

JEROME DRIVING QUESTIONNAIRE (JDQ) © 2010

To be completed by the driver

Name of Driver: _____

Date of Birth: _____ Date completed: _____

Please list all your medications and dosages, including over-the-counter medicines with mg doses if known:	
1.	2.
3.	4.
5.	6.

Driving History - Part A

Instructions: To be completed by driver based on current and past driving history.

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? 1 2 3 More
3. How long have you been driving? _____ Years
4. On average, how much time per day do you spend driving? <1 hour 1-2 hours >2 hours
- 5a. Estimate kilometres/miles driven in the last month (city): _____ km
- 5b. Estimate kilometres/miles driven in the last month (highway): _____ km
- 6a. How many motor vehicle collisions have you been in as a passenger? 1 2 3 More
- 6b. How many motor vehicle collisions have you been in as a driver? 1 2 3 More
7. How many times since you have been driving have you been determined to be at fault in an accident? _____ Times
- 8a. How many times since you have been driving have you had your license revoked or suspended _____ Times
- 8b. How many times have you driven when your license was suspended? 1 2 3 More
9. Did you ever go joy riding in a car?
 As a driver before you held a valid license? As a passenger with a driver without a valid license?
 As a driver when intoxicated with alcohol and/or drugs? As a passenger when the driver was 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? _____ Times
14. How many times since you have been driving have you struck a pedestrian or cyclist while driving? _____ Times
15. How many times since you have been driving have you been given a ticket for driving while intoxicated _____ Times
16. Have insurance rates increased because of driving problems? Yes No
17. Has car insurance been denied because of driving problems? Yes No

JEROME DRIVING QUESTIONNAIRE - PART B ©2010

This form can be completed by the driver or a close friend/relative.

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 an "X" 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 three 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

		No Frustration	Somewhat Frustrated	Frustrated	Very Frustrated	Highly Frustration
1. Frustration:	a. city					
	b. highway					
2. Risk Taking:	a. city					
	b. highway					
3. Show anger verbally or physically to other drivers:	a. city					
	b. highway					
4. Anxiety:	a. city					
	b. highway					
5. Speeding:	a. city					
	b. highway					
6. Experiences panic:	a. city					
	b. highway					
7. Concentration on the road:	a. city					
	b. highway					
8. Alert to sudden changes in driving conditions:	a. city					
	b. highway					
9. Daydreaming	a. city					
	b. highway					
10. Drowsiness	a. city					
	b. highway					
11. Anticipating potential dangers from other cars or pedestrians (looking ahead):	a. city					
	b. highway					

If driving with passengers would change any of your answers, please describe