

Appendix A

Older Driver Traffic Safety Study Questionnaire

Confidential Questionnaire

Older Driver Traffic Safety Study

Name of Participant

City of Residence

Identification Number

Alpha Code

Instruction Sheet for Research Assistant:

1. Obtain the name and city of residence for your subject.
2. Immediately provide both an ID number and Alpha code and copy both the ID number and Alpha code onto page 2 of this questionnaire.
3. Remove this page and return it separated from questionnaire.
4. Explain to the subject the purpose of this questionnaire is to help determine whether traffic safety classes and/or automotive adaptive devices help reduce older drivers' involvement in traffic collisions and/or lessen severity of injuries to older drivers involved in traffic collisions.

Older Driver Safety
Questionnaire

Identification Number: _____

Today's Date _____

Alpha Code: _____

Section 1
Background Information

Directions: Please check the boxes that most accurately reflect you. Disregard any small numbers in parenthesis. These are for coding purposes only.

Date of Birth: _____

Age: 55-60 ⁽¹⁾ 61-65 ⁽²⁾ 66-70 ⁽³⁾ 71-75 ⁽⁴⁾ 76-80 ⁽⁵⁾
81-85 ⁽⁶⁾ 86-90 ⁽⁷⁾ 91+ ⁽⁸⁾

Gender: Female ⁽¹⁾ Male ⁽²⁾

Ethnicity: Caucasian ⁽¹⁾ African American ⁽²⁾ Hispanic ⁽³⁾
Asian ⁽⁴⁾ Other _____ ⁽⁵⁾
Please Specify

City of Residence: Atherton ⁽¹⁾ Belmont ⁽²⁾ Brisbane ⁽³⁾
Broadmore ⁽⁴⁾ Burlingame ⁽⁵⁾ Colma ⁽⁶⁾
Daly City ⁽⁷⁾ East Palo Alto ⁽⁸⁾ Foster City ⁽⁹⁾
Hillsborough ⁽¹⁰⁾ Half Moon Bay ⁽¹¹⁾
Menlo Park ⁽¹²⁾ Millbrae ⁽¹³⁾ Pacifica ⁽¹⁴⁾
Redwood City ⁽¹⁵⁾ San Bruno ⁽¹⁶⁾
San Carlos ⁽¹⁷⁾ San Mateo ⁽¹⁸⁾
S. San Francisco ⁽¹⁹⁾ Unincorporated County ⁽²⁰⁾

Education: Some High School ⁽¹⁾ High School Graduate ⁽²⁾
Some College ⁽³⁾ Bachelors Degree ⁽⁴⁾
Post Graduate Education ⁽⁵⁾

Income: ≤ \$50,000 ⁽¹⁾ \$51,000 - \$100,000 ⁽²⁾
\$100,000 - \$150,000 ⁽³⁾ ≥ \$150,000 ⁽⁴⁾

Section 2
Driver Safety Course Information

1. Are you currently a licensed driver in California? YES (1) NO (2)

2. Have you lived in San Mateo County for the past 5 years? YES (1) NO (2)

3. Did you attend any Older Driver Traffic Safety Classes offered by AARP during January 1, 2002 through December 31, 2006?
YES (1) NO (2)

4. If yes, how many? AARP _____(1)
(0 = 1) (1 = 2) (2 = 3) (3 = 4) (4 ≥ = 5)

5. Did you attend any Older Driver Traffic Safety Classes offered by the California Highway Patrol (CHP) during January 1, 2002 through December 31, 2006? YES (1) NO (2)

6. If yes, how many? CHP _____(2)
(0 = 1) (1 = 2) (2 = 3) (3 = 4) (4 ≥ = 5)

7. Did you attend any Older Driver Traffic Safety Classes offered by any other organization during January 1, 2002 through December 31, 2006?
YES (1) NO (2)

8. If yes, how many? Other _____(3)
(0 = 1) (1 = 2) (2 = 3) (3 = 4) (4 ≥ = 5)

Please indicate name of other organizations:

Section 3 Driver History

Directions: Please answer each of the following questions as they apply to you.

A-1. Were you involved in any collisions as the driver of a motor vehicle between

January 1, 2002 and December 31, 2006? Yes (1) No (2)

(If your answer is yes, please complete the rest of this section.)

(If your answer is No, please continue to Section 4.)

A-2. If yes, how many collisions as a driver?

(0 = 1) (1 = 2) (2 = 3) (3 = 4) (4 ≥ = 5)

Date of Collision #1 _____	(1)	(2)
1. Were you found at-fault in collision 1?	Yes	No
2. Were you injured in collision 1?	Yes	No
a. if yes, were you transported to a hospital?.....	Yes	No
b. if yes, were you admitted to the hospital?	Yes	No
c. if yes, how many days were you admitted? _____ (1-5=1, 6-10=2, >10=3)		
3. Were you wearing a seat belt in collision 1?	Yes	No
4. If applicable, was the seat belt working?	Yes	No
5. Was your vehicle equipped with a front driver airbag?	Yes	No
6. If applicable, did the front airbag deploy?	Yes	No
7. Was your vehicle equipped with a side-impact driver's airbag?	Yes	No
8. If applicable, did the side airbag deploy?	Yes	No
9. Was your vehicle equipped with any of the following adaptive devices?		
a. Back-up Camera and or Back-up audio warning.....	Yes	No
b. Park Assist audio	Yes	No
c. Larger than standard rear view mirror.....	Yes	No
d. Larger than standard side view mirrors.....	Yes	No
e. Gas or brake pedal extensions.....	Yes	No
f. Additional wrap/cover on steering wheel (for better grip).....	Yes	No
g. Adjustable or Removable Seat (lifts, turns, forward, backward, up, down)...	Yes	No
h. Global Positioning System.....	Yes	No

10. Was your vehicle equipped with any other safety features/devices not listed in 9 above?

If yes, please describe: _____

If you were not involved in any other collisions as a driver, please go to Section 4.

If you were involved in a second collision during the period of January 1, 2002 and December 31, 2006, please answer the following questions:

Date of Collision #2 _____		
	(1)	(2)
1. Were you found at-fault in collision 2?	Yes	No
2. Were you injured in collision 2?	Yes	No
a. if yes, were you transported to a hospital?.....	Yes	No
b. if yes, were you admitted to the hospital?	Yes	No
c. if yes, how many days were you admitted? _____ (1-5=1, 6-10=2, >10=3)		
3. Were you wearing a seat belt in collision 2?	Yes	No
4. If applicable, was the seat belt working?	Yes	No
5. Was your vehicle equipped with a front driver airbag?	Yes	No
6. If applicable, did the front airbag deploy?	Yes	No
7. Was your vehicle equipped with a side-impact driver's airbag?	Yes	No
8. If applicable, did the side airbag deploy?	Yes	No
9. Was your vehicle equipped with any of the following safety features/devices		
a. Back-up Camera and or Back-up audio warning.....	Yes	No
b. Park Assist audio	Yes	No
c. Larger than standard rear view mirror.....	Yes	No
d. Larger than standard side view mirrors.....	Yes	No
e. Gas or brake pedal extensions.....	Yes	No
f. Additional wrap/cover on steering wheel (for better grip).....	Yes	No
g. Adjustable or Removable Seat (lifts, turns, forward, backward, up, down)...	Yes	No
h. Global Positioning System.....	Yes	No

10. Was your vehicle equipped with any other safety features/devices not listed in 9 above?
If yes, please describe: _____

If you were not involved in any other collisions as a driver, please go to Section 4.
 If you were involved in a third collision during the time period of January 1, 2002 and December 31, 2006, please answer the following questions:

Date of Collision #3 _____		
	(1)	(2)
1. Were you found at-fault in collision 3?	Yes	No
2. Were you injured in collision 3?	Yes	No
a. if yes, were you transported to a hospital?.....	Yes	No
b. if yes, were you admitted to the hospital?	Yes	No
c. if yes, how many days were you admitted? _____ (1-5=1, 6-10=2, >10=3)		
3. Were you wearing a seat belt in collision 3?	Yes	No
4. If applicable, was the seat belt working?	Yes	No
5. Was your vehicle equipped with a front driver airbag?	Yes	No
6. If applicable, did the front airbag deploy?	Yes	No
7. Was your vehicle equipped with a side-impact driver's airbag?	Yes	No
8. If applicable, did the side airbag deploy?	Yes	No
9. Was your vehicle equipped with any of the following safety features/devices		
a. Back-up Camera and or Back-up audio warning.....	Yes	No
b. Park Assist audio	Yes	No
c. Larger than standard rear view mirror.....	Yes	No
d. Larger than standard side view mirrors.....	Yes	No
e. Gas or brake pedal extensions.....	Yes	No
f. Additional wrap/cover on steering wheel (for better grip).....	Yes	No
g. Adjustable or Removable Seat (lifts, turns, forward, backward, up, down)...	Yes	No
h. Global Positioning System.....	Yes	No

10. Was your vehicle equipped with any other safety features/devices not listed in 9 above?
 If yes, please describe: _____

If you were not involved in any other collisions as a driver, please go to Section 4.
 If you were involved in a fourth collision during the time period of January 1, 2002 and December 31, 2006, please answer the following questions:

Date of Collision #4 _____		
	(1)	(2)
1. Were you found at-fault in collision 4?	Yes	No
2. Were you injured in collision 4?	Yes	No
a. if yes, were you transported to a hospital?.....	Yes	No
b. if yes, were you admitted to the hospital?	Yes	No
c. if yes, how many days were you admitted? _____ (1-5=1, 6-10=2, >10=3)		
3. Were you wearing a seat belt in collision 4?	Yes	No
4. If applicable, was the seat belt working?	Yes	No
5. Was your vehicle equipped with a front driver airbag?	Yes	No
6. If applicable, did the front airbag deploy?	Yes	No
7. Was your vehicle equipped with a side-impact driver's airbag?	Yes	No
8. If applicable, did the side airbag deploy?	Yes	No
9. Was your vehicle equipped with any of the following safety features/devices		
a. Back-up Camera and or Back-up audio warning.....	Yes	No
b. Park Assist audio	Yes	No
c. Larger than standard rear view mirror.....	Yes	No
d. Larger than standard side view mirrors.....	Yes	No
e. Gas or brake pedal extensions.....	Yes	No
f. Additional wrap/cover on steering wheel (for better grip).....	Yes	No
g. Adjustable or Removable Seat (lifts, turns, forward, backward, up, down)...	Yes	No
h. Global Positioning System.....	Yes	No

10. Was your vehicle equipped with any other safety features/devices not listed in 9 above?
 If yes, please describe: _____

If you were not involved in any other collisions as a driver, please go to Section 4.
 If you were involved in a fifth collision during the time period of January 1, 2002 and December 31, 2006, please answer the following questions:

Date of Collision #5 _____		
	(1)	(2)
1. Were you found at-fault in collision 5?	Yes	No
2. Were you injured in collision 5?	Yes	No
a. if yes, were you transported to a hospital?.....	Yes	No
b. if yes, were you admitted to the hospital?	Yes	No
c. if yes, how many days were you admitted? _____ (1-5=1, 6-10=2, >10=3)		
3. Were you wearing a seat belt in collision 5?	Yes	No
4. If applicable, was the seat belt working?	Yes	No
5. Was your vehicle equipped with a front driver airbag?	Yes	No
6. If applicable, did the front airbag deploy?	Yes	No
7. Was your vehicle equipped with a side-impact driver's airbag?	Yes	No
8. If applicable, did the side airbag deploy?	Yes	No
9. Was your vehicle equipped with any of the following safety features/devices		
a. Back-up Camera and or Back-up audio warning.....	Yes	No
b. Park Assist audio	Yes	No
c. Larger than standard rear view mirror.....	Yes	No
d. Larger than standard side view mirrors.....	Yes	No
e. Gas or brake pedal extensions.....	Yes	No
f. Additional wrap/cover on steering wheel (for better grip).....	Yes	No
g. Adjustable or Removable Seat (lifts, turns, forward, backward, up, down)...	Yes	No
h. Global Positioning System.....	Yes	No

10. Was your vehicle equipped with any other safety features/devices not listed in 9 above?
 If yes, please describe: _____

Section 4 Completion

Thank you for taking part in this study. All information you provided will remain confidential. If you are interested in obtaining a copy of the results, please feel welcome to contact Bridget Lott, Principal Investigator for the Older Driver Traffic Safety Study. Ms. Lott can be reached at the following address:

1234 Alpha Street
American City, USA
12345

(800) 888-8888

Note: This form should be given to all individuals who participate in this study at locations other than via telephone. All telephonic interview subjects should have the information on this page read to them.

Appendix B

Confidential Document Coding

Appendix A

Data Collection Form

Coding Information

Coder Name (Last Name, First Name): _____, _____

Date of Coding (mm/dd/yyyy): ___ / ___ / _____

Case ID #: _____

Probation Officer ID #: _____

Juvenile ID #: _____

Court ID #: _____

1. Participation in rehabilitation program:

Yes (1) No (2)

2. Age of the juvenile: (check line that applies)

___ Under 13 years (1)

___ 13-15 years (2)

___ 16-18 years (3)

3. Level of Education: (check line that applies)

___ Elementary School (k-6) (1)

___ Middle School (7-8) (2)

___ High School (9-12) (3)

___ College (4)

4. Ethnicity of juvenile (check line that applies)

___ White/Caucasian (1)

___ African American/Black (2)

___ Hispanic/Latino (3)

___ Asian/Pacific Islander (4)

___ Other (5)

5. Recidivism:

Number of arrests: ___

6. Probation Violations:

Number of probation violations ___

7. Severity of crime: (check line that applies)

___ Infraction (1)

___ Misdemeanor (2)

___ Felony (3)

Appendix

Data Collection Form

Child's Name:

Child's date of birth:

Please Circle their Gender:

Male/Female

Check the status below which best describes your relationship to the juvenile listed above.

(1) Biological Mother
(2) Biological Father
(3) Step Mother
(4) Step Father
(5) Guardian
(6) Other (please indicate)
Identification or Drivers License Number
State

About Biological Parent

** Please note- If you are *not* the biological parent, complete the following information to the best of your ability. Do not assume information, if you are unable to answer the questions accurately do not fill give an answer.**

Your age at the time of the child's birth_____ . If you are the biological Mother or Father please provide the ages of both parents at the time of birth:

(1) Mother_____ (2) Father_____

Race (Circle)

(1) Caucasian (white)
(2) African American (black)
(3) Asian
(4) Hispanic
(5) Middle Eastern
(6) East Indian
(7) Native American
(8) Pacific Islander
(9) Inter-racial
(10) Other

Educational Level Achieved (Circle)

(1) No high school
(2) Some high School
(3) High School Graduate
(4) Some college
(5) College Graduate

Annual Income (Circle)

Occupation:

Less than \$15,000 (1)
\$15,001- \$20,000 (2)
\$20,001-\$25,000 (3)
\$25,001-\$30,000 (4)
\$30,001-\$35,000 (5)
\$35,001-\$40,000 (6)
\$40,001-\$45,000 (7)
More than 45,001 per year (8)

Social Environment

Consumption of Alcoholic beverages in one week

None (1)
1-2 (2)
3-5 (3)
6-8 (4)
More than 8 drinks in one week (5)

Household capacity

How many people in your household _____(1)

How often do you have company over to visit

Daily (1)
Every other day (2)
Twice a week (3)
Three times a week (4)
More than three times a week (5)
Everyday (6)

On a scale from 1-5 Indicate the level of parental knowledge, experience, or skills you felt that you had prior to the birth of this child.

1 being the least amount of skills and 5 being the highest level of parental knowledge

1 (1) 2 (2) 3 (3) 4 (4) 5 (5)

Please provide your signature and date of completion to state that the information provided on this document is accurate.

Print Name _____

Signature _____

Date _____