



Patient Name:
Date of Birth:
Physician Name:

MRN/File No:
Date:

JEROME DRIVING QUESTIONNAIRE (JDQ)© 2010 *To be completed by the driver*

Name of Driver:		
Date of Birth:	DD MM YY	Date completed: DD MM YY
Please list all your medications and dosages, including over-the-counter medicines with mg doses if known:		
1.	2.	3.
4.	5.	6.
7.	8.	9.
10.		

Instructions: This section should be completed by the driver. Rate yourself on the following questions regarding past and current driving history.

Driving History Part A

1. At what age did you obtain your driver's license?	years	months
2. How many times did you take to pass your final driving test?	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> or more
3. How long have you been driving?		years
4. On average, how much time per day do you spend driving?	<input type="checkbox"/> < 1 hour	<input type="checkbox"/> 1 - 2 hours <input type="checkbox"/> > 2 hours
5.(a) Estimate kilometres/miles driven in the last month (city):		km
(b) Estimate kilometres/miles driven in the last month (highway):		km
6.(a) How many motor vehicle collisions have you been in as a passenger?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> or more	
(b) How many motor vehicle collisions have you been in as a driver?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> or more	
7. How many times since you have been driving have you been determined to be at fault in an accident?		
8.(a) How many times since you have been driving have you had your licence revoked or suspended?		
(b) How many times have you driven when your licence was suspended?	<input type="checkbox"/> Never <input type="checkbox"/> Once	<input type="checkbox"/> Twice <input type="checkbox"/> Three or more
9. Did you ever go joy riding in a car? (Select all that apply)	<input type="checkbox"/> As a driver before you held a valid license?	<input type="checkbox"/> As a passenger with a driver without a valid license?
	<input type="checkbox"/> As a passenger when the driver was intoxicated with alcohol and /or drugs?	<input type="checkbox"/> As a driver when intoxicated with alcohol and/or drugs?
10. How many times since you have been driving have you received a parking ticket?		times
11. How many times since you have been driving have you received a speeding ticket?		times
12. How many times since you have been driving have you been given a ticket for failing to stop at a stop signal or sign?		times
13. How many times since you have been driving have you been given a ticket for reckless driving?		

14. How many times since you have been driving have you struck a pedestrian or cyclist while driving?	
15. How many times since you have been driving have you been given a ticket for driving while intoxicated?	
16. Have insurance rates increased as a result of driving problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Has car insurance been denied because of driving problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No

JEROME DRIVING QUESTIONNAIRE PART B ©2010

This form can be completed either by you the driver or a close friend or relative who observes you drive.

Date completed: _____ Completed by: _____

Instructions

The following questions are about your usual driving style over the last month. Try to answer all the questions. There are no right or wrong answers. Please put a mark "X" on the horizontal scale to indicate your rating regarding driving in the last month when out driving (a) in the city; (b) on the highway.

Select the correct answer to the following two questions:

In the last month have you driven (or driven with the driver) in the city? Yes No

In the last month have you driven (or driven with the driver) on the highway? Yes No

Since you last completed this questionnaire have you had any motor vehicle violations such as speeding or parking tickets or collisions? Yes No

Motor vehicle violations: Yes No; Collision(s): Yes No

1. Frustration:

a. City

no frustration _____ high frustration

b. Highway

no frustration _____ high frustration

2. Risk taking:

a. City

no risk taking _____ high risk taking

b. Highway

no risk taking _____ high risk taking

3. Show anger verbally or physically to other drivers:

a. City

no risk taking _____ high risk taking

b. Highway

no risk taking _____ high risk taking

4. Speeding:

a. City

no speeding _____ excessive speeding

b. Highway

no speeding _____ excessive speeding

5. Anxiety:

a. City

no anxiety _____ high anxiety

b. Highway

no anxiety _____ high anxiety

6. Experiences Panic:

a. City

no panic extreme panic

b. Highway

no panic extreme panic

7. Concentration on Road:

a. City

no concentration problems major concentration problems

b. Highway

no concentration problems major concentration problems

8. Alert to sudden changes in driving conditions:

a. City

alert not alert

b. Highway

alert not alert

9. Easily distracted by sights or sounds in the car or off to the side of the road:

a. City

no distraction high distraction

b. Highway

no distraction high distraction

10. Daydreaming:

a. City

no daydreaming frequent daydreaming

b. Highway

no daydreaming frequent daydreaming

11. Drowsiness:

a. City

no drowsiness major drowsiness

b. Highway

no drowsiness major drowsiness

12. Anticipating potential dangers from other cars or pedestrians (looking ahead):

a. City

always anticipating never anticipating

b. Highway

always anticipating never anticipating

Please note if any of your answers would be changed by driving with passengers. Please describe:
