

**MARYLAND HIGHWAY SAFETY OFFICE  
ACTION MEASURE  
INATTENTIVE DRIVING**

Please answer all of the questions below giving only **ONE** response for each question.

What is today's date?

What type of program did you attend?



**Check one** answer in each section below.

1. Select location where you completed this document.

- |   |                                   |                                     |                                     |  |                                     |
|---|-----------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Allegany       | <input type="checkbox"/> Calvert  | <input type="checkbox"/> Charles    | <input type="checkbox"/> Harford    | <input type="checkbox"/> Prince George's | <input type="checkbox"/> Talbot     |
| <input type="checkbox"/> Anne Arundel   | <input type="checkbox"/> Caroline | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Howard     | <input type="checkbox"/> Queen Anne's    | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Baltimore      | <input type="checkbox"/> Carroll  | <input type="checkbox"/> Frederick  | <input type="checkbox"/> Kent       | <input type="checkbox"/> St. Mary's      | <input type="checkbox"/> Wicomico   |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Cecil    | <input type="checkbox"/> Garrett    | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Somerset        | <input type="checkbox"/> Worcester  |

<p>2. What is your home zip code?</p> <input type="text"/>	<p>3. What is your age group?</p> <input type="checkbox"/> 15 & under <input type="checkbox"/> 16-18 <input type="checkbox"/> 19-20 <input type="checkbox"/> 21-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70 & over	<p>4. What is your gender?</p> <input type="checkbox"/> Male <input type="checkbox"/> Female
<p>5. What is your primary racial background?</p> <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other	<p>6. Primary vehicle driven:</p> <input type="checkbox"/> Passenger Car <input type="checkbox"/> SUV <input type="checkbox"/> Van <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Large Truck / Tractor Trailer <input type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Don't Drive	<p>7. Driving experience in years:</p> <input type="checkbox"/> 1 or less <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 or more <input type="checkbox"/> Don't Drive

**Circle** all answers that apply for each:

8. Have you ever driven with (mark all that apply)?	Tired, watery eyes	Tightness in back of neck	Yawning	Difficulty focusing eyes	Not remembered a traffic sign
9. In the past month, have you used your cell phone while driving?	Frequently	Occasionally	Rarely	Have Not	---
10. In the past month, which have you ever done while driving (mark all that apply)?	Used a cell phone	Text messaged or emailed	Eaten food	Read (directions, books, etc.)	Don't own a cell phone
11. How likely do think you are to have a crash while driving because of distractions inside of your vehicle (radio, other people, etc.)?	Very Likely	Somewhat Likely	Not Very Likely	Not likely at all	Don't Know
12. If you use your cell phone while driving, approximately how often do you use your cell phone while driving for talking or texting?	1-3 times a day	4-7 times a day	8-10 times a day	Over 10 times a day	---
13. How often do you use in-vehicle technologies while driving (i.e. GPS, DVD, grid maps)?	Frequently	Occasionally	Rarely	Never only if parked	---
14. In your opinion, do you believe that in-vehicle technologies could be a potential distraction for drivers? Have you had an experience or felt threatened by someone using in-vehicle technology (i.e. cell, etc...)	Strongly Agree	Agree	Somewhat Agree	Disagree	Don't Know
15. If recently involved in a near collision, what may have contributed to that crash?	Outside distraction	Multitasking while driving	Other	---	---
16. Do you agree that the State of Maryland should pass legislation to ban drivers from using hand-held cell phones while driving?	Strongly Agree	Agree	Somewhat Agree	Disagree	Don't know
17. In your opinion, which of the following devices would be safer for drivers to use?	Hands free devices	Hand held devices	Neither	---	---
18. Do you think there is a need for more education about the hazards of distracted driving?	Yes	No	Don't Know	---	---
19. Have you ever heard or seen any of the following highway safety messages?	Click it or Ticket	Smooth Operator	Checkpoint Strikeforce	Share the road with bicycles	Choose Safety for Life
20. If so, indicate all of the places that you may have seen or heard these messages (Click It/Ticket, Smooth Operator, Checkpoint Strikeforce).	Print Media	Radio	Sign on roadway	TV	---

**Please help by returning this form to:**

National Study Center for Trauma and EMS / University of MD Baltimore  
110 S. Paca St., 4<sup>th</sup> Floor  
Baltimore, MD 21201  
PHONE: 410-328-2683 FAX: 410-328-3699