

(Derived from the Driving Habits Questionnaire; reference: Owsley, C, Staveland, B., Wells, J., Sloane, M.E. (1999) Older drivers and cataract: Driving habits and crash risk. Journal of Gerontology: Medical Sciences 54A: M203-M211.)

Answer each question by either circling Yes or No or by filling out your answer in the provide space

1. Do you wear a seatbelt when you drive or ride in a car? Yes or No
2. Do you currently drive? Yes or No
 - a. If not, why did you stop driving?
3. In a normal week, how many days do you drive?
4. Do you have difficulty reading traffic and street signs? Yes or No
5. Are you comfortable:
 - a. Driving in the rain? Yes or No
 - b. Parallel parking? Yes or No
 - c. Driving on highways or in high traffic? Yes or No
 - d. Driving at night? Yes or No
6. Over the past year, have you nearly had any accidents while driving?
7. Over the past year how many accidents have you been involved in?
8. Over the past year how many citations (other than a parking ticket) have you received?
9. Has anyone suggested over the past year that you limit your driving or stop driving?
10. How would you rate the quality of your driving?