Paperwork Reduction Act 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 21xx-xxx. The information collected in this study will be used to create a database of vehicle occupant body size, shape, and posture. The data will be used to improve vehicle safety. Public reporting for this collection of information is estimated to be approximately **21 minutes**, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary; all responses will be de-identified and confidential, per 45 CFR part 46. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Room W45-205, Washington, DC, 20590.

DAILY HEALTH SURVEY

Participant Number:

[insert participant number]

Today's Date:

[*insert participant number*]

HEALTH_CONDITION

How would you describe your general health today? *** must provide value**

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

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*If the respondent selects fair or poor, they are directed to **HEALTH COND DETAILS**. If excellent or good is selected, they are directed to **HEALTH CHANGES**.*

HEALTH _COND_DETAILS

Because you have answered "Fair" or "Poor" in the above question, please further describe how you feel in detail. *** must provide value**

[Space to insert details]

This is the end of this page. The respondent next touches or clicks the button "Next Page >>".

HEALTH_CHANGES

Has there been any change in the following conditions since your eligibility screener: (1) Heart condition; (2) Back or neck pain; (3) Treatment for back or neck pain; (4) Disorders that impair your driving ability; (5) Physical disability that might affect your ability to participate; (6) Seizures within 6 months; (7) Pregnancy; (8) Psychotropic or sedative medications; (9) Driver's license status? *** must provide value**

☐ Yes

☐ No

*If the respondent selects "No", they are directed to **HEALTH CHANGE DETAILS**. If "Yes" is selected, they are directed to **SYMPTOMS**.*

HEALTH_CHANGE_DETAILS

Since you have answered "Yes" to the above question, please describe any changes to your health in the past few days in detail. *** must provide value**

[Space to insert details]

This is the end of this page. The respondent next touches or clicks the button "Next Page >>".

SYMPTOMS

In the last 24 hours, have you experienced any of the following conditions? *** must provide value**

	Yes	No
Unusually tired feeling	☐	☐
Unusual hunger	☐	☐
Hangover	☐	☐
Headache	☐	☐
Cold symptoms	☐	☐
Depression	☐	☐
Emotional upset	☐	☐
Other illness or injury	☐	☐

MEDICATION

Have you taken any prescription or non-prescription drugs in the last 48 hours? *** must provide value**

☐ Yes

☐ No

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*This is the end of this page. The respondent next touches or clicks the button "Next Page >>". If the respondent selected "Yes", they are directed to **MEDICATION DETAILS**. If they selected "No", they are directed to **ALCOHOL**.*

MEDICATION_DETAILS

Since you have answered "Yes" to the above question, please describe the prescription or non-prescription drugs you have taken in the last 48 hours. *** must provide value**

[Space to insert details]

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*This is the end of this page. The respondent next touches or clicks the button "Next Page >>". They are directed to **ALCOHOL**.*

ALCOHOL

Have you consumed any alcohol (beer, wine, liquor, etc.) in the last 24 hours? *** must provide value**

☐ Yes

☐ No

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*This is the end of this page. The respondent next touches or clicks the button "Next Page >>". If the respondent selected "Yes", they are directed to **ALCOHOL DETAILS**. If they selected "No", they are directed to **END OF QUESTIONNAIRE**.*

ALCOHOL_DETAILS

Since you have answered "Yes" to the above question, please describe the type and amount of alcohol you have consumed in the past 24 hours. *** must provide value**

[Space to insert details]

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*This is the end of this page. The respondent next touches or clicks the button "Next Page >>". If the respondent selected "Yes", they are directed to **ALCOHOL DETAILS**. If they selected "No", they are directed to **RISKS**.*

RISKS

There are some risks you may be exposed to as a volunteer in this study. The driving simulator is similar to a video game. Since the driving simulator projects the road ahead on a screen, you may experience some of the symptoms of motion sickness; such as a headache, uneasiness, or other similar discomfort. You will not be driving an actual automobile or truck so, the risks you will experience are similar to those of an office environment, combined with some aspects of a mild amusement-park-like ride. If you feel uneasy, disoriented, or motion sick, please tell a member of the evaluation team, so you can take a break. You can stop participating in this study at any time, by just telling a member of the team.

RISKS_SIGNATURE

If you agree to participate, input the date below.

CONSET_DATE

Insert today's Date *** must provide value**

[Space to insert date]

☐ N/A

☐ Refusal

☐ Do not know

END OF QUESTIONNAIRE

This is the end of this questionnaire. The respondent next touches or clicks the button "Submit".