

Nobody is a perfect driver. Many of us occasionally commit traffic violations.

This questionnaire was created by the Traffic Engineering Department at Sharif University of Technology to help reduce traffic accidents.

The respondents’ data is kept anonymous and completely confidential. It will be used for research purposes only.

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| --- | --- |
| Car | **(1) What is the brand of the vehicle you usually drive:** ..................(2) **Year of manufacture:** \_ \_ \_ \_ \_ (3) **Purchased in the year:** \_ \_ \_ \_ \_  **(**4) **Vehicle Use:(**1) Private⃝ (2)Taxi⃝ (3)Private driver ⃝ (4)Out-of-town trip⃝ (5)Transfer of goods⃝ (6)Public⃝ (7) Emergency⃝ (8)Driving training⃝ |
| Vehicle Use | (5) **How many days in a week do you usually drive?** (1)1 day ☐ (2) 2 days ☐ (3) 3 days ☐ (4) 4 days ☐ (5) 5 days ☐ (6) 6 days☐ (7) 7 days☐  (6) **How many hours do you drive during the day?** **(The average number of hours on the days you drive)**  (1) Less than half an hour☐ (2) Half an hour to 1 hour ☐ (3) 1 to 2 hours ☐ (4) 2 to 4 hours ☐ (5) 4 to 8 hours ☐ (6) More than 8 hours ☐  (7) **How many kilometres approximately do you drive per year?** ................ thousand km  (8) **What is the usual purpose of your driving?**  (1) Business ☐ 2) Education ☐ 3) Shopping ☐ 4) Excursion ☐ 5) Picking up family members ☐  (9) **Do you drive between 12am and 6am?**  (1) Never⃝ (2) Rarely⃝ (3) Occasionally⃝ (4) Often⃝ (5) Almost always⃝  (10) **In percentages, how much of your driving takes place on country roads?**  (1) 0-20% ☐ (2)20-40% ☐ (3) 40-60% ☐ (4) 60-80% ☐ 5) 80-100% ☐  (11) **In percentages, how much of your driving takes place on highways and motorways?**  (1)0-20% ☐ (2)20-40% ☐ (3) 40-60% ☐ (4) 60-80% ☐ (5) 80-100% ☐  (12) **How much faster is your driving speed usually, compared with that of others?**  (1) Much faster ☐ (2) Faster ☐ (3) A little faster ☐ (4) A little slower ☐ (5) Slower ☐ (6) Much slower ☐  (13) **What do you think is the probability of you having a car accident?**  (1) Very low ☐ (2) Low ☐ (3) Average ☐ (4) High ☐ (5) Very high ☐  (14) **If you, as a driver, have an accident, what do you think is the probability of it being fatal or causing severe injury?**  (1) Very low ☐ (2) Low ☐ (3) Average ☐ (4) High ☐ (5) Very high ☐  (15) **For how many years have you retained the no-claims discount in your vehicle insurance policy?** ............. year(s) |
| Accidents | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Considering your accident record, please tick the number of minor accidents in which you were recognised as the driver at fault.**  **Minor accidents are accidents as a result of which you paid money or insurance coupons to the other driver.** | One accident | Two accidents | Three accidents | Four accidents | Five accidents | More than five | No accidents | | **(**16) In the last three years, how many times were you recognised as being **at fault** in minor and damage accidents? |  |  |  |  |  |  |  | | **(**17) How many of the accidents mentioned in the previous question occurred in the last year? |  |  |  |  |  |  |  | | **(**18) In the last three years, how many times were you recognised as being **at fault** in fatal or injury accidents? |  |  |  |  |  |  |  | | **(**19) How many of the accidents mentioned in the previous question occurred in the last year? |  |  |  |  |  |  |  | | **(**20) How many times in the last month have you faced the risk of crash but avoided it? |  |  |  |  |  |  |  | |
| Traffic fines | **Please complete the three tables below**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **(21) How many times have you been issued a traffic ticket for the following traffic violations during the last three years?** | 1 ticket | 2 tickets | 3 or 4 tickets | 5-10 tickets | More than 10 tickets | No tickets | | Exceeding the speed limit |  |  |  |  |  |  | | Illegal overtaking |  |  |  |  |  |  | | Technical defect of the vehicle |  |  |  |  |  |  | | Not fastening the seat belt |  |  |  |  |  |  | | Talking on the phone while driving |  |  |  |  |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | (22) During the last year, how many times did you drive your private car out of town? | 1 or 2 times | 3 – 6 times | 6-12 times | more than 12 times | Never | | Trips less than 100 kilometres |  |  |  |  |  | | Trips more than 100 kilometres |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **(23) How many times in a year do you usually get a speeding ticket**? | 1 or 2 times | 3 – 6 times | 6-12 times | more than 12 times | Never | |  |  |  |  |  | |   (24) **Has your driving license ever been confiscated by the police?** (1) Yes ☐ (2) No ☐  (25) **What is your driving negative score? ................** I do not know ☐ |
| Demography | (26) **How do you assess the overall quality of your sleep?**  (1)I sleep well ☐ (2) I am almost satisfied ☐ (3) I have problems☐ (4) I have bad sleep ☐ (5) I have very bad sleep ☐  (27) **Marital Status:** (1) Married ☐ (2) Single (never married) ☐ (3) Single (widowed or divorced) ☐  (28) **What is your education level?** (1) Reading and writing ☐ (2) Middle school ☐ (3) High school diploma ☐ (4) Bachelor’s degree ☐ (5) Master’s degree ☐ (5) PhD ☐  (29) **Who owns the vehicle you usually drive?**  (1) Myself ☐ (2)My father ☐ (3)My mother ☐ (4)My spouse ☐ (5)Other family members ☐ (6)An organisation/company ☐ (7)Other ☐  (30) **How may vehicles do you own?** (1) One ☐ (2) Two ☐ (3) Three ☐ (4) More than three ☐ (5) I do not own any vehicles ☐  (31) **Year of birth:** \_ \_ \_ (32) **Gender:** (1)Male ☐ (2) Female ☐  33) **Municipal district of your house:** \_ \_ \_ \_  (34) **In what year did you obtain your driving license?** \_ \_ \_ \_ \_ \_  (35) **Since what year have you been actually driving?** \_ \_ \_ \_ \_ \_  (36) **Have you been involved in any fatal accidents in the last three years?** (1) Yes ☐ (2) No ☐ |
| Traffic behavior | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **(**37) **When driving, how often does each of the following situations happen to you?** | Never | Rarely | Occasionally | Often | Frequently | Always | | Your traffic violations remain unnoticed by the police. | 0 | 1 | 2 | 3 | 4 | 5 | | You get angry with certain types of drivers and show them your annoyance by any means. | 0 | 1 | 2 | 3 | 4 | 5 | | You use your vehicle’s horn to show that you are annoyed or angry with the way people drive. | 0 | 1 | 2 | 3 | 4 | 5 | | You get angry at people’s way of driving and follow them to take revenge in some way. | 0 | 1 | 2 | 3 | 4 | 5 | | You run red lights when trying to overtake other drivers. | 0 | 1 | 2 | 3 | 4 | 5 | | You exceed the speed limit on highways or motorways. | 0 | 1 | 2 | 3 | 4 | 5 | | You exceed the speed limit in residential areas. | 0 | 1 | 2 | 3 | 4 | 5 | | You misread the exit board on highways or in squares. | 0 | 1 | 2 | 3 | 4 | 5 | | You turn in the wrong direction on crossroads or in squares. | 0 | 1 | 2 | 3 | 4 | 5 | | You aim to go to destination A but you suddenly find yourself on the road to destination B. | 0 | 1 | 2 | 3 | 4 | 5 | | You overtake drivers who are signalling their intention to turn left. | 0 | 1 | 2 | 3 | 4 | 5 | | When turning right, you suddenly encounter a motorcycle or bicycle. | 0 | 1 | 2 | 3 | 4 | 5 | | You do not notice the “priority sign” and you face the risk of colliding with the vehicles which have the right of way. | 0 | 1 | 2 | 3 | 4 | 5 | | Your distance to the vehicle in front of you is so little that it makes it difficult for you to stop urgently. | 0 | 1 | 2 | 3 | 4 | 5 | | You overtake from the right. | 0 | 1 | 2 | 3 | 4 | 5 | | You drive after taking drugs that alter your state of consciousness, such as sleep medications, painkillers, etc. | 0 | 1 | 2 | 3 | 4 | 5 | | You talk on the phone when driving. | 0 | 1 | 2 | 3 | 4 | 5 | | If you talk on the phone when driving, how often do you use handsfree? | 0 | 1 | 2 | 3 | 4 | 5 | | You read text messages while driving. | 0 | 1 | 2 | 3 | 4 | 5 | | You send text messages while driving. | 0 | 1 | 2 | 3 | 4 | 5 | | You drive on the lines instead of between them. | 0 | 1 | 2 | 3 | 4 | 5 | | You drive in zig zags. | 0 | 1 | 2 | 3 | 4 | 5 | | You drive without fastening your seat belt. | 0 | 1 | 2 | 3 | 4 | 5 | | You drive with a speed exceeding 60 km/h in an area with a speed limit of 50 km/h. | 0 | 1 | 2 | 3 | 4 | 5 | | You drive with a speed exceeding 100 km/h in an area with a speed limit of 90 km/h. | 0 | 1 | 2 | 3 | 4 | 5 | | You overtake vehicles that drive within the speed limit. | 0 | 1 | 2 | 3 | 4 | 5 | | You do not respect the speed limit to avoid being late for an important appointment. | 0 | 1 | 2 | 3 | 4 | 5 | | You do not check your side mirror when changing lanes. | 0 | 1 | 2 | 3 | 4 | 5 | | You do not notice vehicles intending to merge into your lane from the right. | 0 | 1 | 2 | 3 | 4 | 5 | | Due to being lost in thought, you fail to notice that the vehicle in front has slowed down and consequently you must hit the brakes to avoid a crash. | 0 | 1 | 2 | 3 | 4 | 5 | |