



# PRE-SURVEY QUESTIONNAIRE

DRIVING STATUS	Do Not Drive	Learner's Permit	License (Less than a year)	License (No restrictions)
What is your current driving status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Always</b>	<b>Mostly</b>	<b>Seldom</b>	<b>Never</b>
Do you wear a seatbelt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gender	Male	Female
	<input type="checkbox"/>	<input type="checkbox"/>

Age Range	12 And Under	13	14	15	16	17	18	19 to 25	26 to 30	31 to 40	41 to 60	61 and above
	<input type="checkbox"/>											

MISCELLANEOUS DISTRACTIONS	Always	Mostly	Seldom	Never
<b>While driving, how often do you do the following?</b>				
Take your eyes off the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjust your radio, iPod, MP3, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick up items in the floorboards, seats, or console	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink (non-alcoholic beverages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink (alcoholic beverages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage with other driver's on the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceed the posted speed limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CELL PHONE DISTRACTIONS</b>				
<b>While driving, how often do you do the following?</b>	<b>Always</b>	<b>Mostly</b>	<b>Seldom</b>	<b>Never</b>
Answer an incoming call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a phone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send a text message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read a text message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull off the roadway to answer a call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull off the roadway to respond to a text message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel pressured to answer a call/text message because it is a parent/guardian, grandparent, or close relative/friend while driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in an accident with a vehicle, pedestrian, or another object while using a cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>IMPAIRED DRIVING</b>				
<b>While driving, how often do you do the following?</b>	<b>Always</b>	<b>Mostly</b>	<b>Seldom</b>	<b>Never</b>
Drive after consuming an alcoholic beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive after taking a medication prescribed to you despite warnings on the label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive after consuming illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take your eyes off the road to look at yourself in the rearview mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read a map, GPS, or use a map app on your phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search the internet from your cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive while sleep deprived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>COMMENTS:</b>