NEW DRIVER HISTORY QUESTIONNAIRE

Your Name: _____ Date: _____

1. Do you have a valid learner's permit or license? Yes □ No □
   If yes, learner's permit/license #: _____ Expiration date: _____
2. Are you currently driving? Yes □ No □ Logged # of supervised hours: _____
3. Vehicle Information: Make _____ Model _____ Year _____
   Automatic transmission □ Standard transmission □
4. In what areas do you plan to drive? City □ Community □
   Please specify: _____
5. Do you plan to drive on the interstate? Yes □ No □
6. Do you plan to drive at night? Yes □ No □
7. Have you been able to ride a bike or drive go-carts, golf cart, or riding mower? Yes □ No □
8. Are your parents/guardians able to assist in driver training? Yes □ No □
9. Have you ever had formal Driver Training? Yes □ No □ If yes, what type? _____
10. Are you currently taking medicine? Yes □ No □
    If yes, list: _____
11. Have you had a seizure or fainted within the past 6 months? Yes □ No □
    If yes, give date of last seizure or fainting: _____
12. Do you wear glasses for reading? Yes □ No □ For distance or driving? Yes □ No □
13. Is your hearing normal? Yes □ No □
14. Do you have ADHD/ADD or have difficulty concentrating on tasks? Yes □ No □
15. Do you generally have anxiety? Yes □ No □ Do you easily startle? Yes □ No □
16. Do you have any sensory issues? Yes □ No □
17. Can you transfer independently in and out of car? Yes □ No □
18. Do you need help for self-care/daily activities? Yes □ No □
19. Do you have chores/responsibilities at home? Yes □ No □
    If yes, list: _____
20. Do you ever stay home alone for more than two hours? Yes □ No □
21. Do you travel in the community independently? Yes □ No □
22. Do you work or do volunteer work? Yes □ No □
    If yes, how many hours per week or month: _____ What type? _____
23. What are your extracurricular or leisure activities? _____