APPENDIX 1: Driving Habits Survey

1. Are you licensed to drive? Y/N
   a. If yes, in which state are you licensed to drive?

2. Do you currently drive (at least once within the past month)? Y/N/never
   a. If you have discontinued driving, how recently did you do so?

3. If you currently drive, do you wear vision correction when driving? Y/N/sometimes
   a. If yes/sometimes, what type of correction do you most often use?
      i. Glasses, contact lenses, sunwear with prescription, sunwear without prescription, other (describe)

4. If you currently drive, please rate your general level of confidence when driving.
   a. Very confident, moderately confident, slightly confident, not at all confident

5. Do you rely on others for transportation? Y/N/sometimes
   a. If yes/sometimes, upon whom do you rely?
      i. Spouse, children, other family, friends, taxi, public transit, other (describe)
   b. If yes, who imposed your reliance on others for transportation?
      i. Yourself, your family, your doctor, other (describe)

6. Do you have vision-related concerns about your ability to be a safe driver? Y/N/unsure

7. Do your family or friends have concerns about your ability to be a safe driver? Y/N/unsure
   a. If yes, what concerns exist?
      i. Night driving, recognizing signs/signals, busy roads, unfamiliar areas, parking, glare, judging depth, other (describe)

8. Have you made any modifications to your driving based upon vision-related concerns? Y/N
   a. If yes, what modifications have you made?
      i. Use GPS, passengers assist, avoid night driving, avoid highways, avoid driving in adverse weather, use of expansion mirrors, use of specialized lenses, limit distance driven, use of local roads only, other (describe)

9. Have you undergone a prior behind the wheel evaluation? Y/N/unsure

10. Have you been cited for a driving-related violation in the past two years? Y/N/unsure

11. Have you been involved in a motor vehicle accident in the past two years? Y/N/unsure
    a. If yes, were you found to be at fault for the accident? Y/N/unsure