

**MARYLAND HIGHWAY SAFETY OFFICE
ACTION MEASURE
Younger Drivers**

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"/> Motorcycle <input type="checkbox"/> Large Truck / Tractor Trailer <input type="checkbox"/> Bicycle <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. Are you a parent of learner's or provisionally licensed driver?	Yes	No	---	---	---
9. What concerns you most about teen drivers?	Aggressive Driving	Impaired	Violating GDL	Inattentive Driving	No Opinion
10. If you drove while intoxicated, how likely is it that you would be stopped by a police officer (MTF)	Very likely	Somewhat likely	Not very likely	Not likely at all	Don't know
11. Do you think a young driver's risk of being in a crash goes up when additional teen passengers are in the vehicle?	Yes	No	Don't Know	---	---
12. In the past month, while driving ever have done the following...(mark all that apply)	Driven 10 miles over speed limit	Drove 20 miles over speed limit	Texted/used cell phone	Driven passengers before it was legal to do so	Driven impaired
13. If you are under 21 years of age at what Blood Alcohol Concentration (B.A.C.) Level can you lose your License?	.02	.07	.08	.10 or greater	Don't know
14. While on your learner's permit, approximately how many behind the wheel driving hours did you complete with your parent or responsible adult?	Under 40	40-60	60-100	More than 100	---
15. If you were riding in a car with someone who was driving in a way that made you nervous or uncomfortable (going too fast, tailgating, racing another driver, etc.), how likely would you be to say something?	Very likely	Somewhat likely	Not very likely	Not likely at all	Don't know
16. In the past 30 days, have you been in a motor vehicle where someone was impaired (drinking or drugging)?	Never	Once	2-4 times	5-10 times	More than 10
17. In your opinion, how many drinks is an acceptable number of alcoholic drinks to consume and still be able to safely drive a motor vehicle (i.e. car, truck, or motorcycle)?	Not acceptable at any level	1 drink	2-3 drinks	4-5 drinks	6 drinks or more
18. Of the following three choices, which factor has the strongest influence on how you drive?	Parents	Law Enforcement	Peers	---	---
19. Have you ever received a traffic warning or citation for any of the following?	Failure to yield right of way	Failure to give full time and attention	Following too closely	Speed	Not wearing a safety belt
20. After the provisional licensure period, how long are passenger restrictions in-place?	3-months	5-months	6-months	18-months	Don't Know
21. Do you think most drivers consider what could occur when making an unsafe driving choice such as speeding, etc.?	Yes	No	Don't Know	---	---
22. 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
23. 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
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