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**APPENDIX A**  
**DRIVSAFE Screening Form<sup>1</sup>**

*Please complete this form for all patients who present to the Fracture Clinic. To be eligible for the DRIVSAFE Study, the questions 1 to 6 must be answered “yes” and questions 7 to 9 must be answered “no”.*

**INCLUSION CRITERIA**

1. Is the patient presenting to the fracture clinic for his/her own appointment?  
 Yes       No
2. Is the patient being seen at the fracture clinic for the treatment of a musculoskeletal injury that was sustained in the past six months?  
 Yes       No
3. Is the patient legally able to drive in Ontario (as defined by having a valid driver's license)?  
 Yes       No
4. Is the patient 16 years of age or older?  
 Yes       No
5. Is the patient able to read, understand, and write in English?  
 Yes       No
6. Has the patient or parent/legal guardian provided informed consent?  
 Yes       No

**EXCLUSION CRITERIA**

7. Is the patient too ill or injured to participate in the study?  
 Yes       No
8. Is the patient cognitively impaired and unable to participate in the study?  
 Yes       No

1. This version of the screening form was used for the Ontario sites. Sites in other provinces requested a provincial driver's license specific for their province.

9. Has the patient not driven at all in the past year?

Yes

No

1. This version of the screening form was used for the Ontario sites. Sites in other provinces requested a provincial driver's license specific for their province.

## APPENDIX B

# Distracted Driving Questionnaire

Thank you for your interest in completing this questionnaire. Your answers will help our study team, other doctors, and health care professionals understand patient experiences with and opinions about distracted driving. Some of the questions may be uncomfortable for you to answer, or seem unrelated to your life experiences. We ask that you try your best to answer all of the questions. Your input is important to us and for those who may benefit from this research.

In this survey, “driving” refers to operating a motor vehicle that is allowed on the road (e.g. car, SUV, van, truck, bus, motorcycle etc.). **You are considered to be “driving” anytime that you are behind the wheel of a motor vehicle and the vehicle is engine is on, even if the car is stopped at a stoplight or pulled over.**

### PART 1: DEMOGRAPHIC QUESTIONS

1. What is your age? \_\_\_\_\_ years

2. What is your gender? **Select one.**

Female                       Male

3. What is your yearly household income in Canadian dollars (before taxes)? **Select one.**

Less than \$20,000                       \$60,000 to less than \$80,000  
 \$20,000 to less than \$40,000                       \$80,000 to less than \$100,000  
 \$40,000 to less than \$60,000                       \$100,000 or more

4. What is your highest level of education? **Select one.**

No high-school education                       College or trade school  
 Some high-school education                       University  
 High-school diploma

5. What is your race/ethnicity? **Select one.**

White                       Black (African/Caribbean)                       South Asian  
 East Asian                       Native/Aboriginal/Pacific Islander                       Middle Eastern  
 Hispanic/Latino                       Other (please specify): \_\_\_\_\_

6. What is your occupation:

\_\_\_\_\_

## PART 2: INJURY QUESTIONS

7. When did your injury occur?      /      /       
  dd mm   yyyy

8. What are you being treated for at the fracture clinic today? **Check all that apply.**

- Soft tissue problem (bruise, cut)
- Sprain/strain
- Dislocation
- Open fracture (parts of bone stick out through the skin or wound that is so deep the bone is visible)
- Closed fracture (no parts of the bone stick out or are visible through any wounds)
- Unsure
- Other (please specify): \_\_\_\_\_

9. What was the cause of your injury(ies)? **Select one.**

- Motor vehicle crash
- Pedestrian hit by a motor vehicle
- Sports-related
- Other (please specify): \_\_\_\_\_
- Struck or struck by object (not sports-related)
- Fall (not sports-related)
- Unsure

10. Currently, how limited are you by this injury? **Select one.**

- Severely limited
- Limited a lot
- Moderately limited
- Limited a little
- Not limited at all

## PART 3: DRIVING HISTORY QUESTIONS

11. How many years have you had your driver's license (starting at the time you obtained your beginners permit/ level 1 graduated license)?

Years: \_\_\_\_\_

12. For each activity pertaining to things people may do in cars listed below, please indicate how often in the last 12 months YOU have done each while driving? For each, please indicate if you have done the activity always, almost always, sometimes, rarely, or never in the last 12 months. **Select one.**

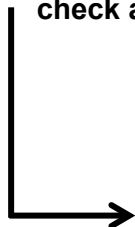
| How often do you...   | Always                   | Almost always            | Some of the time         | Rarely                   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Talk to other passengers in the vehicle (when applicable)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eat or drink   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Smoke  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Read a book, newspaper, iPad, or kindle  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Browse the web   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Interacting with children in the back seat (e.g. passing toys, food)                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do personal grooming, such as put on make-up, shave or look at yourself in the mirror                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Daydream   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Listen to the radio  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Adjust the car radio   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Sing along to a song   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Change CDs, DVDs or MP3 players  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Use a laptop computer  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Use a portable music player, including a Smartphone, with headphones on                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Use a portable music player, including a Smartphone, with external speakers or with the vehicle's speakers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Program or adjust a navigation system  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Look at outer-vehicle distractions such as weather, landscape, animals or pedestrians                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. For each activity pertaining to TALKING ON A CELLULAR PHONE listed below, please indicate how often in the last 12 months YOU have done each while driving? For each, please indicate if you have done the activity always, almost always, sometimes, rarely, or never in the last 12 months.  
**Select one.**

| When driving, how often do you...   | Always                   | Almost always            | Some of the time         | Rarely                   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Make phone calls while holding the phone                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make phone calls with a hands free device                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Accept phone calls while holding the phone                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Accept phone calls with a hands-free device                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Accept phone calls and continue to drive while completing the conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Accept phone calls and promptly pull over to a safe location               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Accept phone calls and inform the caller you will call them back later     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Accept phone calls only after you have pulled over to a secure location    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. When you are TALKING ON A CELLULAR PHONE while driving, are there differences in your driving? **Select one.**

- Yes (if yes, please specify the difference(s) **check all that apply**):       No difference       I never talk on the phone while driving



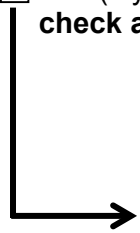
|   |  |
|---|--|
| <input type="checkbox"/> Drive faster   | <input type="checkbox"/> Apply the brakes suddenly           |
| <input type="checkbox"/> Drive slower   | <input type="checkbox"/> Use turn signal more regularly      |
| <input type="checkbox"/> Drift out of the lane or roadway                       | <input type="checkbox"/> Use turn signal less regularly      |
| <input type="checkbox"/> Change lanes more frequently                           | <input type="checkbox"/> Increase distance from lead vehicle |
| <input type="checkbox"/> Change lanes less frequently                           | <input type="checkbox"/> Decrease distance from lead vehicle |
| <input type="checkbox"/> Avoid changing lanes altogether                        |  |
| <input type="checkbox"/> Look in your rear or side view mirrors more frequently |  |
| <input type="checkbox"/> Look in your rear or side view mirrors less frequently |  |
| <input type="checkbox"/> Other (please specify):                                |  |
| _____   |  |

15. For each activity pertaining to ELECTRONIC MESSAGES (e.g. email, text message, short message service) listed below, please indicate how often in the last 12 months YOU have done each while driving? For each, please indicate if you have done the activity always, almost always, some of the time, rarely, almost always, sometimes, rarely, or never in the last 12 months. **Select one.**

| When driving, how often do you...  | Always                   | Almost always            | Some of the time         | Rarely                   | Never                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Read electronic messages  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Send electronic messages while continuing to drive                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Send electronic messages only after you have pulled over to a secure location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Send electronic messages using a Voice Command feature (speech dictation)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Send electronic messages when stopped at a red light or stop sign             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. When you are SENDING ELECTRONIC MESSAGES, are there differences in your driving?  
**Select one.**

- Yes (if yes, please specify the difference(s), **check all that apply**):       No difference       I never send electronic messages while driving



|   |  |
|---|--|
| <input type="checkbox"/> Drive faster   | <input type="checkbox"/> Apply the brakes suddenly           |
| <input type="checkbox"/> Drive slower   | <input type="checkbox"/> Use turn signal more regularly      |
| <input type="checkbox"/> Drift out of the lane or roadway                       | <input type="checkbox"/> Use turn signal less regularly      |
| <input type="checkbox"/> Change lanes more frequently                           | <input type="checkbox"/> Increase distance from lead vehicle |
| <input type="checkbox"/> Change lanes less frequently                           | <input type="checkbox"/> Decrease distance from lead vehicle |
| <input type="checkbox"/> Avoid changing lanes altogether                        |  |
| <input type="checkbox"/> Look in your rear or side view mirrors more frequently |  |
| <input type="checkbox"/> Look in your rear or side view mirrors less frequently |  |
| <input type="checkbox"/> Other (please specify):                                |  |
| _____   |  |

## PART 4: COLLISION QUESTIONS

17. Are you attending fracture clinic today because of an injury sustained in a motor vehicle crash?

**Select one.**

- Yes, I was the driver, **go to question 18**
- Yes, I was the passenger, **go to question 19**
- Yes, I was a pedestrian hit by a motor vehicle, **go to question 19**
- No, **go to question 20**

18. If you were the driver, were you engaged in distracted driving at the time of this motor vehicle crash? **Select one.**

- Yes (if yes, please specify type of distraction, **check all that apply**):  No




- Talking to other passengers in the vehicle
- Eating or drinking
- Smoking
- Talking on a cell phone while holding the phone
- Talking on a cell phone with a hands-free device
- Reading, such as a book, newspaper, or an iPad, or Kindle
- Reading e-mails or text messages
- Sending e-mails or text messages
- Browsing the web
- Interacting with children in the back seat (e.g. passing toys, food)
- Doing personal grooming, such as putting on make-up, shaving, looking in mirror
- Adjusting the car radio, MP3 player, or CD player
- Singing along to a song on the radio
- Daydreaming
- Using a laptop computer
- Using a portable music player with headphones on
- Adjusting a navigation system (e.g. GPS)
- Watching a movie
- Outer-vehicle distractions such as weather, landscape, animals, or pedestrians
- Other (please specify): \_\_\_\_\_



19. Was the driver of any other vehicles (including the vehicle you were travelling in if you were a passenger or the vehicle that hit you if you were a pedestrian) involved in this motor vehicle crash engaged in distracted driving? **Select one.**

- Yes (if yes, please specify type of distraction **check all that apply**):       No       Unsure       No other vehicle was involved



- Talking to other passengers in the vehicle
- Eating or drinking
- Smoking
- Talking on a cell phone while holding the phone
- Talking on a cell phone with a hands-free device
- Reading, such as a book, newspaper, or an iPad, or Kindle
- Reading or typing electronic text on a cell phone (e.g. emails, text messages, web browsing)
- Interacting with children in the back seat (e.g. passing toys, food)
- Doing personal grooming, such as putting on make-up, shaving, looking in mirror
- Adjusting the car radio, MP3 player, or CD player
- Singing along to a song on the radio
- Using a laptop computer
- Using a portable music player with headphones on
- Adjusting a navigation system (e.g. GPS)
- Watching a movie
- Outer-vehicle distractions such as weather, landscape, animals, or pedestrians
- Other (please specify): \_\_\_\_\_

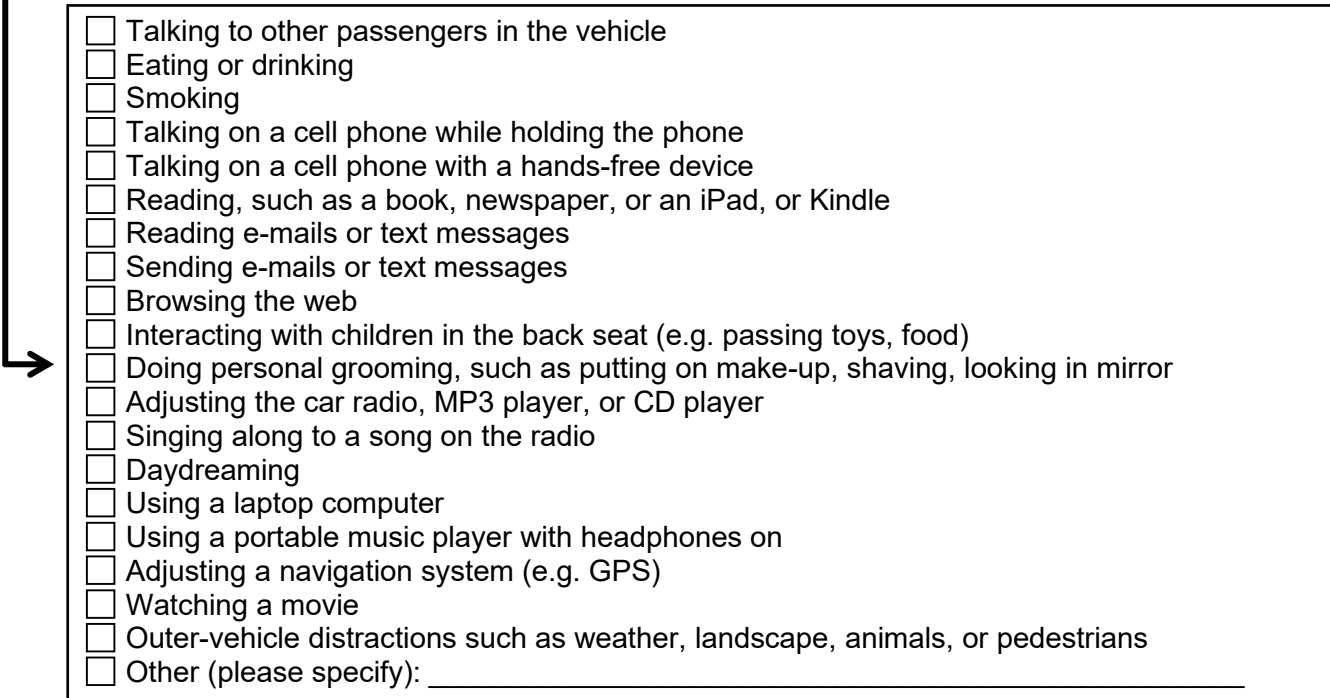
## PART 5: COLLISION HISTORY QUESTIONS

20. Have you **ever** been the driver in a motor vehicle crash? **Select one.**

- Yes, **go to question 21**                       No, **go to question 22**

21. Were you distracted at the time of **ANY** of the crashes you were in as a driver? **Select one.**

- Yes (if yes, please specify type of distraction, **check all that apply**):                       No

- 
- Talking to other passengers in the vehicle
  - Eating or drinking
  - Smoking
  - Talking on a cell phone while holding the phone
  - Talking on a cell phone with a hands-free device
  - Reading, such as a book, newspaper, or an iPad, or Kindle
  - Reading e-mails or text messages
  - Sending e-mails or text messages
  - Browsing the web
  - Interacting with children in the back seat (e.g. passing toys, food)
  - Doing personal grooming, such as putting on make-up, shaving, looking in mirror
  - Adjusting the car radio, MP3 player, or CD player
  - Singing along to a song on the radio
  - Daydreaming
  - Using a laptop computer
  - Using a portable music player with headphones on
  - Adjusting a navigation system (e.g. GPS)
  - Watching a movie
  - Outer-vehicle distractions such as weather, landscape, animals, or pedestrians
  - Other (please specify): \_\_\_\_\_

22. Have you **ever** been involved in a near-crash (i.e. almost in a car crash or a close call) as a driver? **Select one.**

- Yes, **go to question 23**                       No, **go to question 24**

23. Were you distracted at the time of **ANY** of the near-crashes (i.e. almost car crashes or close call) you were in as a driver? **Select one.**

Yes (if yes, please specify type of distraction, **check all that apply**):  No

- Talking to other passengers in the vehicle
- Eating or drinking
- Smoking
- Talking on a cell phone while holding the phone
- Talking on a cell phone with a hands-free device
- Reading, such as a book, newspaper, or an iPad, or Kindle
- Reading e-mails or text messages
- Sending e-mails or text messages
- Browsing the web
- Interacting with children in the back seat (e.g. passing toys, food)
- Doing personal grooming, such as putting on make-up, shaving, looking in mirror
- Adjusting the car radio, MP3 player, or CD player
- Singing along to a song on the radio
- Daydreaming
- Using a laptop computer
- Using a portable music player with headphones on
- Adjusting a navigation system (e.g. GPS)
- Watching a movie
- Outer-vehicle distractions such as weather, landscape, animals, or pedestrians
- Other (please specify): \_\_\_\_\_

## PART 6: PERCEPTIONS ABOUT DANGER OF DISTRACTIONS

24. How many seconds do you believe a driver can take his or her eyes off the road before driving becomes significantly more dangerous?

Seconds: \_\_\_\_\_

25. What percentage of all drivers do you believe at least occasionally TALK on a cell phone while driving?

Percentage: \_\_\_\_\_

26. What percentage of all drivers do you believe at least occasionally SEND TEXT MESSAGES OR E-MAILS on a cell phone while driving?

Percentage: \_\_\_\_\_

27. Please read the following list of other things people do sometimes while driving. Then indicate how safe you would feel if you were a passenger riding in a vehicle while your driver was doing the following. For each indicate if you would feel safe, somewhat safe, or unsafe. **Select one.**

|   | Safe                     | Somewhat safe            | Unsafe                   |
|---|--------------------------|--------------------------|--------------------------|
| a. Talk to other passengers in the vehicle  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eat or drink   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Smoke  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Read a book, newspaper, iPad, or kindle  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Browse the web   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Interacting with children in the back seat (e.g. passing toys, food)                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do personal grooming, such as put on make-up, shave or look at yourself in the mirror                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Daydream   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Listen to the radio  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Adjust the car radio   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Sing along to a song   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Change CDs, DVDs or MP3 players  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Use a laptop computer  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Use a portable music player, including a Smartphone, with headphones on                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Use a portable music player, including a Smartphone, with external speakers or with the vehicle's speakers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Program or adjust a navigation system  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Look at outer-vehicle distractions such as weather, landscape, animals or pedestrians                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

28. Please read the following list of things people do sometimes when they are TALKING ON A CELLULAR PHONE while driving. Then indicate how safe you would feel if you were a passenger riding in a vehicle while your driver was doing the following. For each indicate if you would feel safe, somewhat safe, or unsafe. **Select one.**

|   | Safe                     | Somewhat safe            | Unsafe                   |
|---|--------------------------|--------------------------|--------------------------|
| a. Make phone calls while holding the phone                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make phone calls with a hands free device                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Accept phone calls while holding the phone                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Accept phone calls with a hands-free device                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Accept phone calls and continue to drive while completing the conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Accept phone calls and promptly pull over to a safe location               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Accept phone calls and inform the caller he/she will call them back later  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Accept phone calls only after pulling over to a secure location            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

29. Please read the following list of things people do sometimes when they are **SENDING ELECTRONIC MESSAGES (e.g. email, text message, short message service)** while driving. Then indicate how safe you would feel if you were a passenger riding in a vehicle while your driver was doing the following. For each indicate if you would feel safe, somewhat safe, or unsafe. **Select one.**

|  | Safe                     | Somewhat safe            | Unsafe                   |
|--|--------------------------|--------------------------|--------------------------|
| a. Read electronic messages  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Send electronic messages while continuing to drive                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Send electronic messages only after you have pulled over to a secure location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Send electronic messages using a Voice Command feature (speech dictation)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Send electronic messages when stopped at a red light or stop sign             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Read electronic messages  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Send electronic messages while continuing to drive                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30. If you were a passenger, and the driver is engaging in a distracting activity, how likely are you to ask the driver to stop? **Select one.**

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Never would ask the driver to stop

31. Do you support a law that bans using handheld devices (e.g. cell phone, tablet, portable music player etc.) while driving? **Select one.**

- Yes
- No
- Unsure

32. Have you been personally stopped by police for using a handheld (e.g. cell phone, tablet, portable music player etc.) device while driving in the past? **Select one.**

- Yes (if yes, specify consequence below)  No, **questionnaire is complete**
- Check all that apply:**

- Ticket
- Warning
- Other (please specify): \_\_\_\_\_
- No consequence

**THANK YOU FOR PARTICIPATING!**

**PART 7: SURGEON SECTION**

1. What is the patient being seen for in fracture clinic today? Please indicate all orthopaedic injuries below and their corresponding treatment(s). Please use one row per orthopaedic injury.

| Specify Injury                      | Specify Treatment(s)   | Comments |
|-------------------------------------|--|----------|
| (Example: Open Left Tibia Fracture) | (Example: Reamed Intramedullary Nailing; Irrigation and Debridement) |          |
|                                     |  |          |
|                                     |  |          |
|                                     |  |          |
|                                     |  |          |
|                                     |  |          |
|                                     |  |          |
|                                     |  |          |

2. Does the patient have any non-orthopaedic injuries?  Yes (specify below)  No

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3. **Currently**, how limited is the patient by their injury(ies)? **Select one.**

- Severely limited
- Limited a lot
- Moderately limited
- Limited a little
- Not limited at all

4. **Prognostically**, how limited will the patient be by their injury(ies) at maximum medical recovery? **Select one.**

- Severely limited
- Limited a lot
- Moderately limited
- Limited a little
- Not limited at all
- Unsure (specify why): \_\_\_\_\_

## APPENDIX C

*Table 1 Odds ratios for each activity and the corresponding studies used in the distracted driving scores calculations.*

| Questions | Activity   | Average Odds Ratio for crash risk | Reference*  |
|-----------|--|-----------------------------------|---|
| 12 a      | Talk to other passengers in the vehicle (when applicable)  | 1.4                               | Dingus T, 2016 (20)   |
| 12 b      | Eat or drink   | 1.8                               | Dingus T, 2016 (20)   |
| 12 c      | Smoke  | 1.45                              | Brison RJ, 1990 (21); Vingilis E, 2018 (23); Leistikow B, 1998 (24) |
| 12 d      | Read a book, newspaper, iPad, or kindle  | 9.9                               | Dingus T, 2016 (20)   |
| 12 e      | Browse the web   | 2.7                               | Dingus T, 2016 (20)   |
| 12 f      | Interacting with children in the back seat (e.g., passing toys, food)                                      | 0.95                              | Koppel S, 2011 (22); Dingus T, 2016 (20)                            |
| 12 g      | Do personal grooming, such as put on make-up, shave or look at yourself in the mirror                      | 1.4                               | Dingus T, 2016 (20)   |
| 12 h      | Daydream   | 7.1                               | Dingus T, 2016 (20)   |
| 12 i      | Listen to the radio  | 1                                 | Dingus T, 2016 (20)   |
| 12 j      | Adjust the car radio   | 1.9                               | Dingus T, 2016 (20)   |
| 12 k      | Sing along to a song   | 1                                 | Dingus T, 2016 (20)   |
| 12 l      | Change CDs, DVDs, or MP3 players   | 1.9                               | Dingus T, 2016 (20)   |
| 12 m      | Use a laptop computer  | 9.9                               | Dingus T, 2016 (20)   |
| 12 n      | Use a portable music player, including a Smartphone, with headphones on                                    | 4.6                               | Dingus T, 2016 (20)   |
| 12 o      | Use a portable music player, including a Smartphone, with external speakers or with the vehicle's speakers | 4.6                               | Dingus T, 2016 (20)   |
| 12 p      | Program or adjust a navigation system  | 4.6                               | Dingus T, 2016 (20)   |
| 12 q      | Look at outer-vehicle distractions such as weather, landscape, animals or pedestrians                      | 7.1                               | Dingus T, 2016 (20)   |
| 13 a      | Make phone calls while holding the phone   | 12.2                              | Dingus T, 2016 (20)   |
| 13 b      | Make phone calls with a hands-free device  | 3.8                               | McEvoy S, 2005 (13)   |
| 13 c      | Accept phone calls while holding the phone   | 2.2                               | Dingus T, 2016 (20)   |
| 13 d      | Accept phone calls with a hands-free device  | 2.4                               | McEvoy S, 2005 (13)   |
| 13 e      | Accept phone calls and continue to drive while completing the conversation                                 | 3.6                               | Dingus T, 2016 (20)   |
| 15 a      | Read electronic messages   | 14.65                             | Olson R, 2009 (14); Dingus T, 2016 (20)                             |
| 15 b      | Send electronic messages while continuing to drive   | 14.65                             | Olson R, 2009 (14); Dingus T, 2016 (20)                             |
| 15 d      | Send electronic messages using a Voice Command feature (speech dictation)                                  | 3.6                               | Dingus T, 2016 (20)   |
| 15 e      | Send electronic messages when stopped at a red light or stop sign  | 3.6                               | Dingus T, 2016 (20)   |

\*References are cited in the main text

*Distracted driving scores calculated for participants.*

| (n)   |         | Mean  | 95% Confidence Interval for Mean |             | Median | Std. Deviation | Variance | Range | Minimum | Maximum |
|-------|---------|-------|----------------------------------|-------------|--------|----------------|----------|-------|---------|---------|
| Valid | Missing |       | Lower Bound                      | Upper Bound |        |                |          |       |         |         |
| 1365  | 0       | 141.3 | 139.6                            | 143.0       | 137.3  | 31.6           | 996.7    | 211.5 | 77.3    | 288.8   |



## References:

1. Global Road Safety Facility, The World Bank, The Institute for Health Metrics and Evaluation. *The Global Burden of Disease from Motorized Road Transport*. Vol 1. Seattle, WA; 2014.
2. World Health Organization. *Global Burden of Disease Report 2004*. Geneva; 2004.  
[https://www.who.int/healthinfo/global\\_burden\\_disease/GBD\\_report\\_2004update\\_full.pdf](https://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf).
3. SaveLIFE Foundation. *Distracted Driving in India a Study on Mobile Phone Usage , Pattern & Behaviour*. New Delhi; 2017. [http://savelifefoundation.org/wp-content/uploads/2017/04/Distracted-Driving-in-India\\_A-Study-on-Mobile-Phone-Usage-Pattern-and-Behaviour.pdf](http://savelifefoundation.org/wp-content/uploads/2017/04/Distracted-Driving-in-India_A-Study-on-Mobile-Phone-Usage-Pattern-and-Behaviour.pdf).
4. Venter K, Labuschagne K, Phasha S, Gxowa M, Khoza S. *Indications of High Levels of Inattentive and Distracted Driving in South Africa.*; 2016.  
[https://researchspace.csir.co.za/dspace/bitstream/handle/10204/9207/Venter\\_2016.pdf?sequence=1&isAllowed=y](https://researchspace.csir.co.za/dspace/bitstream/handle/10204/9207/Venter_2016.pdf?sequence=1&isAllowed=y).
5. Naumann RB, Dellinger AM. *Mobile Device Use While Driving: United States and Seven European Countries, 2011*. Vol 62. Atlanta, GA; 2015.  
[https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6210a1.htm?s\\_cid=mm6210a1\\_w](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6210a1.htm?s_cid=mm6210a1_w).
6. National Center for Statistics and Analysis. *Distracted Driving 2015. (Traffic Safety Facts Research Note)*. Vol Report No.; 2017. doi:DOT HS 811 379
7. Regan MA, Hallett C, Gordon CP. Driver distraction and driver inattention: definition, relationship and taxonomy. *Accid Anal Prev*. 2011;43(5):1771-1781.  
doi:10.1016/j.aap.2011.04.008

8. Miller EK. Multitasking : Why Your Brain Can ' t Do It and What You Should Do About It .  
  
Our human solution to cheating time !
9. National Safety Council. Understanding the distracted brain. *Natl Saf Councl*. 2012;(April):24.  
<http://www.nsc.org/DistractedDrivingDocuments/Cognitive-Distractio-White-Paper.pdf>  
<http://trid.trb.org/view/1355736>.
10. Strayer DL, Drews FA. Cell-Phone–Induced Driver Distraction. *Curr Dir Psychol Sci*. 2007;16(3):128-131. doi:10.1111/j.1467-8721.2007.00489.x
11. Vermette E. Curbing Distracted Driving 2010 Survey of State. *2010 Surv State Saf Programs*. 2010.
12. National Safety Council. *Annual Estimate of Cell Phone Crashes 2013.*; 2015.  
<https://www.nsc.org/Portals/0/Documents/DistractedDrivingDocuments/Attributable-Risk-Estimate.pdf>.
13. McEvoy SP, Stevenson MR, McCartt AT, et al. Role of mobile phones in motor vehicle crashes resulting in hospital attendance: a case-crossover study. *BMJ*. 2005;331(7514):428.  
doi:10.1136/bmj.38537.397512.55
14. Olson RL, Hanowski RJ, Hickman JS, Bocanegra J. *Driver Distraction in Commercial Vehicle Operations*. (Center for Truck and Bus Safety Virginia Tech Transportation Institute, ed.); 2009. <https://rosap.nhtl.bts.gov/view/dot/17715>.
15. Neyens DM, Boyle LN. The influence of driver distraction on the severity of injuries sustained by teenage drivers and their passengers. *Accid Anal Prev*. 2008;40(1):254-259.  
doi:<https://doi.org/10.1016/j.aap.2007.06.005>
16. Fatmi MR, Habib MA. Modeling Vehicle Collision Injury Severity Involving Distracted Driving: Assessing the Effects of Land Use and Built Environment. *Transp Res Rec*.

- 2019;2673(7):181-191. doi:10.1177/0361198119849060
17. Zatezalo N, Erdogan M, Green RS. Road Traffic Injuries and Fatalities among Drivers Distracted by Mobile Devices. *J Emerg Trauma Shock*. 2018;11(3):175-182.  
doi:10.4103/JETS.JETS\_24\_18
  18. Schroeder P, Wilbur M, Peña R. *National Survey on Distracted Driving Attitudes and Behaviors – 2015*. Washington, DC; 2018.  
[https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/13123-2015\\_natl\\_survey\\_distracted\\_driving\\_031418\\_v5\\_tag.pdf](https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/13123-2015_natl_survey_distracted_driving_031418_v5_tag.pdf).
  19. McEvoy SP, Stevenson MR, Woodward M. The prevalence of, and factors associated with, serious crashes involving a distracting activity. *Accid Anal Prev*. 2007;39(3):475-482.  
doi:10.1016/j.aap.2006.09.005
  20. Dingus T, Guo F, Lee S, et al. *Driver Crash Risk Factors and Prevalence Evaluation Using Naturalistic Driving Data*. Vol 113.; 2016. doi:10.1073/pnas.1513271113
  21. Brisson RJ. Risk of automobile accidents in cigarette smokers. *Can J Public Health*. 1990;81(2):102-106.
  22. Koppel S, Charlton J, Kopinathan C, Taranto D. Are child occupants a significant source of driving distraction? *Accid Anal Prev*. 2011;43(3):1236-1244. doi:10.1016/j.aap.2011.01.005
  23. Vingilis E, Pederson LL, Seeley J, et al. Is there a link between motor vehicle collisions and being a cigarette smoker in Canada? Analysis of survey data from Ontario from 2002 to 2014. *Traffic Inj Prev*. 2018;19(4):364-370. doi:10.1080/15389588.2017.1419342
  24. Leistikow BN, Martin DC, Jacobs J, Rocke DM. Smoking as a risk factor for injury death: a meta-analysis of cohort studies. *Prev Med (Baltim)*. 1998;27(6):871-878.  
doi:10.1006/pmed.1998.0374

25. Seiden D. Royal Canadian Mounted Police Distracted driving. Gazette. <http://www.rcmp-grc.gc.ca/en/gazette/distracted-driving>. Published 2014.
26. Bailin A, Adesman A, Sunday SR. 134. Texting While Driving Among High School Students in the United States: Analysis of 2011 Data From the National Youth Risk Behavior Survey (YRBS). *J Adolesc Heal*. 2013;52(2):S85-S86. doi:10.1016/j.jadohealth.2012.10.201
27. Blincoe L, Ted, R., et al. The Economic and Societal Impact of Motor Vehicle Crashes, 2010 (Revised). *Ann Emerg Med*. 2015;66(2):194-196. doi:10.1016/j.annemergmed.2015.06.011
28. Stutts J, Feaganes J, Reinfurt D, et al. Driver's exposure to distractions in their natural driving environment. *Accid Anal Prev*. 2005;37(6):1093-1101. doi:10.1016/j.aap.2005.06.007
29. Erie Insurance. Erie Insurance releases police data showing daydreaming #1 on top 10 list of fatal distracted driving behaviors. <https://www.erieinsurance.com/news-room/press-releases/2018/distracted-driving-survey>. Published 2018. Accessed September 13, 2021.
30. Lipovac K, Đerić M, Tešić M, Andrić Z, Maric B. *Mobile Phone Use While Driving-Literary Review*. Vol 47.; 2017. doi:10.1016/j.trf.2017.04.015