

RURAL & REMOTE



ROAD SAFETY STUDY

CONFIDENTIAL

HOSPITAL SURVEY - DRIVER/RIDER

Saving Lives on Country Roads ...



CONFIDENTIAL

Region

Crash.....

Vehicle.....

Type..... 1

Occupant.....

Exclusion/Extra

RURAL AND REMOTE ROAD SAFETY SURVEY HOSPITAL QUESTIONNAIRE- DRIVER/RIDER

Hello, my name is _____ and I'm working on a study of rural and remote road safety. I am interested in hearing about your driving experiences. This questionnaire could take about 30-40 minutes of your time, and your input will be invaluable for improving our road conditions and driver education.

Let me assure you that all your comments are strictly confidential and anonymous. Everyone's answers will be combined, so your name will not be used.

Would you like to take part? ... (If "yes", proceed with the survey, if "no" record this for the Data Manager).

✍ Commence the interview ✍

Consent form signed **YES** **(Please circle)**

Interviewer's signature.....

Interviewer's name
(Please print)

Interview start time.....

Interview completion time.....

Date of interview

Hospital Interview Site.....

Comments

.....

.....

Interviewer: **Please note if another person is present at the interview (family, friend etc).**

The first questions are about you, your crash, the vehicles involved, and your background.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q1</p> <p>(a) Was another vehicle involved in this crash?..... <i>Please specify</i>..... </p> <p>(b) Are you aware of any other people injured or hospitalised in this crash? <i>Please specify</i>.....</p> <p>(c) Please can you describe where the crash occurred? <i>Please specify</i>..... </p> <p>(d) Can you tell me what date and roughly what time the crash occurred? <i>Please specify</i>.....</p> <p>(e) How many people were in/on the vehicle at the time of the crash including yourself? <i>Record number</i>.....</p> <p>(f) I realize that this might bring back some difficult memories, but I was wondering if you could tell me a little about what happened before, during, and after your crash and what you think may have caused it? <i>Please specify</i>..... </p>	<p>YES = 1 NO = 2</p> <p>YES = 1 NO = 2</p> <p>YES = 1 NO = 2</p> <p>YES = 1 NO = 2</p> <p>YES = 1 NO = 2</p> <p>YES = 1 NO = 2</p>	<p>Write down everything the participant says.</p> <p>Ensure that you have information about the <i>location</i> and the <i>time of day</i> of the crash. Use prompts such as nearest landmark or town, how far from petrol station or homestead, late at night, early morning etc.</p> <p>Use prompts to gain details of the road conditions, the type of road and the weather conditions.</p> <p>Use prompts such as ‘<i>Tell me more about that?</i>’ to get the most information from the participant.</p>

<p>Q3 Who owns the vehicle you were driving/riding at the time of the crash?</p> <p>Self/Partner 1</p> <p>Friend/Another member of your family..... 2</p> <p>Employer..... 3</p> <p>Hire or leasing company 4</p> <p>Other (<i>please specify</i>) 5</p> <p>Don't know 77</p>		<p>OPEN QUESTION Do <u>NOT</u> read options but code answer given.</p>
<p>Q4 <i>Do not ask:</i> Respondent's sex?</p>	<p>Male 1</p> <p>Female 2</p>	<p>DO NOT 'ASK' THE PARTICIPANT.</p>
<p>Q5 Can you tell me your age in years?</p> <p>Age.....</p>	<p>88</p>	<p>Record age only.</p> <p>If the participant does not wish to answer, circle 88 for 'refusal'.</p>
<p>Q6 (a) Do you live alone?</p> <p>(b) What is your relationship to the other people in your household?</p> <p>Family/Partner..... 1</p> <p>Friends..... 2</p> <p>Other 3</p> <p>SKIP = 0</p>	<p>YES = 1</p> <p>NO = 2</p>	<p>If Q6(a) answer is YES, skip Q6(b).</p> <p>You may circle more than one option.</p>

<p>Q7</p> <p>(a) What is your country of residence*?</p> <p>Australia</p> <p>Other (<i>please specify</i>)</p> <p>(b) Do you identify yourself as any of the following?</p> <p>Aboriginal</p> <p>Torres Strait Islander.....</p> <p>Aboriginal & Torres Strait Islander</p> <p>None of these</p>	<p>1</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>	<p>OPEN QUESTION Do <u>NOT</u> read options but code answer given.</p> <p>* Place of residence is the participant's permanent home.</p> <p>Read all options.</p>
<p>Q8</p> <p>(a) For how many years have you been driving/riding (in Australia)?</p> <p><i>Please specify</i>.....</p> <p>Non Resident</p> <p>(b) MOTORCYCLES ONLY</p> <p>Have you recently started riding again after a break of five years or more?</p>	<p>2</p> <p>YES = 1 NO = 2 SKIP = 0</p>	<p>Write the participant's answer in years. If shorter than one year, specify months/weeks etc.</p> <p>Circle 2 if participant identifies as a <i>Non Resident</i>.</p>

Q9

(a) What is your current employment situation? *(circle all that apply)*

- Full-time..... 1
- Part-time..... 2
- Casual..... 3
- Unemployed/welfare recipient..... 4
- CDEP/Work for the dole..... 5
- Retired..... 6

(b) Additionally, do you fall into either of these groups? *(circle all that apply)*

- Student YES = 1
NO = 2
- Domestic duties..... YES = 1
NO = 2

(c) Do you do shift work?

- YES = 1
- NO = 2
- SKIP = 0

(d) What kind of work do you do in the job where you work the most hours? (If retired or unemployed, what was the last job you did?)

- Please specify*.....
..... SKIP = 0

OPEN QUESTION

Do **NOT** read options but code answer given. There may be more than one answer.

If answer to Q9(a) is Unemployed/welfare or Retired, circle SKIP code in Q9(c).

<p>Q10 What is the highest level of education/training you have completed?</p> <p>Left school before Year 8</p> <p>Completed Year 8</p> <p>Completed Year 10</p> <p>Completed Year 12</p> <p>Trade/ Apprenticeship.....</p> <p>Certificate/ Diploma.....</p> <p>Bachelor’s degree or higher</p> <p>Other (<i>please specify</i>)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p>	<p>Read all options to the participant.</p> <p>If the participant is not familiar with the Australian education system please indicate the equivalent level.</p> <p>If the participant gives another answer, circle ‘8’ for Other and then write the level in the space specified.</p>
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**SEE THE CONFIDENTIAL SECTION FOR QUESTIONS QC1 – QC11.
ENSURE THAT THE PARTICIPANT IS PROVIDED WITH AN ENVELOPE**

CONFIDENTIAL QUESTIONS

- **Give the participant the confidential question card**
- **Set up the blind or position yourself so that you cannot see the participant's responses.**

SAY:

I would like to ask you some confidential questions; they are about your driving behaviour in general and on the trip when the crash occurred. You can complete this section yourself or I can read the questions as you complete the answers. Whatever is easier for you? (**NOT TO BE READ**. If participant says that they can do it on their own, remind them that they can ask questions at any time). Can you please tick the box that best describes your answer for each of the questions. **DO NOT SHOW ME YOUR ANSWERS**. When you are finished, please put this questionnaire in the envelope provided and seal it before you give it back to me. Remember, your answers will be kept confidential at all stages of the project – the envelope will only be opened by the data manager for this study.

Okay, so let's start with question C1. Have you got it there? (show the example of Question C1 below if required. Do not use the participant's card to show question C1)

- Question C1 asks:

What was your average travelling speed in the 10 mins before the crash occurred? Now, don't say the answer, instead just tick the box that is next to the answer. There are five options for this question. So if you were travelling below the speed limit, please tick number '1'. If you were travelling on the speed limit, tick '2'. If you were travelling above the speed limit, but no more than 15 km per hour above the limit, tick '3'. If you were travelling between 15 kms and 30 kms above the limit, please tick '4'. If you were more than 30 km per hour above the speed limit, tick '5'. Remember not to say your answer. Let me know if you would like me to read the question again. (If the participant needs to hear the question again start from "●").

Let me know when you're okay to move on. (When the participant indicates that they are finished answering this question continue to question C2.)

QC1

What was your average travelling speed in the 10 mins before the crash occurred?

- 1 Below the speed limit
- 2 On the speed limit
- 3 Less than 15km/h above the limit
- 4 Between 15 - 30km/h above the limit
- 5 More than 30km/h above the limit

Now please look at question C2(a). Can you see it? (show the example of Question C2a below if required. Do not use the participant's card to show question C2a)

- Question C2(a) asks:

How often do you have a drink containing alcohol? Once again, do not tell me your answer. Just tick the box that is next to your answer. If you never drink alcohol in any situation or at any time please tick the box next to '0'. If you drink alcohol once a month or less, please tick the box next to '1'. If you drink alcohol at least twice a month but not more than four times a month, tick the box next to '2'. If you drink alcohol at least two times a week but no more than three times a week, please tick the box next to '3'. If you normally drink alcohol four or more times a week, tick the box next to '4'. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from the last "•").

QC2 (2a) How often do you have a drink containing alcohol? <u>If NEVER go to QC3.</u>
0 Never..... <input type="checkbox"/>
1 Monthly or less <input type="checkbox"/>
2 2 to 4 times a month..... <input type="checkbox"/>
3 2 to 3 times a week <input type="checkbox"/>
4 4 or more times a week..... <input type="checkbox"/>

Now please look at question C2(b). Can you see it? (show the example of Question C2b below if required. Do not use the participant's card to show question C2b)

- Question C2(b) asks:

How many "standard" drinks containing alcohol do you have on a typical day when you are drinking? Have a look at the "standard" drinks card I have just given you to help you answer. A "standard" drink is about a pot of beer, nip of spirits or a small glass of wine. Do not tell me your answer. Just tick the box that is next to your answer. If you normally drink '1 or 2' alcoholic drinks per day when you are drinking, please tick the box next to '1'. If you normally have '3 or 4' drinks per day when you are drinking alcohol, tick the box next to '2'. If you normally have '5 or 6' drinks per day when you are drinking alcohol, tick the box next to '3'. If you typically have '7, 8, or 9 drinks' per day when you are drinking alcohol, tick the box next to '4'. If you normally have '10 or more drinks' per day when you are drinking alcohol, tick the box next to '5'. Please tick the box next to a number

now. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from the last "●").

(2b) How many "standard" drinks containing alcohol do you have on a typical day when you are drinking?

1 1 or 2 per day

2 3 or 4 per day

3 5 or 6 per day

4 7, 8 or 9 per day

5 10 or more per day

Please look at question C2(c). Can you see it? (show the example of Question C2c below if required. Do not use the participant's card to show question C2c)

- **Question C2(c) asks:**

How often do you have six or more drinks on one occasion? Do not tell me your answer. Just tick the box that is next to your answer. If you never drink six or more drinks on the one occasion, tick the box next to '1'. If you drink six or more alcoholic drinks on one occasion less than monthly, tick the box next to '2'. If you drink six or more alcoholic drinks on one occasion monthly, tick the box next to '3'. If you drink six or more alcoholic drinks on one occasion weekly, tick the box next to '4'. If you drink six or more alcoholic drinks on one occasion daily or almost daily, tick the box next to '5'. Please tick the box next to a number now. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from the last "●").

(2c) How often do you have six or more drinks on one occasion?

- 1 Never.....
- 2 Less than monthly.....
- 3 Monthly.....
- 4 Weekly.....
- 5 Daily or almost daily.....

Please look at question C2(d). Can you see it? (show the example of Question C2d below if required. Do not use the participant's card to show question C2d)

- **Question C2(d) asks:**

How often during the last year have you found that you were not able to stop drinking once you had started? Do not tell me your answer. Just tick the box that is next to your answer. If you have never found that you were unable to stop drinking once you started, please tick the box next to '1'. If it happens less than monthly, tick the box next to '2'. If it happens monthly, tick the box next to '3'. If it happens weekly, tick the box next to '4'. If it happens daily or almost daily, tick the box next to '5'. Please tick the box next to a number now. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from the last "•").

(2d) How often during the last year have you found that you were not able to stop drinking once you had started?

- 1 Never.....
- 2 Less than monthly.....
- 3 Monthly.....
- 4 Weekly.....
- 5 Daily or almost daily.....

Please look at question C2(e). Can you see it? (show the example of Question C2e below if required. Do not use the participant's card to show question C2e)

- Question C2(e) asks:

How often during the last year have you failed to do what was normally expected from you because of drinking? Do not tell me your answer. Just tick the box that is next to your answer. If you have never failed to do what was normally expected from you because of drinking, please tick the box next to '1'. If it happens less than monthly, tick the box next to '2'. If it happens monthly, tick the box next to '3'. If it happens weekly, tick the box next to '4'. If it happens daily or almost daily, tick the box next to '5'. Please tick the box next to a number now. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from the last "●").

(2e) How often during the last year have you failed to do what was normally expected from you because of drinking?	
1 Never.....	<input type="checkbox"/>
2 Less than monthly.....	<input type="checkbox"/>
3 Monthly.....	<input type="checkbox"/>
4 Weekly.....	<input type="checkbox"/>
5 Daily or almost daily.....	<input type="checkbox"/>

Please look at question C2(f). Can you see it? (show the example of Question C2f below if required. Do not use the participant's card to show question C2f)

- Question C2(f) asks:

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? Do not tell me your answer. Just tick the box that is next to your answer. If you have never needed a first drink in the morning to get yourself going after a heavy drinking session, please tick the box next to '1'. If this occurs less often than monthly, tick the box next to '2'. If this occurs at least monthly, but less than weekly, tick the box next to '3'. If this occurs once a week, tick the box next to '4'. If this occurs daily or most days, tick the box next to '5'. Please tick the box next to a number now. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from the last "●").

(2f) How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- 1 Never.....
- 2 Less than monthly.....
- 3 Monthly.....
- 4 Weekly.....
- 5 Daily or almost daily.....

Please look at question C2(g). Can you see it? (show the example of Question C2g below if required. Do not use the participant's card to show question C2g)

- **Question C2(g) asks:**

How often during the last year have you had a feeling of guilt or remorse after drinking? Do not tell me your answer. Just tick the box that is next to your answer. If you have never had a feeling of guilt or remorse after drinking, please tick the box next to '1'. If you feel guilty or remorseful less than monthly, tick the box next to '2'. If you feel guilty or remorseful monthly, tick the box next to '3'. If you feel guilty or remorseful weekly, tick the box next to '4'. If you feel guilty or remorseful daily or almost daily, tick the box next to '5'. Please tick the box next to a number now. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from the last "•").

(2g) How often during the last year have you had a feeling of guilt or remorse after drinking?

- 1 Never.....
- 2 Less than monthly.....
- 3 Monthly.....
- 4 Weekly.....
- 5 Daily or almost daily.....

Please look at question C2(h). Can you see it? (show the example of Question C2h below if required. Do not use the participant's card to show question C2h)

- Question C2(h) asks:

How often during the last year have you been unable to remember what happened the night before because you had been drinking? Do not tell me your answer. Just tick the box that is next to your answer. If you have never been unable to remember what happened the night before because you had been drinking, please tick the box next to '1'. If it happens less than monthly, tick the box next to '2'. If it happens monthly, tick the box next to '3'. If it happens weekly, tick the box next to '4'. If it happens daily or almost daily, tick the box next to '5'. Please tick the box next to a number now. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from the last "●").

(2h) How often during the last year have you been unable to remember what happened the night before because you had been drinking?	
1 Never.....	<input type="checkbox"/>
2 Less than monthly.....	<input type="checkbox"/>
3 Monthly.....	<input type="checkbox"/>
4 Weekly.....	<input type="checkbox"/>
5 Daily or almost daily.....	<input type="checkbox"/>

Please look at question C2(i). Can you see it? (show the example of Question C2i below if required. Do not use the participant's card to show question C2i)

- Question C2(i) asks:

Have you or someone else been injured as a result of your drinking? Do not tell me your answer. Just tick the box that is next to your answer. If you have never been injured or injured someone else as a result of your drinking, please tick the box next to '1'. If yourself or somebody else has been injured as a result of your drinking, but not in the last year, tick the box next to '2'. If yourself or somebody else has been injured as a result of your drinking during the last year, tick the box next to '3'. Please tick the box next to a number now. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from the last "●").

(2i) Have you or someone else been injured as a result of your drinking?

- 1 No.....
- 2 Yes, but not in the last year.....
- 3 Yes, during the last year

Please look at question C2(j). Can you see it? (show the example of Question C2j below if required. Do not use the participant's card to show question C2j)

- **Question C2(j) asks:**

Has a relative, a friend, a doctor or other health worker been concerned about your drinking or suggested you cut down? Do not tell me your answer. Just tick the box that is next to your answer. If a relative, friend, doctor or other health worker has never been concerned about your drinking or suggested you cut down, please tick the box next to '1'. If somebody has been concerned about your drinking or suggested you cut down, but not in the last year, please tick the box next to '2'. If somebody has been concerned about your drinking or suggested you cut down during the last year, tick the box next to '3'. Please tick the box next to a number now. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from the last "•").

(2j) Has a relative, a friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?

- 1 No.....
- 2 Yes, but not in the last year.....
- 3 Yes, during the last year

Please look at question C3(a). (Show the example of Question C3a below if required. Do not use the participant's card to show question C3a)

- **Question C3 (a) asks:**

In the 24 hours before the crash did you drink any alcohol? Remember not to tell me the answer but just to complete the box next to the answer. If you drank alcohol in the 24 hours before the crash please tick 'YES' and complete question C3. If you did not drink alcohol in the 24 hours before the crash please tick 'NO' and go on to Question C4.

If your answer is 'YES' please would you look at the drinks card and write the letter for the types of drinks that you had, and how many you had, in part (b). If the drink was a beer, please tick the box for the strength of beer. Please tick the top box for light beer, the middle box for mid strength beer and the bottom box for heavy beer.

In part (c) please enter the time when you had your last drink.

Let me know when you're okay to move on. (When the participant indicates that they are finished answering this question continue to question C4.)

QC3

(a) In the 24 hours before the crash did you drink any alcohol?

1..... **YES** 2..... **NO** *If NO, go to question C4*

(b) If YES, what did you have? *(write letters from the photos on the card)*

....type of drink how many?

....type of drink how many?

....type of drink how many?

If a beer, please tick strength..... light

....mid

....heavy

(c) When did you have the last drink?

: *am OR* : *pm*

- Question C4 asks:

Did you take recreational or illegal drugs in the 24 hours before the crash? Don't tell me the answer; instead just tick the box that is next to the answer. If you didn't take recreational or illegal drugs, please tick the box next to number '1'. If you took an illegal drug in the hour before the crash, tick the box next to '2'. If you took an illegal drug more than 1 hour but less than 6 hours before the crash, tick the box next to '3'. If you took an illegal drug between 7 and 12 hours before the crash, please tick the box next to '4'. If you took an illegal drug more than 12 hours before the crash, tick the box next to '5'. Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from "●"). **If you took recreational and illegal drugs in the 24 hours before the crash, can you please write the name of the drug in the space for Question C4(b).**

QC4

(a) Did you take recreational or illegal drugs in the 24 hours before the crash?

- 1 No
- 2 Yes, in the hour before the crash.....
- 3 Yes, 1 – 6 hours before the crash
- 4 Yes, 7 – 12 hours before the crash
- 5 Yes, more than 12 hours before the crash

(b) What did you take?

Please specify.....

Please look at question number C5 (show the example of Question C5 below if required. Do not use the participant's card to show question C5)

- This question asks about your licence status. Were you licensed to drive/ride the vehicle you were travelling in at the time of the crash? If the answer is 'YES', please tick the box next to '1'. If you ticked the box next to '1' for 'YES' can you please write the number of years that you had held this type of licence in QC5(b).
- If the answer is 'NO', please tick the box next to '2' for QC5(a). Remember not to say your answer and let me know when you're okay to move on. (If the participant needs to hear the question again start from "•").

QC5

(a) Were you licensed to drive/ride the vehicle you were travelling in at the time of the crash?

1..... YES 2..... NO

(b) How long had you held this licence type?

Please specify how many years.....

- The next two questions ask about helmet and seatbelt use on the trip leading up to the crash. ONLY answer question C6 if you are riding a motorcycle and ONLY answer question C7 if driving a vehicle.

MOTORCYCLES ONLY

- Question C6 asks:

Did you (and any pillion passengers) wear a helmet for the entire trip? If only the driver wore a helmet, tick the box next to '1'. If both driver and passenger wore helmets, tick the box next to '2'. If only the passenger wore a helmet, tick the box next to '3'. If no one wore helmets, tick the box next to '4'.

Remember not to say your answer and let me know when you're okay to move on.

MOTOR VEHICLES ONLY

- Question C7 asks:

Did you (and any passengers) wear a seatbelt for the entire trip? If only the driver wore a seatbelt tick the box next to '1'. If both passengers and driver wore seatbelts tick the box next to '2'. If only the passengers, but not the driver, wore seatbelts tick the box next to '3'. If no one wore seatbelts tick the box next to '4'.

Part (b) asks:

Were there enough seatbelts for everyone on the trip? For this question please tick the box next to '1' for 'YES' or '2' for 'NO'. Let me know when you're okay to move on.

QC6

ONLY answer this question if you were riding a MOTORCYCLE.

If you were in a motor vehicle please - Go to question C7.

Did you (and any passengers) wear a helmet for the entire trip?

- 1 Rider only wore helmet
- 2 Both rider and passenger wore helmets.....
- 3 Passenger only wore helmet.....
- 4 No one wore helmets.....

Additional comments

QC7

ONLY answer this question if you were driving a MOTOR VEHICLE.

(a) Did you (and any passengers) wear a seatbelt for the entire trip?

- 1 Driver only wore seatbelt
- 2 Both driver and passenger(s) wore seatbelts....
- 3 Passenger(s) only wore seatbelts.....
- 4 No one wore seatbelts

Additional comments

(b) Were there enough seatbelts for everyone on the trip?

- 1..... **YES**
- 2..... **NO**

Question C8 (a) asks:

Was the vehicle registered? If the vehicle is registered, it will have Compulsory third party insurance. Please tick the box next to '1' for 'YES' or '2' for 'NO'. If you 'DON'T KNOW' tick box '77'.

• Question C8 (b) asks:

Was the vehicle insured in addition to Compulsory Third Party (CTP) insurance? Again, please tick the box next to '1' for 'YES' or '2' for 'NO'. If you 'DON'T KNOW' tick box '77'. Let me know when you're okay to move on.

QC8

(a) Was the vehicle registered?

1..... YES 2..... NO 77..... DON'T KNOW

(b) Was the vehicle insured in addition to Compulsory Third Party (CTP) insurance?

1..... YES 2..... NO 77..... DON'T KNOW

Please look at question number C9.

This question asks: Have you been booked for any traffic offences in the last 5 years? Please tick the box next to '1' for 'YES' or '2' for 'NO'. If your answer is 'YES', please tick '1' – 'YES' or '2' – 'NO' against the type of offences listed in QC9(b) to indicate which ones you have been booked for. If you have not been booked then tick '2' for 'NO' to all offences in part (b).

Let me know when you're okay to move on. (If the participant needs to hear the question again start from "•").

QC9

(a) Have you been booked for any traffic offences in the last 5 years?

1.... YES 2.... NO

(b) If YES, please answer for each type of offence:

Speeding 1.... YES 2.... NO

Drink driving 1.... YES 2.... NO

Driving without a valid licence.. 1.... YES 2.... NO

Other..... 1.... YES 2.... NO

- Question C10 asks:

Have you had your driver’s licence suspended, cancelled or restricted for an infringement in the last 5 years? Remember not to tell me the answer and just tick ‘1’ for ‘YES’ or ‘2’ for ‘NO’.

QC10

Have you had your driver’s licence suspended, cancelled or restricted in the last 5 years?

1.... YES 2.... NO

- Question C11(a) asks:

In the last month have you driven a car or ridden a motorbike after drinking two or more alcoholic drinks in the previous hour? Please tick the box next to ‘1’ for ‘YES’ or ‘2’ for ‘NO’. Let me know when you’re okay for me to move on.

- Question C11(b) asks:

In the last month have you been a passenger of somebody who had drunk two or more alcoholic drinks in the previous hour? Please tick the box next to ‘1’ for ‘YES’ or ‘2’ for ‘NO’

QC11

In the last month have you done any of the following?

(a) Driven a car or ridden a motorbike after drinking two or more alcoholic drinks in the previous hour.

1..... **YES** 2..... **NO**

(b) Been a passenger of somebody who had drunk two or more alcoholic drinks in the previous hour.

1..... **YES** 2..... **NO**

This concludes the questions to go into the envelope. Please put the question card into the envelope and seal it. It will not be opened by anyone except the data manager for this project. Make sure the envelope is sealed before you give it back to me.

The next few questions ask about the trip leading up to the crash.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q11</p> <p>(a) How long were you driving/riding continuously before the crash?</p> <p>Less than 1 hour (short trip)..... <input type="checkbox"/></p> <p>1 hour to less than 2 hours <input type="checkbox"/></p> <p>2 hours to less than 3 hours..... <input type="checkbox"/></p> <p>3 hours to less than 4 hours..... <input type="checkbox"/></p> <p>4 hours or more <input type="checkbox"/></p> <p>(b) How long did you stop for at the last place you got out of the vehicle before the crash?</p> <p><i>Please specify</i>.....</p> <p>(c) Was the drive/ride part of a longer overall journey? (eg. Townsville to Cairns, Brisbane to Cairns, Mackay to Mt Isa)</p> <p>(d) Where and when did you commence the longer journey?</p> <p><i>Please specify</i>.....</p>	<p>Hours or minutes SKIP = 0</p> <p>YES = 1 NO = 2 SKIP = 0</p> <p>Town, day, and time. SKIP = 0</p>	<p>This question is to assess fatigue issues (i.e. how long travelling without a break). If answer to Q11(a) is “Less than 1 hour”, skip Q11(b), Q11(c) & Q11(d)</p> <p>NB: Continuously means since the last place they got out of vehicle or commenced short trip. Ignore stops at roadworks or traffic lights.</p> <p>If answer to Q11(c) is “NO”, skip Q11(d).</p>
<p>Q12</p> <p>What was the reason for the trip?</p> <p>Part of your job (includes farming tasks)..... .</p> <p>To or from work.....</p> <p>To or from another activity.....</p> <p>For leisure/ holiday</p> <p>Other (<i>specify</i>).....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>OPEN QUESTION Do NOT read alternatives but code reason given.</p>

<p>Q13 How often do you drive/ride along the route on which the crash occurred?</p> <p>At least daily</p> <p>At least weekly.....</p> <p>At least monthly.....</p> <p>At least yearly</p> <p>Less than once a year but not the first time</p> <p>First time</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p>	<p>Read each option to the participant.</p> <p>Circle the number corresponding to the answer that best matches the participant's response.</p> <p>If the participant drives/rides along this route every weekday then their answer is 'at least daily'.</p>
<p>Q14 Did any of the following distract you or affect your concentration on the trip leading up to the crash?</p> <p>(a) Outside person, object or event (eg. other traffic, police, sunlight/ sunset, livestock, crash scene, road construction, etc.)</p> <p><i>Please specify</i>.....</p> <p>(b) Using other equipment in the vehicle (eg. lights, wipers, adjusting mirrors or climate controls, etc.)</p> <p><i>Please specify</i>.....</p> <p>(c) Other occupant</p> <p>(d) Moving object in vehicle (eg. pet, insect, object falling off seat, etc.)</p> <p><i>Please specify</i>.....</p> <p>(e) Adjusting radio, cassette or CD</p> <p>(f) Emotionally upset/relationship problem</p> <p>(g) Mobile phone or CB radio</p> <p>(h) Eating/drinking</p> <p>(i) Lighting a cigarette</p>	<p>Y N</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p>Read each possible distraction to the participant and circle 1 for "YES" or 2 for "NO" based on responses.</p> <p>YES = 1 NO = 2</p>

<p>(j) Other distractions (eg. medical problems, sneezing, other devices brought into vehicle etc.)</p> <p><i>Please specify</i>.....</p> <p>(k) Inattention/daydreaming</p>	<p>1 2</p> <p>1 2</p>	
<p>Q15</p> <p>(a) Did you feel tired on the trip?</p> <p>(b) How long before the crash did you feel tired?</p> <p><i>Please specify</i>.....</p> <p>(c) Did you do anything about it?</p>	<p>YES = 1 NO = 2</p> <p>SKIP= 0</p> <p>YES = 1 NO = 2 SKIP= 0</p>	<p>If Q15(a) is a 'Yes' ⇒ Q15(b).</p> <p>If Q15(a) is a 'No' ⇒ Q16(a). Circle '0' if this question was skipped.</p>
<p>Q16</p> <p>(a) Was it a boring trip for you?</p> <p>(b) Did you do anything about it?</p> <p><i>Please specify</i>.....</p> <p>.....</p>	<p>YES = 1 NO = 2</p> <p>YES = 1 NO = 2 SKIP = 0</p>	<p>If Q16(a) is "YES" ⇒ Q16(b)</p> <p>If Q16(a) is "NO" ⇒ Q17</p>
<p>Q17</p> <p>When was the vehicle involved in the crash last serviced?</p> <p>Don't know/can't remember</p> <p>Less than 3 months.....</p> <p>3 months - less than 6 months.....</p> <p>6 months - less than 2 years</p> <p>2 years ago or more.....</p>	<p>77</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>	<p>OPEN QUESTION Do <u>NOT</u> read options but code answer given.</p>

<p>Q20</p> <p>How would you describe your general health at the time of the crash?</p> <p>Excellent</p> <p>Good.....</p> <p>Average</p> <p>Not so good.....</p> <p>Poor.....</p>	<p>5</p> <p>4</p> <p>3</p> <p>2</p> <p>1</p>	<p>Read all categories to the participant.</p>
<p>Q21</p> <p>The next question asks about your feelings in the month prior to the crash. Please indicate how often you:</p> <p>Felt calm and peaceful</p> <p>Felt downhearted and blue</p> <p>Felt happy.....</p> <p>Felt very nervous.....</p> <p>Felt so down in the dumps that nothing could cheer you up.....</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>After each statement Would you say you felt like that: <i>“Always” = 1</i> <i>“Very often” = 2,</i> <i>“About half the time” = 3,</i> <i>“Not very often” = 4</i> or <i>“Never” = 5</i></p>

The next few questions are about your driving experience prior to the crash.

<p>Q22 About how many hours did you usually spend driving/riding in an average week, in this type of vehicle?*</p> <p>0 – 5 hours.....</p> <p>6 – 10 hours.....</p> <p>11 – 15 hours.....</p> <p>16 – 20 hours.....</p> <p>More than 20 hours</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>OPEN QUESTION Do NOT read options but code answer given.</p> <p>* Offer to assist in adding up the hours if needed.</p>
<p>Q23</p> <p>(a) In the last 5 years, have you been involved in any other road crashes?</p> <p>(b) Was anyone, including yourself, seriously injured or hospitalised for more than a day?</p> <p>(c) Were you driving or riding a motor vehicle at the time of that crash?</p>	<p>YES = 1 NO = 2</p> <p>YES = 1 NO = 2 SKIP = 0</p> <p>YES = 1 NO = 2 SKIP = 0</p>	<p>If Q23(a) is ‘YES’ ⇒ Q23(b).</p> <p>If Q23(a) is ‘NO’ ⇒ Q24.</p> <p>Ask about the most recent road crash if more than one crash in the last 5 years.</p>

These next questions are about how safe you feel on the road.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q24</p> <p>I am going to read a number of statements that other people have made about how safe they feel on the road. I would like you to tell me how much you agree or disagree with each statement.</p> <p>Compared to other drivers/riders, I think my driving/riding is safe</p> <p>Road crashes just happen, there is little one can do to avoid them.....</p> <p>Road crashes are unavoidable because you can’t control other road users.....</p> <p>Road crashes seem inevitable despite the efforts of government authorities to prevent them</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>This question requires driver/riders to indicate the extent to which they agree with each statement. The categories are as follows:</p> <p>After each statement: “Would you say you “strongly agree” = 1, “agree a little” = 2, are “neutral” = 3, “disagree a little” = 4, or “strongly disagree” = 5, with that statement?”</p>

These next questions are about your attitudes to driving.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q25 I am going to read a number of statements that other people have made about driving/riding. I would like you to tell me how much you agree or disagree with each statement.</p> <p>Sharing the road with trucks is no problem for me.....</p> <p>If I was sure I wasn't going to get caught I'd drive over the speed limit.....</p> <p>I think I'm a better driver/rider than most others I see on the road</p> <p>I sometimes find myself driving/riding too close to the vehicle in front</p> <p>I often ignore lower speed limits in small towns and for road works</p> <p>I find that the faster I drive/ride, the more alert I am.....</p> <p>If someone I knew had been drinking a bit too much I'd try to stop that person driving/riding ...</p> <p>Sometimes you have to keep driving/riding when you're tired, even though you know you shouldn't</p> <p>If I'm tired when I'm driving/riding I pull over for a rest</p> <p>Bicycles and motorcycles are very hard to see on the road.....</p> <p>Driving/riding after using illegal drugs is safer than driving/riding after drinking.....</p> <p>Driving/riding after taking prescription medications is safer than driving after drinking</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>This question requires driver/riders to indicate the extent to which they agree with each statement. The categories are as follows:</p> <p>After each statement: “strongly agree” = 1, “agree a little” = 2, are “neutral” = 3, “disagree a little” =4, or “strongly disagree” =5, with that statement?”</p>

Driving/riding at a safe speed for the conditions is more important than staying under the speed limit.....	<input type="checkbox"/>	
People in other vehicles following too closely is a safety problem.....	<input type="checkbox"/>	

The next set of questions is about your attitudes to law enforcement.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q26 In what way, if any, do you think the overall amount of speed enforcement (including cameras) should be changed?</p> <p>No Change</p> <p>Increased (want more).....</p> <p>Decreased (want less)</p> <p>Don't know</p>	<p>1</p> <p>2</p> <p>3</p> <p>77</p>	<p>Read all options to the participant. Circle the number that represents the participant's answer.</p>
<p>Q27 In what way, if any, do you think the overall amount of drink driving enforcement should be changed?</p> <p>No Change</p> <p>Increased (want more).....</p> <p>Decreased (want less)</p> <p>Don't know</p>	<p>1</p> <p>2</p> <p>3</p> <p>77</p>	<p>Read all options to the participant. Circle the number that represents the participant's answer.</p>

<p>Q28 In what way, if any, do you think the severity of penalties for breaking traffic laws should be changed?</p> <p>No Change</p> <p>Increased (more severe)</p> <p>Decreased (less severe)</p> <p>Don't know</p>	<p>1</p> <p>2</p> <p>3</p> <p>77</p>	<p>Read all options to the participant. Circle the number that represents the participant's answer.</p>
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These next questions are about your thoughts on driving.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q29 Please tell me how strongly you agree or disagree with the following statements.</p> <p>People who drink and drive should lose their driver's licence</p> <p>People who drink and drive should go to jail.....</p> <p>It's OK to drink and drive as long as you don't get caught</p> <p>Everybody drinks and drives once in a while</p> <p>The dangers of drinking and driving are overrated</p> <p>The police spend too much time hassling drink drivers.....</p> <p>Its OK to drive after drinking so long as you are not drunk</p> <p>Most of my friends think it's OK to drink and drive</p> <p>My friends would think I was really stupid if I drove after drinking.....</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>This question presents a number of statements about driver/ rider's perceptions of the major threats to road safety and requires driver/riders to indicate the extent to which they agree with each statement.</p> <p>After each statement "Would you say you "<i>strongly agree</i>" = 1, "<i>agree a little</i>" = 2, are "<i>neutral</i>" = 3, "<i>disagree a little</i>" =4, or "<i>strongly disagree</i>" =5, with that statement?"</p>

<p>Drinking and driving is common in my area</p> <p>Where I live needs stricter laws against drink driving</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>Q30 How effective do you think the following initiatives are in reducing road crashes and injuries?</p> <p>Restrictions for learner and provisional drivers</p> <p>Fines for traffic offences</p> <p>Losing points for traffic offences</p> <p>Loss of licence for serious offences, (eg. severe speeding or drink driving)</p> <p>Speed cameras</p> <p>Random breath testing</p> <p>Police patrols</p> <p>Random checks for unroadworthy vehicles...</p> <p>Better roads, (e.g. sealed shoulders, wide lanes)</p> <p>Identifying and fixing road/traffic hazards.</p> <p>Overtaking lanes</p> <p>Roadside rest facilities</p> <p>Road-based fatigue initiatives, (eg. Rumble strips / audible edge lines).....</p> <p>Driver education on how to share the road safely, (eg. Different types of vehicles sharing the road with pedestrians and cyclists)</p> <p>Special programs for serious and/or repeat offenders.....</p> <p>Road safety and public education campaigns....</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>This question presents a number of statements about driver/ rider's perceptions of the effectiveness of road safety interventions and countermeasures and requires driver/riders to indicate the extent to which they agree with each statement.</p> <p>After each statement would you say that is "very effective" = 1, "effective" = 2, "satisfactory" = 3, "not very effective" = 4, or "not effective at all" = 5, in reducing the road toll?</p> <p>NB. Highest Rating "1" for each statement.</p>

<p>Safety programs for heavy vehicle and fleet drivers.....</p> <p>Policing overloading in cars.....</p> <p>Policing riding in the back of utes</p> <p>Improved mobile phone range to get help</p> <p>Courtesy buses from pubs and clubs.....</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>Q31</p> <p>(a) What is the last road safety message or advertisement (if any) you remember?</p> <p>Don't remember any.....</p> <p><i>If you remember please specify</i></p> <p>.....</p> <p>(b) Where did you see this advertisement?</p> <p><i>Please specify.....</i></p> <p>(c) What was it about?</p> <p><i>If you remember please specify</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>77</p> <p>SKIP = 0</p> <p>SKIP = 0</p>	<p>Write down everything the participant says.</p> <p>If answer to Q31(a) is 'Don't remember any' go to Q32.</p> <p>Type of advertising e.g. T.V., radio, billboard, magazine, newspaper etc.</p>

The next question asks about the importance of several social issues.

<p>Q32 How concerned are you about each of the following issues?</p> <p>Crime rates</p> <p>Pollution and environmental issues.....</p> <p>Road accidents/crashes.....</p> <p>Standard of health care.....</p> <p>Unemployment.....</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>This question asks participants to indicate the level of concern they have in relation to each issue.</p> <p>After each issue Would you say you are “very concerned” = 1, “fairly concerned” =2, “not much concerned” = 3, or “not concerned at all” = 4, with that issue?</p>
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Just a few questions about yourself.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q33 (a) What town or community do you live in?</p> <p><i>Please specify</i>.....</p> <p>.....</p> <p>Don't live in a town</p> <p>(b) If you do not live in a town, what is the nearest town?</p> <p><i>Please specify</i>.....</p> <p>.....</p> <p>(c) How many kilometres do you live from the nearest town?</p> <p><i>Please specify</i>.....</p>	<p>Town or postcode</p> <p>2</p> <p>SKIP = 0</p> <p>SKIP = 0</p>	<p>Write down everything the participant says.</p> <p>If town is specified in Q33(a) then DO NOT ask Q33(b) or Q33(c). Go to Q34.</p> <p>If the answer to Q33(a) is 'Don't live in a town' go to Q33(b).</p>
<p>Q34 Have you gained or renewed a first aid certificate in the last 12 months?</p>	<p>YES = 1 NO = 2</p>	

<p>Q35</p> <p>If you could do one thing to reduce the road toll in North Queensland, what would it be?</p> <p><i>Please specify.....</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		<p>Write down everything the participant says.</p>
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THANK YOU FOR YOUR PARTICIPATION

Thank you for participating in the Rural and Remote project. We really appreciate the time you've given to us. If you would like to speak to anyone about the project you are welcome to contact anyone on your information sheet. Do you need any of those numbers again? (if yes provide appropriate Name and Number). If you would like to get a copy of the report produced at the end of this study please give me your email or postal address and I can send it to you. A summary of the results will be in local papers.

Thanks again...(if required begin debriefing procedure).

PARTICIPANT'S CONFIDENTIAL QUESTION CARD

Please tick (✓) the box that best describes your answer.

QC1

What was your average travelling speed in the 10 mins before the crash occurred?

- 1 Below the speed limit.....
- 2 On the speed limit
- 3 Less than 15km/h above the limit
- 4 Between 15 - 30km/h above the limit
- 5 More than 30km/h above the limit.....

QC2

(a) How often do you have a drink containing alcohol? If NEVER go to QC3.

- 0 Never.....
- 1 Monthly or less
- 2 Two to four times a month.....
- 3 Two to three times a week
- 4 Four or more times a week.....

(b) How many “standard” drinks containing alcohol do you have on a typical day when you are drinking?

- 1 1 or 2 per day
- 2 3 or 4 per day
- 3 5 or 6 per day
- 4 7, 8 or 9 per day
- 5 10 or more per day

(c) How often do you have more than six drinks on one occasion?

- 1 Never.....
- 2 Less than monthly
- 3 Monthly.....
- 4 Weekly
- 5 Daily or almost daily.....

(d) How often during the last year have you found that you were not able to stop drinking once you had started?

- 1 Never.....
- 2 Less than monthly
- 3 Monthly.....
- 4 Weekly
- 5 Daily or almost daily.....

(e) How often during the last year have you failed to do what was normally expected from you because of drinking?

- 1 Never.....
- 2 Less than monthly
- 3 Monthly.....
- 4 Weekly
- 5 Daily or almost daily.....

(f) How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- 1 Never.....
- 2 Less than monthly
- 3 Monthly.....
- 4 Weekly
- 5 Daily or almost daily.....

(g) How often during the last year have you had a feeling of guilt or remorse after drinking?

- 1 Never.....
- 2 Less than monthly
- 3 Monthly.....
- 4 Weekly
- 5 Daily or almost daily.....

(h) How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- 1 Never.....
- 2 Less than monthly
- 3 Monthly.....
- 4 Weekly
- 5 Daily or almost daily.....

(i) Have you or someone else been injured as a result of your drinking?

- 1 No.....
- 2 Yes, but not in the last year.....
- 3 Yes, during the last year.....

(j) Has a relative, a friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?

- 1 No.....
- 2 Yes, but not in the last year.....
- 3 Yes, during the last year.....

QC3

(a) In the 24 hours before the crash did you drink any alcohol?

1.... **YES** 2.... **NO** *If NO, go to question C4*

(b) If YES, what did you have? *(write letters from the photos on the card)*

- | | |
|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/>type of drink | <input type="checkbox"/>how many? |
| <input type="checkbox"/>type of drink | <input type="checkbox"/>how many? |
| <input type="checkbox"/>type of drink | <input type="checkbox"/>how many? |

If a beer, please tick strength..... light
mid
heavy

(c) When did you have the last drink?

: *am OR* : *pm*

QC4

(a) Did you take recreational or illegal drugs in the 24 hours before the crash?

- 1 No.....
- 2 Yes, in the hour before the crash
- 3 Yes, 1 – 6 hours before the crash
- 4 Yes, 7 – 12 hours before the crash
- 5 Yes, more than 12 hours before the crash.....

(b) What did you take?

Please specify

QC5

(a) Were you licensed to drive/ride the vehicle you were travelling in at the time of the crash?

- 1..... YES
- 2..... NO

(b) How long had you held this licence type?

Please specify how many years.....

QC6

ONLY answer this question if you were riding a MOTORCYCLE.

If you were in a motor vehicle please - Go to question C7.

Did you (and any passengers) wear a helmet for the entire trip?

- 1 Rider only wore helmet.....
- 2 Both rider and passenger wore helmets
- 3 Passenger only wore helmet.....
- 4 No one wore helmets

Additional comments.....

QC7

ONLY answer this question if you were driving a MOTOR VEHICLE.

(a) Did you (and any passengers) wear a seatbelt for the entire trip?

- 1 Driver only wore seatbelt.....
- 2 Both driver and passenger(s) wore seatbelts....
- 3 Passenger(s) only wore seatbelts
- 4 No one wore seatbelts

Additional comments.....

(b) Were there enough seatbelts for everyone on the trip?

- 1..... **YES**
- 2..... **NO**

QC8

(a) Was the vehicle registered?

- 1..... **YES**
- 2..... **NO**
- 77..... **DON'T KNOW**

(b) Was the vehicle insured in addition to Compulsory Third Party (CTP) insurance?

- 1..... **YES**
- 2..... **NO**
- 77..... **DON'T KNOW**

QC9

(a) Have you been booked for any traffic offences in the last 5 years?

- 1..... **YES**
- 2..... **NO**

(b) If YES, please answer for each type of offence:

- Speeding 1..... **YES** 2..... **NO**
- Drink driving 1..... **YES** 2..... **NO**
- Driving without a valid licence.. 1..... **YES** 2..... **NO**
- Other..... 1..... **YES** 2..... **NO**

QC10

Have you had your driver's licence suspended, cancelled or restricted in the last 5 years?

1.... YES 2.... NO

QC11

In the last month have you done any of the following?

(a) Driven a car or ridden a motorbike after drinking two or more alcoholic drinks in the previous hour.

1.... YES 2.... NO

(b) Been a passenger of somebody who had drunk two or more alcoholic drinks in the previous hour.

1.... YES 2.... NO

**PLEASE PUT THESE PAGES INTO THE ENVELOPE PROVIDED AND
SEAL IT BEFORE RETURNING TO THE INTERVIEWER**

IF YOU DO NOT HAVE AN ENVELOPE PLEASE ASK YOUR INTERVIEWER FOR ONE.