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:


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):

<table>
<thead>
<tr>
<th>DHQ item number</th>
<th>Question number on this questionnaire</th>
</tr>
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<tbody>
<tr>
<td>1-3</td>
<td>9-11</td>
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<td>6-9</td>
<td>12-15</td>
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<td>11-14</td>
<td>19-22</td>
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<td>15-16</td>
<td>17a-18</td>
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<td>17</td>
<td>33</td>
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<td>18-24</td>
<td>34-40</td>
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<td>25</td>
<td>41a</td>
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<td>26-34</td>
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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)
   *(If within the last 2 years, record the exact month.)*

If subject cannot remember the year: “How old were you when you got your first license?”
   ____________ AGE (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)
   *(If within the last 2 years, record the exact month)*

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

3 a) Do you currently hold a valid license to drive with a bioptic telescope?
   _____ (1) Yes *(go to 3b)*
   _____ (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)

(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)  

   b) If Yes, What are the restrictions?
   1) Daytime only
      _____ (1) Yes  _____ (0) No 

2) Limited distance from home
   _____ (1) Yes  _____ (0) No 

3) No highway (interstate / expressway) driving
   _____ (1) Yes  _____ (0) No 

4) Other, please specify:
   _________________________________________________________ 

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)  

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

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 7b)

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

   7b

   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:
   __________________________________________
   (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
   ii) Tilting your head to look through the telescope
      ____ (1) Yes  ____ (0) No  ____ (8) Don’t remember or NA
   iii) Finding a specific object through the telescope
      ____ (1) Yes  ____ (0) No  ____ (8) Don’t remember or NA
   iv) Tracking a moving object through the telescope
      ____ (1) Yes  ____ (0) No  ____ (8) Don’t remember or NA
   v) Cleaning / caring for the system
      ____ (1) Yes  ____ (0) No  ____ (8) Don’t remember or NA
   vi) Other, please specify:
      __________________________________________
      enter text

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

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)  

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

c) Was the program:
   ______ (3) Commercial/private driving instructor (if code 1, enter text as well)  
   ______ (2) Hospital-based  
   ______ (1) Other, please specify in 8ci  
   ______ (0) Standard drivers ed

   8ci______________________________

   ______(1) Full-scale bioptic program
   ______(2) Passenger-in-car bioptic program
   ______(3) Few extra bioptic lessons

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______________________________

   (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______________________________

   (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)

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

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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)

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

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
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)  

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  

   ii) Occupational Therapist
      _____ (1) Yes  _____ (0) No  

   iii) Driving instructor
      _____ (1) Yes  _____ (0) No  

   iv) Family member
      _____ (1) Yes  _____ (0) No  

   v) Friend
      _____ (1) Yes  _____ (0) No  

   vi) Other - specify:
      ____________________________________________ 

15  a) How would you rate the quality of your driving? Would you say?
   _____ (5) Excellent
   _____ (4) Good
   _____ (3) Average
   _____ (2) Fair
   _____ (1) Poor  

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
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)*  

   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

   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  

   ii) Identifies the color of upcoming traffic light signals
      _____ (1) Yes  _____ (0) No

   iii) Warns you when the car in front starts to brake or signals to turn
      _____ (1) Yes  _____ (0) No

   iv) Tells you when it is safe to turn at or cross an intersection without traffic light signals
      _____ (1) Yes  _____ (0) No

   v) Warns you about hazards such as pedestrians crossing the road
      _____ (1) Yes  _____ (0) No

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

   16a 16b 16ci 16cii 16ciii 16civ 16cv 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

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)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Driving</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
</tr>
</tbody>
</table>

When traveling with this individual, who usually drives?

- (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?

____ 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**

<table>
<thead>
<tr>
<th>Place</th>
<th>How many times a week (one-way)</th>
<th>Estimate miles from home (one-way)</th>
<th>Total miles</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Store</td>
<td>_______ X</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>____ Place of worship</td>
<td>_______ X</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>____ Work</td>
<td>_______ X</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>____ Relative’s House</td>
<td>_______ X</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>____ Friend’s House</td>
<td>_______ X</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>____ Out to eat</td>
<td>_______ X</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>____ Appointments (e.g., doctor, hair)</td>
<td>_______ X</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

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

**Others**

<table>
<thead>
<tr>
<th></th>
<th>How many times a week (one-way)</th>
<th>Estimate miles from home (one-way)</th>
<th>Total miles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_______ X</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td></td>
<td>_______ X</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td></td>
<td>_______ X</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

Subtotal _______

\[ \times 2 \]

(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 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

[23a] Actual response __________
[23a] enter text
- (0) none of above (go to 23a)

24 When wearing your bioptic telescope glasses for driving, approximately what percentage of your driving time is spent looking through the telescope?

(If subject is unsure, prompt with more or less than 50%)

- (Percentage)

25 a) When you look through the telescope, do 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)

b) How much difficulty?

- (4) A little difficulty
- (3) Some difficulty
- (2) Moderate difficulty
- (1) Extreme difficulty

26 a) When you are driving, do 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)

b) How much difficulty?

- (4) A little difficulty
- (3) Some difficulty
- (2) Moderate difficulty
- (1) Extreme difficulty
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)

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

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)  

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

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)
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)

<table>
<thead>
<tr>
<th>IF YOU WERE SITTING IN THE FRONT OF THE CAR (E.G. A PASSENGER) WITHOUT YOUR BIOPTIC TELESCOPE, WOULD YOU HAVE DIFFICULTY...</th>
<th>N/A (8)</th>
<th>No Difficulty (5)</th>
<th>Yes - How much difficulty?</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>A little Difficulty (4)</td>
<td>Some Difficulty (3)</td>
</tr>
<tr>
<td>a) Reading road/traffic signs</td>
<td>32a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Reading street name signs</td>
<td>32b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Seeing Traffic Light Signals</td>
<td>32c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Seeing brake lights and signal lights on cars in front of you</td>
<td>32d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Judging the distance between your car and the car in front of you</td>
<td>32e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Seeing peds crossing the road / hazards ahead</td>
<td>32f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Judging when it is safe to merge on a freeway</td>
<td>32g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Judging when it is safe to overtake another car</td>
<td>32h</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Judging when it is safe to turn at an intersection without traffic lights</td>
<td>32i</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Checking the speedometer</td>
<td>32j</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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  ____ (1) Yes  ____ (0) No

_____ (4) A little difficulty  

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

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

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  ____ (1) Yes  ____ (0) No

_____ (4) A little difficulty  

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

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  ____ (1) Yes  ____ (0) No

_____ (4) A little difficulty  

_____ (3) Moderate difficulty

_____ (2) Extreme difficulty

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

36

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

________ (1) Yes  __________ (0) No  
(go to 37)  (go to 37)

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

37

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

________ (8) Yes  __________ No  
(go to 38a)  (go to 37 cii)

37

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

________ (1) Yes  __________ (0) No  
(go to 38a)  (go to 38a)

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

38

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

________ (1) Yes  __________ (0) No  
(go to 39a)  (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  _________ (0) No

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  _____(0) No

  c) ii) Is it mostly because of your visual problems that you do not drive at night?
    _____(1) Yes  _____(0) No

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  _____(0) No

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

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 bioptic 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
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

43a. Brief description ________________________________________________________

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

**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

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

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

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

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
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

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

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

“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

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
55 Can you walk to public transportation from your home? (Could you walk to public transportation from your home)
   _____ (1) Yes
   _____ (0) No

56 a) Are you currently employed?
   _____ (1) Yes (go to 56b)
   _____ (0) No (go to 56b)

b) What is/was your occupation?
   ________________________________

57 What is your education level?
   _____ (5) 6th grade
   _____ (4) High School
   _____ (3) College
   _____ (2) Post Grad
   _____ (1) Other, please specify:
      ____________________________________________

(If code 1, enter text as well)

ANY ADDITIONAL COMMENTS?

THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS STUDY