



Driving Self-Assessment

Name: _____

Today's Date: _____

ARE YOU OR A LOVED ONE WORRIED ABOUT YOUR DRIVING?

Driving an automobile for many older adults is not only a privilege, but is a symbol of independence. Driving also provides practical convenience. Unfortunately, older adults are at more risk for crashes than younger adults. These can be caused by poor vision, reduced reaction time, and slowing in cognitive processing. The driving questionnaire below is not a formal assessment. Instead, it is a method of self-assessment that can identify if there are safety issues associated with driving. The questions should be answered as objectively as possible. It is not unusual for family members to use the items as a way of talking about driving concerns they may have about an older adult. When completing the questionnaire, give one point for each "YES" answer. Two or more YES answers may indicate a driving problem that should be further evaluated. This questionnaire is not to be used as a definitive driving evaluation.

- | | | |
|--|------------------------------|-----------------------------|
| 1) Do you experience increased anxiety when driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Have you gotten lost in familiar places? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Do you have identified vision problems, such as macular degeneration, glaucoma, or contrast sensitivity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Do you experience confusion on exit or entrance ramps? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Have you ever moved into the wrong lane or gone the wrong way down a one-way street? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Do you have difficulty determining which turn signal to use when turning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Do you ever confuse the brake and gas pedals, or have difficulty using them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Have you experienced difficulty reacting quickly [to stop] when someone pulled out in front of you, or in avoiding an object in the road? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) Have you recently hit curbs when parking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10) Do you have trouble navigating turns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11) Have you noticed scrapes or dents on the car, garage, or mailbox? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12) Have you had "close calls" when driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13) Have you been in any recent accidents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14) Have you recently received a ticket for a driving violation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15) Do family members often express concern with your capacity to drive, or refuse to get in the car when you are the one driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |