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Post-Study Questionnaire

(NHTSA Form 2021)

Demographics

1. What year were you born?
2. What month were you born?
3. What is your sex?
 - ☐ Female
 - ☐ Male
4. What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

- ☐ **American Indian or Alaska Native**—Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- ☐ **Asian**—Provide details below.

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |
- Enter, for example, Pakistani, Hmong, Afghan, etc.

- ☐ **Black or African American**—Provide details below.

- | | | |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali |
- Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino**—Provide details below.

- ☐ Mexican ☐ Puerto Rican ☐ Salvadoran
☐ Cuban ☐ Dominican ☐ Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African**—Provide details below.

- ☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Iraqi ☐ Israeli

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Native Hawaiian or Pacific Islander**—Provide details below.

- ☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White**—Provide details below.

- ☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish

Enter, for example, French, Swedish, Norwegian, etc.

5. 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.*)

6. When you were 17, did your family own a car, van, or truck?

- ☐ No
☐ Yes, one
☐ Yes, two or more

7. When you were 17, how many computers did your family own?

- ☐ None
☐ One
☐ Two
☐ More than two

8. Now please think of the home in which you lived when you were 17. How many bathrooms were in this home? (*If you lived in more than one home, please think of the home in which you lived the longest.*)

- ☐ None
☐ One

- ☐ Two
- ☐ Three or more

9. In this home, did you have your own bedroom for yourself?

- ☐ No
- ☐ Yes

10. In this home, was there a dishwasher?

- ☐ No
- ☐ Yes

11. During the year you were 17, how many times did you travel away on vacation with your family?

- ☐ Not at all
- ☐ Once
- ☐ Twice
- ☐ More than twice

Driving experience

12. If you now have or have had a learner's permit, when did you first get it (*month and year*)?

13. During a typical week, about how many trips did you take each week using your learner's permit?

14. About how many miles was a typical trip you took using your learner's permit?

15. What driver training programs have you completed (*please check all that apply*)?

- ☐ Driver education at public school
- ☐ Driver education from a professional/private driving school
- ☐ Accident avoidance program
- ☐ None
- ☐ Other _____

Simulator Sickness (Post-Study)

As noted above, the simulator sickness questionnaire (below) will be administered both before and after the study.

Please indicate the severity of symptoms that apply to you right now by circling the appropriate word.

Symptom

0 1 2 3

a. General discomfort	None	Slight	Moderate	Severe
b. Fatigue	None	Slight	Moderate	Severe
c. Headache	None	Slight	Moderate	Severe
d. Eyestrain	None	Slight	Moderate	Severe
e. Difficulty focusing	None	Slight	Moderate	Severe
f. Increased salivation	None	Slight	Moderate	Severe
g. Sweating	None	Slight	Moderate	Severe
h. Nausea	None	Slight	Moderate	Severe
i. Difficulty concentrating	None	Slight	Moderate	Severe
j. Fullness of head	None	Slight	Moderate	Severe
k. Blurred vision	None	Slight	Moderate	Severe
l. Dizzy (eyes open)	None	Slight	Moderate	Severe
m. Dizzy (eyes closed)	None	Slight	Moderate	Severe
n. Vertigo*	None	Slight	Moderate	Severe
o. Stomach awareness**	None	Slight	Moderate	Severe
p. Burping	None	Slight	Moderate	Severe

* Vertigo is a loss of orientation with respect to vertical upright.

** Stomach awareness is a feeling of discomfort just short of nausea.

Arnett Inventory of Sensation Seeking (AISS) Questionnaire

For each item, indicate which response best applies to you:

- A) describes me very well
- B) describes me somewhat
- C) does not describe me very well
- D) does not describe me at all

1. I can see how it would be interesting to marry someone from a foreign country.
2. When the water is very cold, I prefer not to swim even if it is a hot day. (-)
3. If I have to wait in a long line, I'm usually patient about it. (-)
4. When I listen to music, I like it to be loud.
5. When taking a trip, I think it is best to make as few plans as possible and just take it as it comes.
6. I stay away from movies that are said to be frightening or highly suspenseful. (-)
7. I think it's fun and exciting to perform or speak before a group.
8. If I were to go to an amusement park, I would prefer to ride the rollercoaster or other fast rides.
9. I would like to travel to places that are strange and far away.
10. I would never like to gamble with money, even if I could afford it. (-)
11. I would have enjoyed being one of the first explorers of an unknown land.
12. I like a movie where there are a lot of explosions and car chases.

13. I don't like extremely hot and spicy foods. (-)

14. In general, I work better when I'm under pressure.

15. I often like to have the radio or TV on while I'm doing something else, such as reading or cleaning up.

16. It would be interesting to see a car accident happen.

17. I think it's best to order something familiar when eating in a restaurant. (-)

18. I like the feeling of standing next to the edge on a high place and looking down.

19. If it were possible to visit another planet or the moon for free, I would be among the first in line to sign up.

20. I can see how it must be exciting to be in a battle during a war.

Scoring: Combine responses to items, with A = 4, B = 3, C = 2, D = 1, so that higher score = higher sensation seeking. For items followed by (-), scoring should be reversed.