

Queensland Independent Survey Panel in Road Safety (InSPiRS) Questionnaire

1. Year of Birth _____

2. Which of the following motor vehicles have you driven/ridden in the **last 12 months**? (*Tick all that apply*)

Sedan	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
Hatchback	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
Wagon/people mover	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
Ute	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
4WD	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
Van/commercial	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
Motorcycle	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
Moped	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
Scooter	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
Rigid truck	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
Articulated truck	<input type="checkbox"/>	Do you own this vehicle?	Yes / No
B-double/triple	<input type="checkbox"/>	Do you own this vehicle?	Yes / No

3. Which motor vehicle do you drive **most often**? _____

4. How many **times** do you drive in an **average week**? (*Please circle*) Less than 5 / 5-10 / more than 10

5. Do you drive for **work** (e.g. taxi driver, delivery driver, technician, plumber)? (*Please circle*) Yes / No

6. Have you ridden a bicycle in the **last 12 months**? (*Please circle*) Yes / No

7. Have you ridden a motorcycle or ATV **off-road** in the **last 12 months**? (*Please circle*) Yes / No

8. What licences do you have for the following vehicles? (*Tick all that apply*)

	None	Learner	P/P1/P2	Open
C – Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CA – Car (automatic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RE – Motorcycle (250CC or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R – Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LR – Light rigid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MR – Medium rigid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HR – Heavy rigid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MC – Multi-combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HC – Heavy combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you identify yourself as any of the following? (*Tick one only*)

Aboriginal	<input type="checkbox"/>
Torres Strait Islander	<input type="checkbox"/>
Aboriginal & Torres Strait Islander	<input type="checkbox"/>
None of these	<input type="checkbox"/>