

RURAL & REMOTE



ROAD SAFETY STUDY

CONFIDENTIAL

HOSPITAL SURVEY - PEDESTRIAN

Saving Lives on Country Roads ...



CONFIDENTIAL

Region.....
Crash.....
Vehicle.....
Type..... 7
Occupant.....

RURAL AND REMOTE ROAD SAFETY SURVEY HOSPITAL QUESTIONNAIRE- PEDESTRIAN

Hello, my name is _____ and I'm working on a study of rural and remote road safety and am interested in hearing about your experiences of walking and travelling around. 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 present at the interview (family, friend etc)

<p>Q2 Do not ask: <i>Respondent's sex?</i></p>	<p>Male 1 Female 2</p>	<p>DO NOT 'ASK' THE PARTICIPANT.</p>
<p>Q3 Can you tell me your age in years? Age.....</p>	<p>88</p>	<p>Record age only If the participant does not wish to answer, circle 88 for 'refusal'</p>
<p>Q4 (a) Do you live alone? (b) What is your relationship to the other people in your household? Family/Partner..... Friends..... Other</p>	<p>YES = 1 NO = 2 1 2 3 SKIP = 0</p>	<p>If Q4(a) answer "YES", skip Q4(b) You may circle more than one option.</p>
<p>Q5 (a) What is your country of residence*? Australia..... Other (<i>please specify</i>)</p> <p>(c) Do you identify yourself as any of the following? Aboriginal Torres Strait Islander..... Aboriginal & Torres Strait Islander None of these</p>	<p>1 1 2 3 4</p>	<p>OPEN QUESTION Do <u>NOT</u> read options but code answer given. * Place of residence is the participant's permanent home. Read all options.</p>

<p>Q6</p> <p>(a) What is your current employment situation? (circle all that apply)</p> <p>Full-time..... 1</p> <p>Part-time..... 2</p> <p>Casual..... 3</p> <p>Unemployed/welfare recipient..... 4</p> <p>CDEP/Work for the dole..... 5</p> <p>Retired..... 6</p> <p>(b) Additionally, do you fall into either of these groups? (circle all that apply)</p> <p>Student YES = 1 NO = 2</p> <p>Domestic duties..... YES = 1 NO = 2</p> <p>(c) Do you do shift work?</p> <p>YES = 1 NO = 2 SKIP = 0</p> <p>(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?)</p> <p><i>Please specify</i>.....</p> <p>.....</p> <p>SKIP = 0</p>		<p>OPEN QUESTION</p> <p>Do <u>NOT</u> read options but code answer given. There may be more than one answer.</p> <p>If answer to Q6(a) is Unemployed/welfare or Retired, circle SKIP code in Q6(c).</p>
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<p>Q7 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 (please specify)</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 – QC7.
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 the incident when the crash occurred and other road safety related behaviours. 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(a). Have you got it there? (show the example of Question C1(a) below if required. Do not use the participant's card to show question C1a)

- Question C1(a) asks:

How often do you have a drink containing alcohol? 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 "•"). When the participant indicates that they are finished answering this question continue to question C1b.

<p>QC1 (1a) How often do you have a drink containing alcohol? <u>If NEVER go to QC2.</u></p> <p>0 Never.....<input type="checkbox"/></p> <p>1 Monthly or less<input type="checkbox"/></p> <p>2 2 to 4 times a month.....<input type="checkbox"/></p> <p>3 2 to 3 times a week<input type="checkbox"/></p> <p>4 4 or more times a week<input type="checkbox"/></p>

Now please look at question C1(b). Can you see it? (show the example of Question C1b below if required. Do not use the participant's card to show question C1b)

- Question C1(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 “●”).

(1b) How many “standard” drinks containing alcohol do you have on a typical day when you are drinking?	
1 1 or 2 per day	<input type="checkbox"/>
2 3 or 4 per day	<input type="checkbox"/>
3 5 or 6 per day	<input type="checkbox"/>
4 7, 8 or 9 per day	<input type="checkbox"/>
5 10 or more per day	<input type="checkbox"/>

Please look at question C1(c). Can you see it? (show the example of Question C1c below if required. Do not use the participant's card to show question C1c)

- Question C1(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 “●”).

(1c) 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 C1(d). Can you see it? (show the example of Question C1d below if required. Do not use the participant's card to show question C1d)

- **Question C1(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 "●").

(1d) 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 C1(e). Can you see it? (show the example of Question C1e below if required. Do not use the participant's card to show question C1e)

- Question C1(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 "●").

(1e) 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 C1(f). Can you see it? (show the example of Question C1f below if required. Do not use the participant's card to show question C1f)

- Question C1(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 "●").

(1f) 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 C1(g). Can you see it? (show the example of Question C1g below if required. Do not use the participant's card to show question C1g)

- **Question C1(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 "•").

(1g) 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 C1(h). Can you see it? (show the example of Question C1h below if required. Do not use the participant's card to show question C1h)

- **Question C1(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 "●").

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

Please look at question C1(i). Can you see it? (show the example of Question C1i below if required. Do not use the participant's card to show question C1i)

- **Question C1(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 "●").

(1i) 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 C1(j). Can you see it? (show the example of Question C1j below if required. Do not use the participant's card to show question C1j)

- **Question C1(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 "•").

(1j) 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 C2(a). (Show the example of Question C2a below if required. Do not use the participant's card to show question C2a)

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

In the 24 hours before the crash/incident 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/incident please tick 'YES' and complete question C2. If you did not drink alcohol in the 24 hours before the crash/incident please tick 'NO' and go on to Question C3.

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 C3.)

QC2

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

1.... **YES** 2.... **NO** *If NO, go to question C3*

(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.....

<input type="checkbox"/>light
<input type="checkbox"/>mid
<input type="checkbox"/>heavy

(c) When did you have the last drink?

: *am OR* : *pm*

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

- Question C3(a) asks:

Did you take recreational or illegal drugs in the 24 hours before the crash/incident? 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/incident, tick the box next to '2'. If you took an illegal drug more than 1 hour but less than 6 hours before the crash/incident, tick the box next to '3'. If you took an illegal drug between 7 and 12 hours before the crash/incident, please tick the box next to '4'. If you took an illegal drug more than 12 hours before the crash/incident, 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/incident, can you please write the name of the drug in the space for Question C3(b).**

<p>QC3</p> <p>(a) Did you take recreational or illegal drugs in the 24 hours before the crash/incident?</p> <p>1 No..... <input type="checkbox"/></p> <p>2 Yes, in the hour before the crash/incident..... <input type="checkbox"/></p> <p>3 Yes, 1 – 6 hours before the crash/incident <input type="checkbox"/></p> <p>4 Yes, 7 – 12 hours before the crash/incident <input type="checkbox"/></p> <p>5 Yes, over 12 hours before the crash/incident ... <input type="checkbox"/></p> <p>(b) What did you take?</p> <p><i>Please specify</i>.....</p>
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Please look at question number C4 (show the example of Question C4 below if required. Do not use the participant's card to show question C4)

- **Question C4 asks:**

When walking at night, do you wear reflective clothing? There are five choices for this question. Please tick the number next to the option that best describes how often you wear reflective clothing whilst walking at night. Tick '1' if you wear reflective clothing 'on every night trip'. Tick '2' if you wear reflective clothing 'on most night trips'. Tick '3' if you wear reflective clothing 'on some of your night trips'. Tick '4' if you 'never' wear reflective clothing. If you have no comment, tick '88'. Please let me know if you would like me to read the question again. (If the participant needs to hear the question again start from "•").

QC4

When walking at night, do you wear reflective clothing?

- 1 On every trip.....
- 2 On most trips
- 3 On some trips.....
- 4 I never wear reflective clothing.....
- 88 No comment

Please look at question number C5(a) (show the example of Question C5a below if required. Do not use the participant's card to show question C5a)

- **Question C5(a) asks:**

Have you ever driven a motor vehicle or ridden a motorcycle? If you have, please tick the box next to '1' for 'YES' then proceed to part (b). If you have never driven a motor vehicle or ridden a motorcycle, please tick '2' for 'NO' then proceed to question 6(b).

Question C5b 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 QC5(c) 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 (c). Let me know when you're okay to move on. (If the participant needs to hear the question again start from "•").

QC5

(a) Have you ever driven a motor vehicle or ridden a motorcycle?

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

If “NO”, please skip to question C7(b).

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

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

(c) 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

Please look at question number C6 (show the example of Question C6 below if required. Do not use the participant’s card to show question C6).

- **Question C6 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’. Let me know when you’re okay to move on. (If the participant needs to hear the question again start from “•”).

QC6

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

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

- **Question C7(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’.

- Question C7(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’. Let me know when you’re okay for me to move on. (If the participant needs to hear the question again start from “•”).

QC7

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

If you answered ‘NO’ to QC5(a), start again here.

- (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 THAT LED TO THE CRASH/INCIDENT.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q8</p> <p>(a) Did the crash/incident occur at an intersection?</p> <p>(b) Were you walking alone?</p>	<p>YES = 1 NO = 2 SKIP = 0</p> <p>YES = 1 NO = 2 SKIP = 0</p>	<p>If questions already answered by narrative circle SKIP</p>
<p>Q9</p> <p>(a) How do you usually travel around? (circle one only)</p> <p>Car..... 1</p> <p>Bicycle 2</p> <p>Bus 3</p> <p>Motorcycle 4</p> <p>Walk..... 5</p> <p>(b) For what reason were you walking on this trip?</p> <p>To or from work..... 1</p> <p>Other work related 2</p> <p>To or from another activity 3</p> <p>For leisure/ fitness..... 4</p> <p>Other (<i>specify</i>)..... 5</p> <p>(c) Could you have used a motor vehicle for that trip?</p> <p>Yes 1</p> <p>No, don't have a licence..... 2</p> <p>No, don't have use of one 3</p> <p>Other (<i>specify</i>)..... 4</p>		<p>OPEN QUESTION Do <u>NOT</u> read alternatives but code answer given.</p> <p>OPEN QUESTION Do <u>NOT</u> read alternatives but code reason given.</p> <p>If answer to Q9(c) is "YES", go to Q9(d). If answer to Q9(c) is "NO", go to Q10.</p>

(d) Why did you decide to walk instead of driving/riding?			
	Healthier/ exercise	1	Read all options
	Quicker than driving	2	
	Not easy to find parking (convenience)	3	
	Cost	4	
	Walking from or to where my car is parked	5	
	SKIP = 0		

Now I would like to ask about your health before the crash/incident.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
Q10 (a) Did you have any prior or existing medical/physical conditions that may have affected your walking? <i>Please specify</i>	YES = 1 NO = 2	PROMPTS Conditions: 1. Eyesight 2. Hearing 3. Flu/drowsiness from medication 4. Injury or lack of mobility 5. Balance/ neurological problems 6. Asthma 7. Epilepsy 8. Sleep Apnoea 9. Snoring 10. Diabetes
(b) Were you taking any prescribed medication? <i>Please specify</i>	YES = 1 NO = 2	
(c) Were you taking any non-prescription or ‘over the counter’ medication? <i>Please specify</i>	YES = 1 NO = 2	Ask about non-prescription medication also (eg. pain killers and antihistamines).

<p>Q11</p> <p>How would you describe your general health at the time of the crash/incident?</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>Q12</p> <p>The next question asks about your feelings during the month before the crash/incident. 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</p> <p>Would you say you felt like that:</p> <p>“Always” = 1</p> <p>“Very often” = 2,</p> <p>“About half the time” = 3, or</p> <p>“Not very often” = 4</p> <p>“Never” = 5</p>
<p>Q13</p> <p>(a) In the last 5 years, have you been involved in another road crash/incident?</p> <p>(b) In that crash/incident 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?</p>	<p>YES = 1</p> <p>NO = 2</p> <p>YES = 1</p> <p>NO = 2</p> <p>SKIP = 0</p> <p>YES = 1</p> <p>NO = 2</p> <p>SKIP = 0</p>	<p>If Q13(a) is ‘YES’ ⇒ Q13(b)</p> <p>If Q13(a) is ‘NO’ ⇒ Q14</p> <p>Ask about the most recent road incident if more than one in the last 5 years.</p>

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

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q14</p> <p>I am going to read a few 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 pedestrians, I think my behaviour on the road is safe</p> <p>Road crashes just happen, there is not much anyone can do about them.....</p> <p>Road crashes are unavoidable because you can't control drivers</p> <p>The health benefits of walking outweigh the danger of being involved in a crash</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><input type="checkbox"/></p>	<p>This question requires pedestrians 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>

The next few questions ask about road safety attitudes.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q15</p> <p>I am going to read a number of statements that other people have made about our roads. I would like you to tell me how much you agree or disagree with each statement.</p> <p>If you have never driven/ridden in control of a vehicle, please skip this question.</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>SKIP=0</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>This question requires participants 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 "<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>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>Cyclists, pedestrians, and motorcyclists 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>Driving/riding at a safe speed for the conditions is more important than staying under the speed limit.....</p> <p>People in other vehicles following too closely is a safety problem.....</p> <p>Where I live you have to walk on the road because there is nowhere else to walk</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>If the participant indicates that he/she is not a driver/ rider, SKIP Q15.</p>
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The next set of questions is about attitudes to law enforcement.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q16 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>Q17 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>Q18 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>

These next questions are about your thoughts on drink driving and road safety interventions.

<p>Q19 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>It's 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>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><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 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, "<i>neutral</i>" = 3, "<i>disagree a little</i>" =4, or "<i>strongly disagree</i>" =5, with that statement?"</p>
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Q20

How effective do you think the following initiatives are in reducing the road toll?

- Restrictions for learner and provisional drivers
- Fines for traffic offences
- Losing points for traffic offences
- Loss of licence for serious offences, (eg. severe speeding or drink driving)
- Speed cameras
- Random breath testing.....
- Police patrols
- Random checks for unroadworthy vehicles...
- Better roads, (e.g. sealed shoulders, wide lanes)
- Identifying and fixing road/traffic hazards.
- Overtaking lanes.....
- Roadside rest facilities
- Road-based fatigue initiatives, (eg. Rumble strips / audible edge lines).....
- Driver education on how to share the road safely, (eg. Different types of vehicles sharing the road with pedestrians and cyclists)
- Special programs for serious and/or repeat offenders.....
- Road safety and public education campaigns....
- Safety programs for heavy vehicle and fleet drivers.....

This question presents a number of statements about pedestrians perceptions of the effectiveness of road safety interventions and countermeasures and requires pedestrians to indicate the extent to which they agree with each statement.

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>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>Refuge islands for pedestrians in the centre of roads</p> <p>Traffic lights which give sufficient time for pedestrians to cross</p> <p>Lower open-road speed limits.....</p> <p>50 km in town speed limits</p> <p>Information on pedestrian safety for tourists ...</p> <p>Access to public transport.....</p> <p>Banning bull-bars on vehicles.....</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>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>Q21</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>77</p> <p>SKIP = 0</p> <p>SKIP = 0</p>	<p>Write down everything the participant says.</p> <p>If answer to Q21(a) is 'Don't remember any', go to Q22</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>Q22 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 pedestrians 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 statement?</p>
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Just a few questions about yourself.

QUESTION	CODE	INTERVIEWER INSTRUCTIONS
<p>Q23 (a) What town or community do you live in? <i>Please specify?</i>.....</p> <p>Don't live in a town</p> <p>(b) If you do not live in a town, what is the nearest town? <i>Please specify?</i>.....</p> <p>(c) How many kilometres do you live from the nearest town? <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 Q23(a), DO NOT ask Q23(b) or Q23(c), go to Q24.</p> <p>If the answer to Q23(a) is ‘don't live in a town’, go to Q23(b)</p>

<p>Q23</p> <p>Have you gained or renewed a first aid certificate in the last 12 months?</p>	<p>YES = 1</p> <p>NO = 2</p>	
<p>Q24</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>

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

(a) How often do you have a drink containing alcohol? If NEVER go to QC2.

- 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.....

QC2

(a) In the 24 hours before the crash/incident 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*

QC3

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

- 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

QC4

When walking at night, do you wear reflective clothing?

- 1 On every trip.....
- 2 On most trips
- 3 On some trips.....
- 4 I never wear reflective clothing
- 88 No comment

QC5

(a) Have you ever driven a motor vehicle or ridden a motorcycle?

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

If NO, please skip to question C7(b).

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

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

(c) 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

QC6

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

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

QC7

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

If you answered “NO” to QC5(a) start again here.

(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.**