

AARP Driver Safety Program

Dear AARP Driver Safety Program Graduate:

Approximately every five years we begin a process to revise the curriculum of the AARP Driver Safety Program course in order to make sure that we are presenting the most accurate and up-to-date safety information to course participants.

As part of the revision process, we would like to have your input via the enclosed questionnaire, which is being mailed to a select number of recent graduates of our program throughout the United States.

It is critical to our efforts that each of you completes this survey. As a recent graduate of the course your opinions are key in helping us determine what should be added, deleted or modified in the next version of the course.

Your responses are anonymous and completely confidential and in no way will they be identified to you as an individual.

Please return your completed questionnaire in the postage paid envelope by May 28, 2004.

Thank you very much for your help with this survey and we very much appreciate your cooperation.

Sincerely,



Brian Greenberg
National Program Consultant



Frank Carroll
National Director

2004 AARP DRIVER SAFETY GRADUATE SURVEY

The following questions refer to the most current AARP Driver Safety course (previously called AARP 55 Alive) you have taken. (n = 3,464)

1. In what month and year did you take your most recent AARP Driver Safety course?

_____ Month	_____ Year
7% Jan 2000 – Dec 2002	39% Jul 2004 – Dec 2004
42% Jan 2003 – June 2003	12% Missing

2. When were the course sessions held? *(Please check (✓) ONE response.)*

86% Daytime 9% Evening 4% Weekends 1% Missing

3. How did you learn about the date and time for the AARP Driver Safety course in your community? *(Please check (✓) ALL that apply.)*

32% Newspaper	22% Friend/relative	3% Postcard or letter
1% Radio	9% Bulletin board	2% Internet
1% TV	25% Newsletter	27% Phone call

4. Was this your first time taking the AARP Driver Safety course (previously called AARP 55 Alive)?

34% Yes (GO TO Question 6)
 65% No (GO TO Question 5)
 1% Missing

5. Including your first AARP Driver Safety course, how many total times have you taken the AARP Driver Safety course? *(Please check (✓) ONE response.)*

19% Twice
 23% Three times
 23% Four or more times
 35% No Answer

6. What was the one most important thing you learned in the course?

7. In general, how concerned are you about the following situations that may occur when you drive? *(Please check (✓) ONE response for each topic in the table below.)*

Driving Situations	Very concerned (4)	Somewhat concerned (3)	Not very concerned (2)	Not at all concerned (1)	Missing
A. Distracted drivers	74%	21%	3%	*	2%
B. Road conditions	36%	48%	12%	1%	3%
C. Night driving	36%	37%	18%	5%	4%
D. Turning	19%	30%	31%	15%	5%
E. Highway/Interstate driving	23%	29%	29%	15%	4%
F. Drowsiness	23%	23%	31%	18%	5%
G. Parking	10%	21%	38%	29%	3%
H. Backing Up	19%	29%	30%	18%	3%
I. Security/crime	36%	37%	20%	4%	3%
J. Number of trucks on the road	35%	36%	20%	6%	3%

K. Inclement weather	35%	44%	17%	3%	2%
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(Question 7 continued) Driving Situations	Very concerned (4)	Somewhat concerned (3)	Not very concerned (2)	Not at all concerned (1)	Missing
L. Traffic congestion	38%	44%	13%	2%	3%
M. Aggressive drivers	70%	23%	4%	1%	3%
N. Drunk drivers	78%	14%	3%	1%	4%
O. Inexperienced drivers	51%	35%	9%	1%	4%
P. Urban expressway driving	20%	38%	27%	9%	6%
Q. Getting lost	10%	23%	40%	24%	4%
R. Complicated controls in vehicle	9%	17%	38%	33%	4%

The next few questions refer to the topics addressed in the AARP Driver Safety Program course. If you need to refresh your memory, please refer to your student workbook which you received during your course.

8. Please rate the usefulness of the sections of the AARP Driver Safety course. (Please check (✓) ONE response for each topic in the table below.)

Chapters	Very useful (4)	Somewhat useful (3)	Not very useful (2)	Not at all useful (1)	Missing
<u>CHAPTER 1</u>					
1a. Driver quiz	54%	37%	3%	*	6%
<u>CHAPTER 2</u>					
2a. Risk assessment	44%	43%	5%	*	8%
2b. Reaction time	63%	27%	3%	1%	6%
2c. Distractions	55%	33%	4%	1%	8%
2d. Crash prevention tips	64%	26%	3%	*	7%
2e. When a crash occurs	57%	31%	4%	1%	7%
<u>CHAPTER 3</u>					
3a. Vision problems	49%	37%	7%	1%	6%
3b. Hearing loss	39%	39%	12%	2%	7%
3c. Stretching exercises	35%	40%	16%	3%	7%
3d. Alcohol & medication effects	48%	31%	11%	3%	7%
3e. Effects of aging	57%	31%	4%	1%	6%
<u>CHAPTER 4</u>					
4a. Car/Cell phone	53%	27%	8%	5%	7%
4b. Shopping centers/Parking lots	34%	44%	12%	2%	7%
4c. Backing up	43%	38%	10%	3%	7%
4d. Blind spots	63%	27%	4%	1%	5%
4e. Skidding	51%	32%	8%	2%	7%
4f. Hydroplaning	51%	32%	8%	2%	7%
4g. Car crime	46%	36%	10%	2%	7%
<u>CHAPTER 5</u>					
5a. Aggressive driving & road rage	68%	22%	3%	1%	6%
5b. Control of my driving	53%	34%	5%	1%	7%

5c. Confronted by aggressive driver	62%	27%	4%	1%	6%
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(Question 8 continued) Chapters	Very useful (4)	Somewhat useful (3)	Not very useful (2)	Not at all useful (1)	Missing
<u>CHAPTER 6</u>					
6a. Following distance	72%	21%	1%	*	5%
6b. Space cushion	59%	30%	3%	1%	8%
6c. Scanning	50%	36%	5%	1%	8%
6d. Crashes	49%	36%	6%	1%	8%
6e. School bus	51%	33%	6%	1%	8%
<u>CHAPTER 7</u>					
7a. Signs & signals	63%	27%	4%	1%	5%
7b. Pavement markings	55%	32%	5%	1%	7%
<u>CHAPTER 8</u>					
8a. Vehicle characteristics	35%	45%	11%	2%	8%
8b. Airbags	45%	37%	9%	1%	7%
8c. Anti-lock brakes	52%	33%	7%	1%	7%
8d. Safety belts	56%	29%	7%	1%	7%
<u>CHAPTER 9</u>					
9a. Intersections	62%	28%	3%	1%	6%
9b. Right-of-way	64%	26%	3%	1%	6%
9c. Left turns	60%	28%	4%	1%	6%
9d. Series of right turns	51%	34%	7%	1%	7%
<u>CHAPTER 10</u>					
10a. Freeways	46%	38%	6%	1%	8%
10b. Safety tips for freeway driving	54%	33%	5%	1%	7%
10c. Trucks/Buses	48%	36%	6%	1%	8%
10d. Vehicle breakdown tips	50%	35%	7%	1%	8%
<u>CHAPTER 11</u>					
11a. Reasons to stop driving	55%	31%	6%	1%	7%
11b. Local transportation options	33%	39%	16%	5%	8%
11c. Driving capability index	43%	37%	9%	2%	9%
<u>APPENDIX</u>					
12a. Additional tips	41%	40%	8%	1%	10%
12b. Railroad crossings	38%	40%	12%	2%	8%
12c. Passing to the left	47%	37%	8%	1%	8%
12d. Turning situations	48%	36%	7%	1%	8%
12e. Adverse conditions	49%	36%	6%	1%	9%
12f. Other road users	40%	41%	9%	1%	9%
12g. Auto maintenance	42%	36%	12%	2%	8%
12h. Auto insurance checklist	42%	36%	11%	2%	8%
12i. Emergency road kit	45%	36%	10%	2%	8%

9. How useful were the following methods of instruction used in the course? (Please check (✓) ONE response for each topic in the table below.)

Types of Instruction	Very useful (4)	Somewhat useful (3)	Not very useful (2)	Not at all useful (1)	Not applicable (9)	Missing
A. Lectures, explanations from instructor	73%	20%	2%	1%	*	4%
B. Class group discussions/ questions and answers	52%	35%	8%	1%	1%	3%
C. Small group or paired discussions	27%	36%	17%	3%	10%	6%
D. Video	57%	32%	3%	1%	2%	5%
E. Slides	39%	30%	5%	2%	13%	11%
F. Students reading aloud from workbook	16%	28%	27%	12%	10%	6%
G. Quizzes	37%	41%	10%	3%	3%	6%
H. Homework assignments	22%	35%	16%	7%	14%	7%

10. How satisfied are you with the AARP Driver Safety Program course? On a scale of 0 to 10 (10 "being completely satisfied", 0 "not at all satisfied", and 5 as "neither satisfied nor dissatisfied"). (Circle the number that best reflects your opinion.)

Completely satisfied					Neither					Not at all satisfied	
10	9	8	7	6	5	4	3	2	1	0	
41%	4%	28%	15%	6%	3%	1%	1%	1%	1%	1%	

[Note: "9" was accidentally omitted on mail questionnaire so the percent is low.]

11. Please explain your answer to question #10.

12. Since taking the class, have you felt that the information you learned has helped prevent you from being involved in a traffic incident?

63% Yes (GO TO Question 13)

31% No (GO TO Question 14)

6% Missing

13. If yes, please explain below.

14. Have you had any traffic violations, citations or crashes in the 12 months leading up to your most recent AARP Driver Safety course?

4% Yes

93% No
3% Missing

15. Have you had any traffic violations, citations or crashes since taking your most recent course?

5% Yes
93% No
2% Missing

16. As a result of what you learned in this or previous AARP Driving Safety course(s), have you changed your driving habits? *(Please check (✓) ONE response for each topic in the table below.)*

Change in Driving Habits	Yes, most of the time (5)	Yes, some of the time (4)	Yes, occasionally (3)	No, I did this before course (2)	No, I did not change (1)	Missing
A. Limiting times when you drive	16%	19%	13%	18%	30%	4%
B. Avoiding left turns	11%	16%	18%	14%	36%	5%
C. Looking for safety features when buying a car	28%	13%	8%	23%	16%	12%
D. Always checking your blind spots	56%	12%	5%	20%	3%	3%
E. Limiting your travel on highways and freeways	15%	17%	13%	14%	37%	3%
F. Paying more attention when entering or exiting highways	46%	11%	5%	27%	7%	4%
G. Yielding right of way	44%	10%	5%	31%	7%	4%
H. Turning in general	33%	15%	8%	25%	13%	7%
I. Following distance and space cushion	48%	13%	7%	23%	5%	4%
J. Using anti-lock brakes properly	37%	10%	4%	27%	11%	10%
K. Keeping your eyes moving/scanning traffic	44%	10%	4%	33%	6%	3%
L. Driving in bad weather	22%	17%	13%	28%	14%	5%
M. Being aware of where you park	34%	16%	9%	28%	9%	4%
N. Learning medications' effects on driving	30%	12%	7%	33%	12%	6%
O. Always using safety belts	42%	3%	2%	42%	8%	4%
P. Limiting use of cell	28%	4%	3%	34%	14%	17%

phones while driving						
Q. Considering limiting or stopping your driving	8%	7%	10%	11%	56%	8%

17. How likely would you be to take the AARP Driver Safety Program again?

65% Very likely 12% Somewhat likely 2% Not very likely
1% Not at all likely 20% Missing

18. If the AARP Driver Safety course were to be offered in an on-line/internet version in the future, would you prefer to take an on-line version of the course or the classroom setting for the course?

17% Online version 76% Classroom version 7% Missing

19. AARP has been testing a shorter AARP Driver Safety Program course for people who take the course more than one time. The first time a course is taken would continue to be an eight hour course. The follow-up course (s) could be either an eight or four hour course. Would you prefer to take an 8 or 4 hour follow-up course?

15% 8 Hour 80% 4 Hour 6% Missing

20. How important do you think it is to add the following topics to a future edition of the AARP Driver Safety course? (Please check (✓) ONE response for each topic in the table below.)

Topics To Include In Future Trainings	Very important (4)	Somewhat important (3)	Not very important (2)	Not at all important (1)	Missing
A. Advanced technology on newer model cars	43%	38%	11%	3%	5%
B. How to help loved ones consider alternatives to driving	38%	39%	12%	5%	6%
C. Warning signs that indicate when someone's mental functioning may be impaired/signs of Alzheimer's disease, etc.	67%	23%	4%	2%	4%
D. Advice for year-round auto maintenance	43%	37%	13%	4%	4%
E. Techniques on how to avoid distractions while driving	60%	31%	5%	1%	4%
F. Specific guidance for driving through work zones	45%	38%	10%	2%	4%
G. Tips for avoiding becoming drowsy while driving	60%	28%	6%	2%	4%

H. Other topics you would like to see included (Please specify):	-	-	-	-	-
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21. How likely are you to recommend this course to friends or relatives?

82% Very likely 12% Somewhat likely 1% Not very likely
 * Not at all likely 4% Missing

22. Did you receive an automobile insurance discount as a result of taking the AARP Driver Safety course?

92% Yes (GO TO Question 23)
 4% No (GO TO Question 24)
 4% Missing

23. Approximately how much did you save on your automobile insurance for the year 2003? (Please check (✓) ONE response.)

36% \$1 to \$49 3% \$150 to \$199 1% \$300+
 31% \$50 to \$99 2% \$200 to \$249 15% Missing
 11% \$100 to \$149 1% \$250 to \$299

Information About You

This last section asks for information about you. We use this information so that AARP can get a better understanding of the background of the kinds of people who take the AARP Driver Safety course. Such information is helpful in planning future courses. Your responses are anonymous and confidential.

24. Do you have a computer at home?

60% Yes (GO TO Question 25)
 38% No (GO TO Question 28)
 2% Missing

25. What operating system do you have?

54% Windows
 3% MacOS (MacIntosh)
 2% Don't know
 41% Missing

26. Do you have internet service?

54% Yes (GO TO Question 27)
 6% No (GO TO Question 28)
 40% Missing

27. What kind of internet connections do you have? (Please check (✓) ONE response.)

36% Modem

9% Cable
5% DSL
2% Other high speed access
48% Missing

28. What is your age? Are you between...?:

* Less than 45	39% 65 and 74	2% Missing
1% 45 and 54	38% 75 and 84	
14% 55 and 64	6% 85 or older	

29. Are either you (or your spouse) currently a member of AARP?

97% Yes
1% No
2% Missing

30. Are you currently employed?

6% Yes, full-time 9% Yes, part-time 84% No, not employed (including retired)
2% Missing

31. Are you....?

89% White	1% Asian Pacific Islander
3% Black/African American	1% Other
1% Hispanic or Latino	5% Missing

32. Please give us one suggestion that would make the AARP Driver Safety Program more valuable to you.

Thank you for your participation.

Thank you very much for helping us with the research. You have helped us determine the content of future AARP Driver Safety courses. AARP may want to contact you again at a later time, in order to get your input about the current AARP Driver Safety Program, potential program changes, and driving habits. It is completely optional. If you agree to be contacted again, please complete the enclosed supplemental information sheet and include it with your survey.

PLEASE RETURN THIS COMPLETED SURVEY BY: MAY 28, 2004

Please fold this survey in half and place it (and the contact sheet) in the enclosed return envelope which is already pre-addressed and has the postage pre-paid. (Please do not add stamps to the enclosed envelope).

(If the return envelope is missing, please send the completed survey to: Gail Kutner, Senior Research Advisor, AARP, Room A3-332, 601 E Street NW, Washington, DC 20049.)



AARP Driver Safety Program

Supplemental Information Sheet

Thank you very much for helping us with the research. You have helped us determine the content of future AARP Driver Safety courses. AARP may want to contact you again at a later time in order to get your input about the current AARP Driver Safety Program, potential program changes, and driving habits. It is completely optional. If you agree to be contacted again, please complete the information below. Please note that in order to maintain confidentiality, your name and address will be recorded separately from the survey.

☐ **Yes, please include me in further AARP Driver Safety Program research.**

[NOTE: 1,502 returned and completed, 43% of the returned surveys]

Name: _____

Address: _____

City: _____

State & Zip code: _____

E-mail: _____

PLEASE RETURN THIS COMPLETED SHEET BY: MAY 28, 2004

Please return this sheet with your survey in the envelope provided. (Please do not add stamps to the enclosed envelope). Please fold this sheet in half and place it in the enclosed pre-paid postage return envelope with the completed survey.

(Note: This page will be processed separately from your completed survey.)

(If the return envelope is missing, please send the completed survey to: Gail Kutner, Senior Research Advisor, AARP, Room A3-332, 601 E Street NW, Washington, DC 20049.)