Occupational Therapy
Driver Screening Questionnaire

Please answer the following questions without assistance.

Name: __________________________________________________   Date: ______________

Family Member that has observed you driving recently:
  Name: __________________________________________________
  Phone: ___________________________________________________

May we contact this person for information regarding your driving?     _____Yes    ____NO

1. Do you still drive?: _______________________
   If yes, where and when: __________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   If no, where would you like to drive and when would you do it? _________________
   ________________________________________________________________________
   ________________________________________________________________________

2. How long have you been a driver? ______________________________

3. Have you had any traffic incidents in the last 5 years?  __________________________
   If yes, explain: ____________________________________________________________
   ________________________________________________________________________

4. What type of vehicle do you drive? ____________________________________________

5. How many physicians are you seeing and for what conditions? ______________________
   ________________________________________________________________________
   ________________________________________________________________________

6. Are you taking any medications that have side effects such as drowsiness or
dizziness?________________________________________________________________

7. Have you had any falls? _________________

8. Why do you think your doctor wanted your driving skills tested? _____________________
   ________________________________________________________________________
   ________________________________________________________________________

9. Do you have any fears about driving? ____________________________________________
   ________________________________________________________________________
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>With the car windows rolled up, can you hear a siren or horn?</td>
<td>O</td>
<td>O</td>
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<tr>
<td>11</td>
<td>Do you hear the sound of your turn signals?</td>
<td>O</td>
<td>O</td>
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<tr>
<td>12</td>
<td>Are objects bright and clear?</td>
<td>O</td>
<td>O</td>
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<tr>
<td>13</td>
<td>Does night driving bother you?</td>
<td>O</td>
<td>O</td>
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<tr>
<td>14</td>
<td>Can you go out into the bright sunlight and see clearly right away?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>15</td>
<td>Can you turn your head an equal distance from one side to the other?</td>
<td>O</td>
<td>O</td>
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<tr>
<td>16</td>
<td>Can you turn you head and neck far enough to see over your shoulder?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>17</td>
<td>Can you drive as far as you want without your fingers or hands becoming tired, tingly or numb?</td>
<td>O</td>
<td>O</td>
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<tr>
<td>18</td>
<td>Can you lift your arm high enough to adjust the rearview mirror?</td>
<td>O</td>
<td>O</td>
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<td>19</td>
<td>Do you have trouble deciding when to enter a lane of moving traffic?</td>
<td>O</td>
<td>O</td>
</tr>
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<td>20</td>
<td>Do intersections confuse you?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>21</td>
<td>Does driving make you angry?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>22</td>
<td>Have your family members or friends expressed concern regarding your driving?</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Are there any comments or additional information you would like to share about your driving?
Drivers Quiz
(from AARP Driver Safety Program)

Directions: Please read each question and mark the best answer.

1. Drivers aged 50 and over, compared with drivers aged 30-49, are involved in:
   - More crashes per mile.
   - About the same number of crashes per mile.
   - Fewer crashes per mile.
   - It varies for each year.

2. Frequent use of mirrors on a car is especially important for those drivers who:
   - Drive a lot on highways.
   - Have hearing problems.
   - Drive a lot at night.
   - Are driving unfamiliar cars

3. If you are planning to make a left turn across an intersection and you are waiting in the middle of the intersection for a break in oncoming traffic, your front tires should be turned:
   - To the left.
   - It depends upon the sharpness of the turn.
   - Straight ahead
   - To the right.

4. You want to change lanes. You can see if another vehicle is in your blind spot:
   - Only if you check your rearview mirror.
   - Only if you check your side view mirror,
   - Only if you turn and glance over your shoulder.
   - Only if you check both mirrors.

5. When entering a controlled access highway, turnpike or freeway, you should:
   - Accelerate to the traffic speed and enter the highway by merging with traffic at the safest point.
   - Stop at the end of the entrance ramp and look for an opening in the traffic.
   - Proceed slowly and enter the expressway when it is safe, trying not to stop
   - Accelerate to the traffic speed and enter the highway quickly because you have right of way.

6. The best response to a “Road work ahead” sign is to:
   - Continue driving at the posted speed limit and look for the road work.
   - Look for the road work.
   - Slow down and look for the roadwork
   - Brake and be prepared to stop.

7. If the minimum speed limit on the freeway or highway is too fast to drive comfortably; a driver should:
- Use the freeway only during non-rush hours and only in daylight
- Stay to the right and drive very cautiously by keeping an eye on the rearview mirrors.
- Keep off the freeway and select an alternate route.
- Stay in the right lane and use emergency flashes.

8. If you take medication before driving, the most important thing you to do is:
   - Have another person ride with you.
   - Be sure to eat a light meal.
   - Plan on making several rest stops along the way.
   - Find out the effects of the medication, and adjust your driving accordingly.

9. The measure to be used by the driver aged 50 and over who is following a vehicle is:
   - 1 car length for every ten miles per hours you are traveling.
   - 2-second following distance.
   - 3 second following distance
   - 10 feet for every ten miles per hour you are traveling.

10. When backing up, it is usually best to:
    - Open the left door and look back
    - Steer with one hand, while looking into the rearview mirror,
    - Steer with one hand, while looking out the rear window,
    - Steer with both hands while looking into the rearview mirror.

11. Depth perception, which is important in knowing when to pass safely:
    - Increases with age.
    - Remains the same with age
    - Decreases with age
    - Increases significantly with age.

12. An icy road is most slippery at what temperature?
    - 32 degrees
    - 25 degrees
    - 10 degrees
    - 0 degrees

13. What is the number one traffic violation committed by drivers aged 50 and over?
    - Speeding
    - Following too closely
    - Failure to observe right of way
    - Running a stop sign

14. What is the number two traffic violation committed by drivers aged 50 and over?
    - Speeding
    - Improper left turn
    - Tailgating
    - Running a stop sign