

Driving Habits Questionnaire (DHQ)

Please cite the questionnaire as follows:

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

Driving Habits Questionnaire (DHQ)

Interviewer: "Now I'm going to ask you some questions about driving."

Current Driving

1. Do you currently drive?

- _____ (1) yes (**go to question #4**)
_____ (0) no (**go to questions #2 and #3 only**)

1.

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

2. Copy text

3. When is the last time you drove? _____ (month/year)
(If within 1 year, go to question #25)

3.

4. Do you wear glasses or contact lenses when you drive?

- _____ (1) yes
_____ (0) no

4.

5. Do you wear a seatbelt when you drive? Would you say:

- _____ (1) always
_____ (2) sometimes
_____ (3) never

5.

6. Which way do you prefer to get around?

- _____ (3) drive yourself
- _____ (2) have someone drive you
- _____ (1) use public transportation or a taxi

6.

7. How fast do you usually drive compared to the general flow of traffic? Would you say:

- _____ (5) Much faster
- _____ (4) Somewhat faster
- _____ (3) About the same
- _____ (2) Somewhat slower
- _____ (1) Much slower

7.

8. Has anyone suggested over the past year that you limit your driving or stop driving?

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

8.

9. How would you rate the quality of your driving? Would you say:

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

9.

10. If you had to go somewhere and didn't want to drive yourself, what would you do?
Would you:

- _____ (1) Ask a friend or relative to drive you
- _____ (2) Call a taxi or take the bus
- _____ (3) Drive yourself regardless of how you feel
- _____ (4) Cancel or postpone your plans and stay home
- _____ (5) Other (specify): _____

10.

Exposure

11. In an average **week**, how many days per week do you normally drive?

_____ number of days per week

11.

12-14. Please pause for a moment and consider all the places you drive in a typical week. (Pause)
 Now tell me those places.

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

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

Others

_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
			subtotal _____

X 2

(12)
 Total # of places traveled to

(13)
 Total trips

(14)
 Total Miles Driven

Dependence

15-16. Please list your friends and/or family members that you regularly travel with in a car over the past year.

(1) _____ I am always the driver when I go out in a car.
(add a "0" to #15 and a "1" to #16)

When traveling with this individual, who usually drives?

Relationship	Driving
(A) _____	_____ (1) I am usually the driver _____ (3) This person is usually the driver _____ (2) About half and half
(B) _____	_____ (1) I am usually the driver _____ (3) This person is usually the driver _____ (2) About half and half
(C) _____	_____ (1) I am usually the driver _____ (3) This person is usually the driver _____ (2) About half and half
(D) _____	_____ (1) I am usually the driver _____ (3) This person is usually the driver _____ (2) About half and half
(E) _____	_____ (1) I am usually the driver _____ (3) This person is usually the driver _____ (2) About half and half
(F) _____	_____ (1) I am usually the driver _____ (3) This person is usually the driver _____ (2) About half and half

Please use reverse side for additional people

(15)
 Total number of individuals

(a "0" if the person always drives self)

(16)
 Total dependency score =
 Average of numbers above

(a "1" if the person always drives self)

Avoidance "Now I am going to ask you some more questions about your driving."

Interviewer: Use **Answer Sheet A** for questions **17 thru 24**

17a) During the past 3 months, have you driven when it is raining?

_____ Yes (**go to 17b**)

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

17b) Would you say that you drive when it is raining with:
(Please check only **one** answer)

- 5 _____ No difficulty at all
- 4 _____ A little difficulty
- 3 _____ Moderate difficulty
- 2 _____ Extreme difficulty

17c) Is it mostly because of your visual problems that you do not drive when it is raining?

1 _____ Yes
(**go to 18a**)

_____ No
(**go to 18a**)

17.

18a) During the past 3 months, have you driven alone?

_____ Yes (**go to 18b**)

_____ No (**go to 18c**)

18b) Would you say that you drive alone with:
(Please check only **one** answer)

- 5 _____ No difficulty at all
- 4 _____ A little difficulty
- 3 _____ Moderate difficulty
- 2 _____ Extreme difficulty

18c) Is it mostly because of your visual problems that you do not drive alone?

1 _____ Yes
(**go to 19a**)

_____ No
(**go to 19a**)

18.

19a) During the past 3 months, have you parallel parked?

_____ Yes (**go to 19b**)

_____ No (**go to 19c**)

19b) Would you say that you parallel park with:
(Please check only **one** answer)

- 5 _____ No difficulty at all
- 4 _____ A little difficulty
- 3 _____ Moderate difficulty
- 2 _____ Extreme difficulty

19c) Is it mostly because of your visual problems that you do not parallel park?

1 _____ Yes
(**go to 20a**)

_____ No
(**go to 20a**)

19.

20a) During the past 3 months, have you made left-hand turns across oncoming traffic?

_____ Yes (go to 20b)

_____ No (go to 20c)

20b) Would you say that you make left-handed turns in traffic with:
(Please check only **one** answer)

- 5 _____ No difficulty at all
- 4 _____ A little difficulty
- 3 _____ Moderate difficulty
- 2 _____ Extreme difficulty

20c) Is it mostly because of your visual problems that you do not make left-hand turns across oncoming traffic?

1 _____ Yes
(go to 21a)

_____ No
(go to 21a)

20.

21a) During the past 3 months, have you driven on interstates or expressways?

_____ Yes (go to 21b)

_____ No (go to 21c)

21b) Would you say that you drive on interstates or expressways with:
(Please check only **one** answer)

- 5 _____ No difficulty at all
- 4 _____ A little difficulty
- 3 _____ Moderate difficulty
- 2 _____ Extreme difficulty

21c) Is it mostly because of your visual problems that you do not drive on interstates?

1 _____ Yes
(go to 22a)

_____ No
(go to 22a)

21.

22a) During the past 3 months, have you driven on high-traffic roads?

_____ Yes (go to 22b)

_____ No (go to 22c)

22b) Would you say that you drive on high-traffic roads with:
(Please check only **one** answer)

- 5 _____ No difficulty at all
- 4 _____ A little difficulty
- 3 _____ Moderate difficulty
- 2 _____ Extreme difficulty

22c) Is it mostly because of your visual problems that you do not drive on high traffic roads?

1 _____ Yes
(go to 23a)

_____ No
(go to 23a)

22.

23a) During the past 3 months, have you driven in rush-hour traffic?

_____ Yes (go to 23b)

_____ No (go to 23c)

23b) Would you say that you drive in rush hour traffic with:
(Please check only **one** answer)

- 5 _____ No difficulty at all
- 4 _____ A little difficulty
- 3 _____ Moderate difficulty
- 2 _____ Extreme difficulty

23c) Is it mostly because of your visual problems that you do not drive in rush-hour traffic?

1 _____ Yes
(go to 24a)

_____ No
(go to 24a)

23.

24a) During the past 3 months, have you driven at night?

_____ Yes (go to 24b)

_____ No (go to 24c)

24b) Would you say that you drive at night with:
(Please check only **one** answer)

- 5 _____ No difficulty at all
- 4 _____ A little difficulty
- 3 _____ Moderate difficulty
- 2 _____ Extreme difficulty

24c) Is it mostly because of your visual problems that you do not drive at night?

1 _____ Yes
(go to 25)

_____ No
(go to 25)

24.

Crashes and Citations

25. How many accidents have you been involved in over the past year when you were the driver? Please tell me the number of all accidents, whether or not you were at fault.

_____ accidents

25.

26. How many accidents have you been involved in over the past year when you were the driver where the police were called to the scene?

_____ accidents

26.

27. How many times in the past year have you been pulled over by the police, regardless of whether you received a ticket?
_____ times 27.
28. How many times in the past year have you received a traffic ticket (other than a parking ticket) where you were found to be guilty, regardless of whether or not you think you were at fault?
_____ times 28.

Driving Space

29. During the past year, have you driven in your immediate neighborhood?
(1) _____ yes
(0) _____ no 29.
30. During the past year, have you driven to places beyond your neighborhood?
(1) _____ yes
(0) _____ no 30.
31. During the past year, have you driven to neighboring towns?
(1) _____ yes
(0) _____ no 31.
32. During the past year, have you driven to more distant towns?
(1) _____ yes
(0) _____ no 32.
33. During the past year, have you driven to places outside the state of Alabama?
(1) _____ yes
(0) _____ no 33.
34. During the past year, have you driven to places outside the southeast region?
(1) _____ yes
(0) _____ no 34.