Interface Evaluation Eligibility Questionnaire

PRA 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 **5 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.

INTRODUCTION

Thank you for your interest in the Interface Evaluation Study using occlusion goggles. First, we will ask you a few questions to determine your eligibility.

You will be completing between six and nine secondary tasks during your session depending on which vehicle(s) you will be completing tasks in. You will be completing tasks using either Android Auto, Apple CarPlay and one of [Vehicles to be chosen after PRA]'s systems or you will complete tasks using each system from [Vehicles to be chosen after PRA]. At no time will you drive the vehicle, the vehicle will always remain in park.

During the study, we are evaluating which secondary tasks comply with the NHTSA driver distraction guideline for task acceptance while driving.

If you participate in this research, you will perform these tasks while wearing occlusion goggles. The occlusion goggles open and close while you wear them to mimic when a driver would be looking towards and away from the roadway. While wearing the goggles, you will perform the tasks while the vehicle is in park. This study will take place at our office in Gaithersburg, Maryland lab and will take approximately 2 hours. Note that if you are eligible, you will be asked to provide your name, email and phone number so we may schedule your session. All data is stored securely and only accessible by research staff. In this questionnaire, we will also ask you about your age and sex to ensure representativeness per NHTSA guidelines.

Participants will receive $120 for participation.

INTEREST1

Would you like to be considered for this study? * Required

- ☐ Yes
- ☐ No

IF No, SKIP to ENDSURVEY.

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ELIGIBILITY QUESTIONNAIRE

AGE

What is your age? * Required

[INSERT AGE]

IF younger than 18 years of age, SKIP to INELIGIBLE.

----------ENDPAGE----------

SYSTEM

When driving, select which system do you usually use? * Required

- ☐ Android Auto
- ☐ Apple CarPlay
- ☐ Vehicle Built-in
- ☐ Other
- ☐ None

IF Vehicle Built-in, Other OR NONE, SKIP to INELIGIBLE.

----------ENDPAGE----------

VEHICLE

Do you currently own or frequently drive [insert list of study vehicles]? * Required

- ☐ Yes
- ☐ No

IF Yes, SKIP to INELIGIBLE.

----------ENDPAGE----------

LICENSE

Do you currently have a valid U.S. driver's license? * Required

- ☐ Yes
- ☐ No

IF No, SKIP to INELIGIBLE.

----------ENDPAGE----------

MILEAGE

Do you drive at least 3000 per year? * Required

- ☐ Yes
- ☐ No

IF No, SKIP to INELIGIBLE.

----------ENDPAGE----------

VISION

Do you have normal or corrected-to-normal vision? * Required

- ☐ Yes
- ☐ No

IF No, SKIP to INELIGIBLE.

----------**ENDPAGE**----------

HEARING

Do you have normal or corrected-to-normal hearing? * Required

☐ Yes

☐ No

IF No, SKIP to INELIGIBLE.

----------**ENDPAGE**----------

ENGLISH

Are you fluent reading and speaking in English? * Required

☐ Yes

☐ No

IF No, SKIP to INELIGIBLE.

----------**ENDPAGE**----------

HEALTH

Are you generally in good health, such that you can move inside and outside of vehicles and sit in a vehicle for up to 2 hours? * Required

☐ Yes

☐ No

IF No, SKIP to INELIGIBLE.

----------**ENDPAGE**----------

INELIGIBLE

Thank you for your interest in our study, but unfortunately you are ineligible to participate based on your previous responses. However, you may be eligible to participate in future studies. If you would like to be contacted for future research studies, please complete the boxes below, but this is **optional**. Note that providing your name and contact information will link your previous responses to your identifiable information. We will destroy your previous responses at the end of this study but will retain your contact information if you choose to provide it.

If you do not wish to be contacted for future studies, please press submit at the bottom of the page.

FUTURE STUDIES

Would you like to be contacted for future research studies?

☐ Yes

☐ No

IF Yes, SKIP to FUTURESTUDIESCONTACT. IF No, SKIP to ENDSURVEY

----------**ENDPAGE**----------

ELIGIBLE

Scheduling Availability Form

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Thank you for your interest in our study. You are eligible to participate! We will need to collect some information from you to schedule your session. Note that you will be required to provide your contact information, which will link your responses to your identity. If you do not provide your name or contact information, we cannot verify your eligibility or contact you to participate. We will continue to schedule participants until we have filled all slots.

INTEREST2

Would you still like to participate in our study? * Required

- ☐ Yes
- ☐ No

IF Yes, SKIP to DEMOGRAPHIC. IF No, SKIP to ENDSURVEY

----------ENDPAGE----------

DEMOGRAPHIC

SEX

What is your sex?

- ☐ Female
- ☐ Male

----------ENDPAGE----------

CONTACT INFO

FIRSTNAME

What is your first name? * Required

[INSERT FIRST NAME]

LASTNAME

What is your last name? * Required

[INSERT LAST NAME]

EMAIL

What is your email? * Required

[INSERT EMAIL]

PHONE NUMBER

What is your phone number? * Required

[INSERT PHONE NUMBER]

----------**ENDPAGE**----------

SCHEDULING

SCHEDULE

Sessions will begin and end at our Rockville garage on weekday mornings, afternoons, and early evenings. Occasionally we may conduct some weekend sessions. In general, what times of day work best for you to come to our office and complete the study? (*select all that apply*) * Required

	Morning (9am-11am)	Afternoon (12pm-2pm)	Early Evening (3pm-5pm)	Late Evening (6pm-8pm)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

----------**ENDPAGE**----------

INELIGIBLE, FUTURE STUDIES CONTACT

FIRSTNAME

What is your first name? * Required

[INSERT FIRST NAME]

LASTNAME

What is your last name? * Required

[INSERT LAST NAME]

EMAIL

What is your email? * Required

[INSERT EMAIL]

PHONE NUMBER

What is your phone number? * Required

[INSERT PHONE NUMBER]

----------**ENDSURVEY**----------