would you be available to participate in an approximately 4-hour study at the research center [address TBD] during the hours of 6:00 am and 6:00 pm (<i>check all that apply</i>)?
	□ Sunday
	□ Monday
	□ Tuesday
	□ Wednesday
	□ Thursday □ Friday
	□ Saturday
7.	What was the zip code of the place you lived when you were 17? (If you lived in more than one place, please provide the zip code for the place you lived the longest.)
8.	What is your sex?
	□ Female
	□ Male
9.	Please provide your email address:
10.	Please provide your phone number:
11.	Would you prefer to be contacted by phone or email?
	□ Phone □ E-mail