

MARYLAND HIGHWAY SAFETY OFFICE DRIVER SURVEY

Choosing to complete this survey is voluntary and completely anonymous.



1. What is today's date? (MM/DD/YYYY)	2. What was the name of the program you attended or where did you get this survey?	
3. Indicate the COUNTY where you LIVE: <input type="checkbox"/> Specify County: _____ <input type="checkbox"/> Baltimore City <input type="checkbox"/> Washington, D.C.	5. What is your AGE? (Number of years) <input style="width: 40px; height: 20px;" type="text"/>	7. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is your HOME zip code? <input style="width: 60px; height: 20px;" type="text"/>	6. What is your SEX? <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Select one or more of the following: <input type="checkbox"/> Caucasian / White <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> African American / Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other, specify: _____

9. Indicate your WEEKLY driving mileage (car/van/SUV/pick-up): Less than 50 50-99 100-199 200-300 More than 300

Unless otherwise indicated, please mark only one answer per question.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Undecided
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10. I often act on the spur of the moment.	<input type="checkbox"/>				
11. I like to drive more than 10 MPH over the posted speed limit.	<input type="checkbox"/>				
12. Most of my family and friends think it's okay to talk on a cell phone without using a hands-free	<input type="checkbox"/>				
13. Most of my family and friends think that it is okay to text while driving.	<input type="checkbox"/>				
14. I am likely to text the next time I drive.	<input type="checkbox"/>				
15. I am likely to talk on a cell phone without using a hands free device the next time I drive.	<input type="checkbox"/>				
16. Most of my family and friends routinely drive at least 10 MPH over the posted speed limit.	<input type="checkbox"/>				
17. In the past 30 days, I have driven more than 10 MPH over the posted speed limit.	<input type="checkbox"/>				
18. If I am stopped for drinking and driving, the punishment will be severe.	<input type="checkbox"/>				
19. I am likely to be stopped by police if I drive more than 10 MPH over the speed limit.	<input type="checkbox"/>				

	Very Likely	Somewhat Likely	Not Very Likely	Not Likely	Don't Know
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20. How likely is it that something bad would happen if you don't wear your seat belt?	<input type="checkbox"/>				
21. How likely are you, as a PEDESTRIAN, to be stopped for a crosswalk violation?	<input type="checkbox"/>				
22. How likely are you to be stopped by police if you drive within two hours of drinking alcoholic beverages?	<input type="checkbox"/>				
23. How likely are you to get a ticket if you don't wear your seat belt?	<input type="checkbox"/>				
24. How likely are you, WHILE DRIVING A MOTOR VEHICLE, to be stopped for a cross walk/pedestrian violation?	<input type="checkbox"/>				

	5 or More Times	3-4 Times	1-2 Times	Never
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25. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcoholic beverages?	<input type="checkbox"/>				
26. In the past week, how often have you used your cell phone without a hands-free device while driving?	<input type="checkbox"/>				
27. In the past 30 days, how many times have YOU DRIVEN a car or other vehicle within 2 hours of drinking alcoholic beverages?	<input type="checkbox"/>				
28. In the past week, how often have you texted while driving?	<input type="checkbox"/>				

29. Think of the last time you did NOT use a crosswalk – what was your reason for not using the cross walk? (mark all that apply)	<input type="checkbox"/> Shorter Distance	<input type="checkbox"/> Conditions made it hard to use: weather/lighting	<input type="checkbox"/> Crosswalk too far	<input type="checkbox"/> Crosswalk was difficult to get to: broken sidewalk/uneven pavement/ no access
	<input type="checkbox"/> Always use crosswalk			

	All of the Time	Most of the Time	Occasionally	Rarely	Never
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30. How often do you use a seat belt when you drive or ride in the FRONT seat of a car, van, SUV, or pick-up truck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. When driving with child passenger (s) under 13 years, how often do you make them sit in a back seat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. How often do you use a seat belt when you ride in a BACK seat of a car, van, SUV, or pick-up truck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you transport children under the age of 10 in a car, van, sports utility, or pick-up truck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

<i>If more than 1 child in any age group, answer for the oldest child only.</i>						
	No Child this Age	Not Buckled	Seat Belt Only	Booster with Seat Belt	Rear Facing Car Seat	Front Facing Harness Car Seat
A. In the past 30 days when driving with a child aged 0 - 2, indicate how that child traveled most often.	<input type="checkbox"/>					
B. In the past 30 days when driving with a child aged 3 - 5, indicate how that child traveled most often.	<input type="checkbox"/>					
C. In the past 30 days when driving with a child aged 6 - 9, indicate how that child traveled most often.	<input type="checkbox"/>					