

Bioptic Driving Questionnaire

The questionnaire addresses bioptic usage while driving, bioptic training received and driving habits.

This is the version of the questionnaire that we used for our survey of bioptic drivers:

Bowers AR, Apfelbaum DH, Peli E. (2005) **Bioptic telescopes meet the needs of drivers with moderate visual acuity loss.** *Investigative Ophthalmology and Visual Science.* 46(1): 66-74

Questions included from the Owsley et al.'s Driving Habits Questionnaire

The following questions (items) were included from the Driving Habits Questionnaire (DHQ) devised by Owsley et al (1999):

DHQ item number	Question number on this questionnaire
1-3	9-11
6-9	12-15
11-14	19-22
15-16	17a-18
17	33
18-24	34-40
25	41a
26-34	42-50

Owsley, C., Stalvey, B., Wells, J., Sloane, M.E. (1999) Older drivers and cataract: Driving habits and crash risk. *Journal of Gerontology A: Biological Sciences Medical Sciences* 54A: M203-M211.

Additional notes

1. The questionnaire was designed for administration by telephone interview
2. Current drivers were asked all questions except questions 10 & 11
3. Participants who were not current drivers were asked all questions, but the questions were phrased to refer specifically to the period of time just before driving ceased (alternative phrasing of questions for non-current drivers is given in italics). Participants who had stopped driving more than 3 years ago were excluded

Driving license

“First of all I would like to ask you some questions about your driving license”.

1 When (what month and year) did you get your first license to drive?
_____ (month/year) **1i**
(If within the last 2 years, record the exact month.) (month/year)

If subject cannot remember the year: “How old were you when you got your first license?”
_____ AGE (years) **1ii**
(AGE in years)

2 When (what month and year) did you get your first license to drive with a bioptic telescope?
OR if subject is from a state which does not have bioptic driving licenses:
When did you first start driving with a bioptic?
_____ (month/year) **2i**
(If within the last 2 years, record the exact month) (month/year)

If subject cannot remember the year:
“How old were you when you got your bioptic license / started driving with a bioptic?”
_____ AGE (years) **2ii**
(AGE in years)

3 a) Do you currently hold a valid license to drive with a bioptic telescope?
_____ (1) Yes (**go to 3b**) **3a**
_____ (0) No (**go to 4**)
_____ (8) Lives in a State which does not have bioptic driving licenses (**go to 4**)

b) **If yes,** What state is it from?
_____ (State) **3b**
(enter 2 letter state code)

4 a) Have any restrictions been placed on your current driving license other than “must use bioptics”?

_____ (1) Yes (**go to 4b**)

_____ (0) No (**go to 5**)

_____ (8) Not applicable – does not have a current, valid license (**go to 5**)

4a

b) **If Yes**, What are the restrictions?

i) Daytime only

_____ (1) Yes _____ (0) No

4bi

ii) Limited distance from home

_____ (1) Yes _____ (0) No

4bii

iii) No highway (interstate / expressway) driving

_____ (1) Yes _____ (0) No

4biii

iv) Other, please specify:

4biv enter text

Bioptic telescope and training received

“Next, I’m going to ask you some questions about your bioptic telescope glasses”

5 When (what month and year) did you get your first bioptic telescope glasses?
(If within the last 2 years, record the exact month)

_____ (month/year)

5i

(month/year)

If subject cannot remember the year: “How old were you when you got your first bioptic glasses?”

_____ AGE (years)

5ii

(AGE in years)

6 a) Do you currently use monocular (telescope for one eye) or binocular (telescopes for both eyes) bioptic telescope glasses? If monocular, is the telescope for the right eye or the left eye?

- _____ (3) monocular right eye
- _____ (2) monocular left eye
- _____ (1) binocular

6a

b) Who is the manufacturer (e.g. Brand name)

6b enter text

c) What is the magnification rating of your telescope (e.g. 3x)

- _____ Magnification rating
- _____ (0) Don't know

6c

d) Does your telescope have a focus adjustment, or is it fixed focus

- _____ (5) Focusable – but fixed with crazy glue
- _____ (4) Focusable - manual
- _____ (3) Focusable – manual and normally leave it set on infinity (long distance)
- _____ (2) Focusable - automatic
- _____ (1) Fixed focus
- _____ (0) Don't know

6d

7 a) Have you ever had any general (in-office) training in how to use a bioptic telescope (like tilting your head, etc)? (Participation in an on-road driving training program will be covered in the next question.)

- _____ (1) Yes (**go to 7b**)
- _____ (0) No (**go to 8**)

7a

If yes:

b) Did you receive the training at the same time as you got your first bioptic telescope?

- _____ (1) Yes (**go to 7c**)
- _____ (0) No (**go to 7bi**)

7b

(NB if "yes" also enter response for question 5 at 7bi or 7bii, as appropriate)

i) When (what month and year) did you receive the training?
(If within the last 2 years, record the exact month)

_____ (month/year)

7bi
(month/year)

ii) **If subject cannot remember the year:** "How old were you when you received the training?"

_____ AGE (years)

7bii
(AGE in years)

c) Who provided the training?

____ (3) Low vision specialist who prescribed the device (e.g. Optometrist, "eye doctor")

____ (2) Occupational therapist

____ (1) Other, please specify:

7c

(if code 1, enter text as well)

d) Did you receive training in any of these skills?

i) Focusing the telescope (if applicable)

____ (1) Yes ____ (0) No ____ (8) Don't remember or NA

7di

ii) Tilting your head to look through the telescope

____ (1) Yes ____ (0) No ____ (8) Don't remember or NA

7dii

iii) Finding a specific object through the telescope

____ (1) Yes ____ (0) No ____ (8) Don't remember or NA

7diii

iv) Tracking a moving object through the telescope

____ (1) Yes ____ (0) No ____ (8) Don't remember or NA

7div

v) Cleaning / caring for the system

____ (1) Yes ____ (0) No ____ (8) Don't remember or NA

7dv

vi) Other, please specify:

7dvi enter text

e) How many hours of in-office (in-clinic) training did you receive?

____ hours

7e

8 a) Have you ever participated in an on-road driving training program for bioptic drivers?

- _____ (1) Yes – voluntary _____(2) Yes - required **(go to 8b)**
_____ (0) No **(go to 9)**

8a

b) When (what month and year) did you participate in the driving training program?
(If within the last 2 years, record the exact month)

_____ (years) _____ (months)

8bi
(month/year)

If subject cannot remember the year: “How old were you when you participated in the driving training program?”

_____ AGE (years)

8bii
(AGE in years)

c) Was the program:

- _____ (3) Commercial/private driving instructor
_____ (2) Hospital-based
_____ (1) Other, please specify in 8ci

(if code 1, enter text as well)

cii) Type of program:

- _____ (0) Standard drivers ed
_____ (1) Full-scale bioptic program
_____ (2) Passenger-in-car bioptic program
_____ (3) Few extra bioptic lessons

8ci _____

8cii

d) Who paid for the training program?

- _____ (4) State funded
_____ (3) Paid myself
_____ (2) VA (Veterans Administration)
_____ (1) Other, please specify and enter text in 8di

8di _____

8d

(if code 1, enter text as well)

e) How did you find out about the program?

- _____ (2) Low vision specialist who prescribed the telescope (e.g. Optometrist, “eye doctor”.)
_____ (1) Other, please specify and enter text in 8ei

8ei _____

8e

(if code 1, enter text as well)

f) How many hours of on-road training did you receive in the program?

_____ hours

8f

g) How many hours of in-office (in-clinic) or in-classroom training did you receive in the program?

_____ hours

8g

Current driving

“Next are some general questions about your current driving”

9 Do you currently drive? (i.e. has driven within the last 2-3 months)

_____ (1) Yes (**go to question 12**)

_____ (0) No (**go to questions 10 and 11**)

9

Does not currently drive:

10 Why did you stop driving?
(Wait for subject's spontaneous reply; write it in the space below.)

10 enter text

11. When is the last time you drove?

_____ (month / year)

(Continue with the rest of the questions, but refer specifically to the period of time e.g. 3 months or 1 year just before driving ceased)

11

12 Which way do you prefer to get around (*did you prefer to get around when you used to drive*)?

_____ (3) drive yourself

_____ (2) have someone drive you

_____ (1) use public transportation or a taxi

12

13 How fast do you usually drive compared to the general flow of traffic? (*How fast did you used to drive compared to the general flow of traffic*) Would you say:

_____ (5) Much faster

_____ (4) Somewhat faster

_____ (3) About the same

_____ (2) Somewhat slower

_____ (1) Much slower

13

14 a) Has anyone suggested over the past year (*the year before you stopped driving*) that you limit your driving or stop driving?

_____ (1) yes (**go to 14b**)

_____ (0) no (**go to 15**)

14a

b) If yes, who suggested that you limit your driving or stop driving?

i) Low vision specialist (Ophthalmologist or optometrist; “eye doctor”)

_____ (1) Yes _____ (0) No

14bi

ii) Occupational Therapist

_____ (1) Yes _____ (0) No

14bii

iii) Driving instructor

_____ (1) Yes _____ (0) No

14biii

iv) Family member

_____ (1) Yes _____ (0) No

14biv

v) Friend

_____ (1) Yes _____ (0) No

14bv

vi) Other - specify:

14bvi enter text

15 a) How would you rate the quality of your driving? Would you say?

_____ (5) Excellent

_____ (4) Good

_____ (3) Average

_____ (2) Fair

_____ (1) Poor

15a

b) How confident do you feel (*did you feel*) when driving with your bioptic telescope?

_____ (5) Very confident

_____ (4) Moderately confident

_____ (3) Somewhat (averagely) confident

_____ (2) A little confident

_____ (1) Not confident at all

15b

16 a) Do you ever drive (*did you ever drive*) with the help of a passenger? By this I mean someone who has better vision than you and is riding with you in the car.

_____ (1) Yes (**go to 16b**)

_____ (0) No (**go to 17**)

16a

If Yes,

b) What percentage of your driving time do you drive with the help of a passenger?

_____ (5) less than 25% (<1/4)

Actual response _____

_____ (4) 25% (1/4)

_____ (3) 50% (1/2)

(*narrow response to closest %*)

_____ (2) 75% (3/4)

_____ (1) All the time

16b

c) What types of assistance does the passenger provide you? (*A response of Sometimes = YES*)

i) Reads traffic signs for you

_____ (1) Yes _____ (0) No

16ci

ii) Identifies the color of upcoming traffic light signals

_____ (1) Yes _____ (0) No

16cii

iii) Warns you when the car in front starts to brake or signals to turn

_____ (1) Yes _____ (0) No

16ciii

iv) Tells you when it is safe to turn at or cross an intersection without traffic light signals

_____ (1) Yes _____ (0) No

16civ

v) Warns you about hazards such as pedestrians crossing the road

_____ (1) Yes _____ (0) No

16cv

vi) Other, please specify (backing up, parking):

16cvi enter text

17 Do you live with someone who drives? Does this person have a current driving license (i.e. can this person drive?)

- _____ (2) Live-in person who can drive
- _____ (1) Live-in person who **cannot** drive
- _____ (0) No live-in person

17

17a-18 Now, let's make a list of the people (legal drivers) who you usually ride with in the car (*who you used to ride with in the car*), whether or not you are the driver. [*List these people below (A-F), then go back and ask who is driving*]

(1) _____ You are always the driver when you go out in a car. [*for scoring only-do not ask*]
(add a "0" to #17a and a "1" to #18)

Relationship	When traveling with this individual, who usually drives? Driving
(A) _____	_____ (1) You are usually the driver _____ (3) This person is usually the driver _____ (2) About half and half
(B) _____	_____ (1) You are usually the driver _____ (3) This person is usually the driver _____ (2) About half and half
(C) _____	_____ (1) You are usually the driver _____ (3) This person is usually the driver _____ (2) About half and half
(D) _____	_____ (1) You are usually the driver _____ (3) This person is usually the driver _____ (2) About half and half
(E) _____	_____ (1) You are usually the driver _____ (3) This person is usually the driver _____ (2) About half and half
(F) _____	_____ (1) You are usually the driver _____ (3) This person is usually the driver _____ (2) About half and half

17a
Total number of individuals
 (a "0" if the person always drives self)

18
Total dependency score = average of numbers above
 (a "1" if person always drives self)

Exposure

“Let’s try to get an idea of how much driving you do (*used to do*) in a typical week.”

19 First, in an average **week**, how many days per week do you (*did you*) normally drive? 19
 _____ number of days per week

20-22 Now, let’s make a list of all the places **you** drive (*drove*) in a typical week. Places where you might go at least once every week, for instance the grocery store, gym, etc.

- *Make list first, then determine the number of times and distance. In cases where the subject makes several stops in one trip, determine the furthest distance traveled.*
- *If subject has difficulty with this question, or is a not a current driver, ask subject to estimate total average number of miles per week*

Place	How many times a week (one-way)	Estimate miles from home (one-way)	Total miles
_____ Store	_____ X	_____ =	_____
_____ Place of worship	_____ X	_____ =	_____
_____ Work	_____ X	_____ =	_____
_____ Relative's House	_____ X	_____ =	_____
_____ Friend's House	_____ X	_____ =	_____
_____ Out to eat	_____ X	_____ =	_____
_____ Appointments (e.g., doctor, hair)	_____ X	_____ =	_____

Now, are there any other places you go in a typical week?

Others	How many times a week (one-way)	Estimate miles from home (one-way)	Total miles
_____	_____ X	_____ =	_____
_____	_____ X	_____ =	_____
_____	_____ X	_____ =	_____
Subtotal			_____
			X 2

(20)
**Total # of places
 traveled to**

(21)
Total trips

(22)
Total Miles Driven

Driving with Bioptic Telescope

“The next set of questions is about driving *with* a bioptic telescope (*when you used to drive with a bioptic*)”

23 Approximately what percentage of your driving time do you **wear** (*did you wear*) your bioptic telescope glasses?

- _____ (5) never
 - _____ (4) 25% (1/4)
 - _____ (3) 50% (1/2) [narrow response to closest %]
 - _____ (2) 75% (3/4)
 - _____ (1) All the time
 - _____ (0) none of above (**go to 23a**)
- 23**
- 23a** Actual response _____ **23a** enter text

24 When wearing your bioptic telescope glasses for driving, approximately what percentage of your driving time is (*was*) spent looking through the telescope?
(If subject is unsure, prompt with more or less than 50%)

_____ (Percentage) **24**

25 a) When you look through the telescope, do you (*did you*) have any difficulty with being aware of other traffic on the road outside of the field of the telescope?

- _____ (1) yes (**go to 25b**)
 - _____ (0) no (**go to 26**)
- 25a**

b) How much difficulty?

- _____ (4) A little difficulty
 - _____ (3) Some difficulty
 - _____ (2) Moderate difficulty
 - _____ (1) Extreme difficulty
- 25b**

26 a) When you are driving, do you (*did you*) have any difficulty getting the telescope lined up with the object that you want to look at?

- _____ (1) yes (**go to 26b**)
 - _____ (0) no (**go to 27**)
- 26a**

b) How much difficulty?

- _____ (4) A little difficulty
 - _____ (3) Some difficulty
 - _____ (2) Moderate difficulty
 - _____ (1) Extreme difficulty
- 26b**

27 I am going to read a list of some common driving tasks. First of all, please tell me whether or not you would normally use (*would normally have used*) your bioptic telescope for each of the tasks (yes or no). Then, for those tasks where you use your telescope, please tell me how useful (helpful) you find the bioptic telescope.
 (If the subject does not perform a particular driving task, please check the N/A column)

DO YOU USE YOUR BIOPTIC TELESCOPE TO.....	N/A (8)	No (0)	Yes HOW HELPFUL?					Score
			Very helpful (5)	Moderately helpful (4)	Some what helpful (3)	A little helpful (2)	Does not help at all (1)	
a) Reading road/traffic signs								27a
b) Reading street name signs								27b
c) Seeing Traffic Light Signals								27c
d) Seeing brake lights and signal lights on cars in front of you								27d
e) Judging the distance between your car and the car in front of you								27e
f) Seeing peds crossing the road / hazards ahead								27f
g) Judging when it is safe to merge on a freeway								27g
h) Judging when it is safe to overtake another car								27h
i) Judging when it is safe to turn at an intersection without traffic lights								27i
j) Checking speedometer								27j

28 a) Are there any other situations where you find the telescope helps in driving?

- _____ (1) yes (**go to 28b**)
- _____ (0) no (**go to 29**)

28a

b) If yes, please list and give a brief description.

28b enter text

29 a) Are there any other situations where you find the telescope hinders your driving?

- _____ (1) yes (**go to 29b**)
- _____ (0) no (**go to 30**)

29a

b) If yes, please list and give a brief description.

29b enter text

30 Overall, how useful (helpful) do you find (*did you find*) the bioptic telescope when driving?

- _____ (5) Very helpful
- _____ (4) Moderately helpful
- _____ (3) Somewhat helpful
- _____ (2) A little helpful
- _____ (1) Not at all helpful
- _____ (0) Only helpful to get your driving license

30

31 If the telescope were not required for licensing, would you still be wearing the bioptic telescope glasses when driving?

- _____ (1) yes
- _____ (0) no
- _____ (8) N/A (lives in a state which does not have bioptic licenses)
- _____ (9) N/A (No longer drives or does not use bioptic for driving)

31

32 Imagine that you are sitting in the front seat of the car and that you are **not** wearing your bioptic telescope. Please tell me whether or not you would have difficulty with each of the following tasks?

Then, for those tasks with which you would have difficulty, please tell me how much difficulty.

If the subject always wears their telescope when driving, ask them to think about the situation of being a passenger in the front seat without their bioptic telescope and ask them to rate the degree of difficulty that they would have for each task

(If the subject does not perform a particular driving task, please tick the N/A column)

IF YOU WERE SITTING IN THE FRONT OF THE CAR (E.G. A PASSENGER) WITHOUT YOUR BIOPTIC TELESCOPE, WOULD YOU HAVE DIFFICULTY...	N/A (8)	No Difficulty (5)	Yes - How much difficulty?				Score
			A little Difficulty (4)	Some Difficult y (3)	Moderate Difficulty (2)	Extreme Difficulty (1)	
a) Reading road/traffic signs							32a
b) Reading street name signs							32b
c) Seeing Traffic Light Signals							32c
d) Seeing brake lights and signal lights on cars in front of you							32d
e) Judging the distance between your car and the car in front of you							32e
f) Seeing peds crossing the road / hazards ahead							32f
g) Judging when it is safe to merge on a freeway							32g
h) Judging when it is safe to overtake another car							32h
i) Judging when it is safe to turn at an intersection without traffic lights							32i
j) Checking the speedometer							32j

Avoidance

" Some more questions about your driving (*when you used to drive*)"

33 a) During the past 3 months (*the 3 months before you stopped driving*), have you driven when it is raining (significant rain, more than drizzle)?

_____ Yes (**go to 33b**)

_____ No (**go to 33c**)

b) Would you say that you drive when it is raining **during the day** with:
(Please check only **one** answer)

_____ (5) No difficulty at all

_____ (4) A little difficulty

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

c) Is it mostly because of your visual problems that you do not drive when it is raining?

_____ (1) Yes
(**go to 34a**)

_____ (0) No
(**go to 34a**)

33

33.1 In rain at night (if comments)

_____ (5) No difficulty at all

_____ (4) A little difficulty

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

_____ (1) Does not drive at night

33.1

34 a) During the past 3 months (*the 3 months before you stopped driving*), have you driven alone?

_____ Yes (**go to 34b**)

_____ No (**go to 34c**)

b) Would you say that you drive alone with:
(Please check only **one** answer)

_____ (5) No difficulty at all

_____ (4) A little difficulty

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

c) Is it mostly because of your visual problems that you do not drive alone?

_____ (1) Yes
(**go to 35a**)

_____ (0) No
(**go to 35a**)

34

35 a) During the past 3 months (*the 3 months before you stopped driving*), have you parallel parked?

_____ Yes (**go to 35b**)

_____ No (**go to 35c**)

b) Would you say that you parallel park with:
(Please check only **one** answer)

_____ (5) No difficulty at all

_____ (4) A little difficulty

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

c) Is it mostly because of your visual problems that you do not parallel park?

_____ (1) Yes
(**go to 36a**)

_____ (0) No
(**go to 36a**)

35

36 a) During the past 3 months (*the 3 months before you stopped driving*), have you made left-hand turns across oncoming traffic at intersections that do not have a green-arrow light signal?

_____ Yes (**go to 36b**)

_____ No (**go to 36c**)

b) Would you say that you make left-handed turns in traffic with:
(Please check only **one** answer)

_____ (5) No difficulty at all

_____ (4) A little difficulty

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

c) Is it mostly because of your visual problems that you do not make left-hand turns across oncoming traffic?

_____ (1) Yes
(**go to 37**)

_____ (0) No
(**go to 37**)

36

37 a) During the past 3 months (*the 3 months before you stopped driving*), have you driven on highways (interstates or expressways)?

_____ Yes (**go to 37b**)

_____ No (**go to 37c**)

b) Would you say that you drive on highways with:
(Please check only **one** answer)

_____ (5) No difficulty at all

_____ (4) A little difficulty

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

c) i) Is it because you have a “no highway driving” restriction on your license that you do not drive on highways?

_____ (8) Yes
(**go to 38a**)

_____ No
(**go to 37 cii**)

c) ii) Is it mostly because of your visual problems that you do not drive on highways?

_____ (1) Yes
(**go to 38a**)

_____ (0) No
(**go to 38a**)

37

38 a) During the past 3 months (*3 months before you stopped driving*), have you driven on high-traffic roads?

_____ Yes (**go to 38b**)

_____ No (**go to 38c**)

b) Would you say that you drive on high-traffic roads with:
(Please check only **one** answer)

_____ (5) No difficulty at all

_____ (4) A little difficulty

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

c) Is it mostly because of your visual problems that you do not drive on high traffic roads?

_____ (1) Yes
(**go to 39a**)

_____ (0) No
(**go to 39a**)

38

39 a) During the past 3 months (*3 months before you stopped driving*), have you driven in rush-hour traffic?

_____ Yes (**go to 39b**)

_____ No (**go to 39c**)

b) Would you say that you drive in rush hour traffic with:
(Please check only **one** answer)

_____ (5) No difficulty at all

_____ (4) A little difficulty

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

c) Is it mostly because of your visual problems that you do not drive in rush-hour traffic?

_____ (1) Yes

(**go to 40a**)

_____ (0) No

(**go to 40b**)

39

40 a) During the past 3 months (*3 months before you stopped driving*), have you driven at night?

_____ Yes (**go to 40b**)

_____ No (**go to 40c**)

b) Would you say that you drive at night with:
(Please check only **one** answer)

_____ (5) No difficulty at all

_____ (4) A little difficulty

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

c) i) Is it because you have a “day-time only” restriction on your license that you do not drive at night?

_____ (8) Yes

(**go to 40.5**)

_____ No

(**go to 40c) ii**)

c) ii) Is it mostly because of your visual problems that you do not drive at night?

_____ (1) Yes

(**go to 40.5**)

_____ (0) No

(**go to 40.5**)

40

40.5

a) During the past 3 months (*3 months before you stopped driving*), have you driven in bright sunlight?

_____ Yes (**go to 40.5b**)

_____ No (**go to 40.5c**)

b) Would you say that you drive in bright sunlight with:
(Please check only **one** answer)

_____ (5) No difficulty at all

_____ (4) A little difficulty

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

c) Is it mostly because of your visual problems that you do not drive in bright sunlight?

_____ (1) Yes

(**go to 41**)

_____ (0) No

(**go to 41**)

40.5

40.6

- a) Do you experience discomfort from glare from bright lights (sun or headlights)?
 _____ Yes (**go to 40.6b**) _____ (5) No discomfort (**Go to 41**)

- b) How much discomfort?
 _____ (4) A little discomfort
 _____ (3) Some discomfort
 _____ (2) Moderate discomfort
 _____ (1) Extreme discomfort

40.6

Crashes and Citations

“The next few questions are about any crashes and citations that you have been involved in over the past year (*the year leading up to when you stopped driving*). **Remember that this information will remain totally confidential.**”

- 41 a) How many accidents have you been involved in over the past year (*the year leading up to when you stopped driving*) when you were the driver?
 Please tell me the number of all accidents, whether or not you were at fault.

_____ accidents **41 a**

ai) Brief description _____

41ai enter text

- b) If involved in an accident, did the air bag inflate?

- _____ (1) yes (**go to 41c**)
- _____ (0) no (**go to 42**)
- _____ (8) not applicable – has no air bag (**go to 42**)

41b

- c) If the air bag inflated, what happened (i.e. did it cause any problems with your biopic glasses?).
 Give a brief description.

41c enter text

- 42 How many accidents have you been involved in over the past year (*the year leading up to when you stopped driving*) when you were the driver where the police were called to the scene?

_____ accidents **42**

43 How many times in the past year (*the year leading up to when you stopped driving*) have you been pulled over by the police, regardless of whether you received a ticket?
_____ times **43**

a) Brief description _____ **43a** enter text

44 How many times in the past year (*the year leading up to when you stopped driving*) have you received a traffic ticket (other than a parking ticket) where you were found to be guilty, regardless of whether or not you think you were at fault?
_____ times **44**

Driving Space

“The last set of questions are about the areas to which you would typically drive (used to drive)”

45 During the past year (*the year leading up to when you stopped driving*), have you driven in your immediate neighborhood?
_____ (1) yes
_____ (0) no **45**

46 During the past year (*the year leading up to when you stopped driving*), have you driven to places beyond your neighborhood?
_____ (1) yes
_____ (0) no **46**

47 During the past year (*the year leading up to when you stopped driving*), have you driven to neighboring towns (5-10 miles)?
_____ (1) yes
_____ (0) no **47**

48 During the past year (*the year leading up to when you stopped driving*), have you driven to more distant towns (over 30 miles)?
_____ (1) yes
_____ (0) no **48**

49 During the past year (*the year leading up to when you stopped driving*), have you driven to places outside your state?
_____ (1) yes
_____ (0) no **49**

50 During the past year (*the year leading up to when you stopped driving*), have you driven to places outside the region where you live (over 300 miles)?

- _____ (1) yes
- _____ (0) no

50

51 During the past year (*the year leading up to when you stopped driving*), have you driven in a large city like Boston?

- _____ (1) yes
- _____ (0) no

51

52 To what extent does (*did*) having a bioptic telescope for driving improve your quality of life?

- _____ (5) A lot
- _____ (4) A moderate amount
- _____ (3) Somewhat (average amount)
- _____ (2) A little
- _____ (1) Not at all

52

“Background” questions

53 What type of area do you live in? (*What type of area did you live in when you drove with a bioptic*)

- _____ (5) rural
- _____ (4) suburban
- _____ (3) small town
- _____ (2) medium sized town
- _____ (1) big city

53

54 How would you rate the level of public transport in your area? (*the area you lived in when you drove with a bioptic*)

- _____ (5) Excellent
- _____ (4) Good
- _____ (3) Average
- _____ (2) Fair
- _____ (1) Poor
- _____ (0) Non-existent

54

55 Can you walk to public transportation from your home? (*Could you walk to public transportation from your home*)

_____ (1) Yes

_____ (0) No

55

56 a) Are you currently employed?

_____ (1) Yes (**go to 56b**)

_____ (0) No (**go to 56b**)

56a

b) What is/was your occupation?

56b enter text

57 What is your education level?

_____ (5) 6th grade

_____ (4) High School

_____ (3) College

_____ (2) Post Grad

_____ (1) Other, please specify:

57

(if code 1, enter text as well)

ANY ADDITIONAL COMMENTS?

THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS STUDY