The next questions ask about how you see yourself as a driver. Fill in the bubble that best represents how you see yourself on the dimension described. Please be sure and bubble each dimension.

AS A DRIVER, I AM…

Very Calm						Very Angry
O	O	O	O	O	O	O

Very Unaggressive						Very Aggressive
O	O	O	O	O	O	O

Very Cautious						Very Risk-Taking
O	O	O	O	O	O	O

Very Safe						Very Unsafe
O	O	O	O	O	O	O

The next series of questions ask about things that have happened to you or you have done in the <u>LAST THREE MONTHS</u>. Please fill in the bubble reflecting how many times you have done or experienced the item. If it has happened more than five times, fill in the 5+ bubble.

In the LAST THREE MONTHS, how many times have you…

	Number of times happened					
	0	**1**	**2**	**3**	**4**	**5+**
1. Lost concentration while driving (daydreaming, thinking of something else, etc.)?	O	O	O	O	O	O
2. Had a minor loss of control of a vehicle you were driving (such as having your vehicle drift into another lane or onto the shoulder?	O	O	O	O	O	O
3. Had a "close call" but were not actually in an accident?	O	O	O	O	O	O

The next questions deal with things that may have happened to you while involved with or driving a vehicle, but do NOT involve auto accidents.

In the LAST THREE MONTHS, how many times have you…

	Number of times happened					
	0	**1**	**2**	**3**	**4**	**5+**
1. Broken or damaged a part of a vehicle (e.g., pulled knob off the radio, kicked a fender)?	O	O	O	O	O	O
2. Had an argument with a passenger while you were driving?	O	O	O	O	O	O
3. Had a verbal argument with the driver of another vehicle?	O	O	O	O	O	O
4. Had a physical fight with the driver of another vehicle?	O	O	O	O	O	O
5. Made an angry gesture at another driver or pedestrian?	O	O	O	O	O	O

	Number of times happened					
	0	**1**	**2**	**3**	**4**	**5+**
6. Swore at or called another driver or pedestrian names?	O	O	O	O	O	O
7. Flashed your headlights in anger?	O	O	O	O	O	O
8. Honked your horn in anger?	O	O	O	O	O	O
9. Yelled at another driver or pedestrian?	O	O	O	O	O	O
10. Drove while being very angry?	O	O	O	O	O	O
11. Lost control of your anger while driving?	O	O	O	O	O	O
12. Drove up close behind another driver in anger?	O	O	O	O	O	O
13. Cut another driver off in anger?	O	O	O	O	O	O

In the LAST THREE MONTHS, how many times have you…

	Number of times happened					
	0	**1**	**2**	**3**	**4**	**5+**
1. Driven without using your seat belt?	O	O	O	O	O	O
2. Drank alcohol and driven?	O	O	O	O	O	O
3. Been drunk and driven?	O	O	O	O	O	O
4. Driven 10-20 mph over the limit?	O	O	O	O	O	O
5. Driven 20+ mph over the limit?	O	O	O	O	O	O
6. Passed unsafely?	O	O	O	O	O	O
7. Tailgated or followed another vehicle too closely?	O	O	O	O	O	O
8. Changed lanes unsafely?	O	O	O	O	O	O
9. Drifted into another lane?	O	O	O	O	O	O
10. Switched lanes to speed through slower traffic?	O	O	O	O	O	O
11. Gone out of turn at a red light or stop sign?	O	O	O	O	O	O
12. Made an illegal turn (e.g., illegal right turn on red light)?	O	O	O	O	O	O
13. Driven recklessly?	O	O	O	O	O	O
14. Run a red light or stop sign?	O	O	O	O	O	O
15. Entered an intersection when the light was turning red?	O	O	O	O	O	O

The next series of questions ask about things that have happened to you or you have done in the LAST YEAR. Please fill in the bubble reflecting how many times you have done or experienced the item. If it has happened more than five times, fill in the 5+ bubble.

In the LAST YEAR, how many times have you…

	Number of times happened					
	0	**1**	**2**	**3**	**4**	**5+**
1. Gotten moving (non-parking) tickets?	O	O	O	O	O	O
2. Had a minor accident (such as a fender bender)?	O	O	O	O	O	O
3. Had a major accident?	O	O	O	O	O	O