



# Driver Safety Public Opinion Poll

February, 2017

## Objective

The overall objective of this research is to provide the National Safety Council with an understanding of attitudes and behaviors of the driving public across a variety of driver safety-related issues.

Results from this research will be used to develop policies, programs and educational material that will reduce traffic fatalities.

## Methodology

This research was conducted with Toluna Group's proprietary panel of pre-screened, validated, de-duplicated and well-profiled respondents. Sample outgo (invitations) and completes were monitored to ensure returns were balanced to US Census for age, gender, ethnicity, geographic region, income, education and ethnicity.

To qualify for the study, respondents had to:

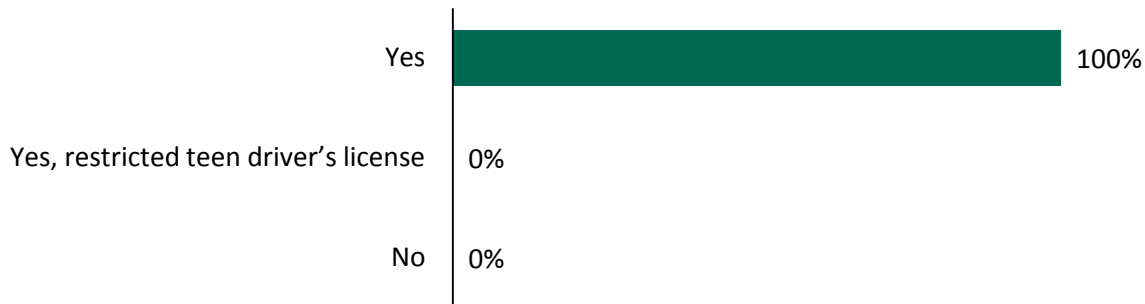
- Live in the United States
- Be 21 or older
- Have an (unrestricted) driver's license
- Drive at least 15 minutes on a typical weekday

A total of 2,001 surveys were completed with between January 22<sup>nd</sup> and February 2<sup>nd</sup>, 2017.

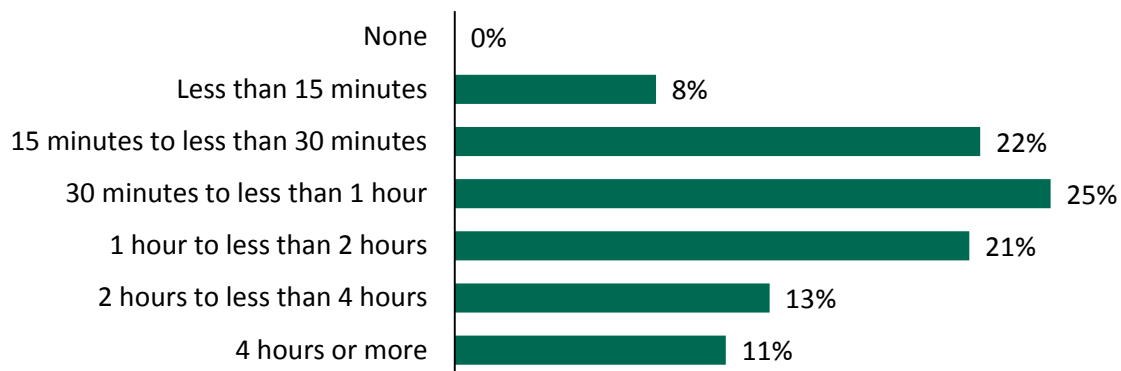
Statistical significance is not shown in this report, but at the 95% confidence level +/- 2% is considered significant.

**Questionnaire with results** (All numbers are percentages. Unless otherwise noted n=2,001)

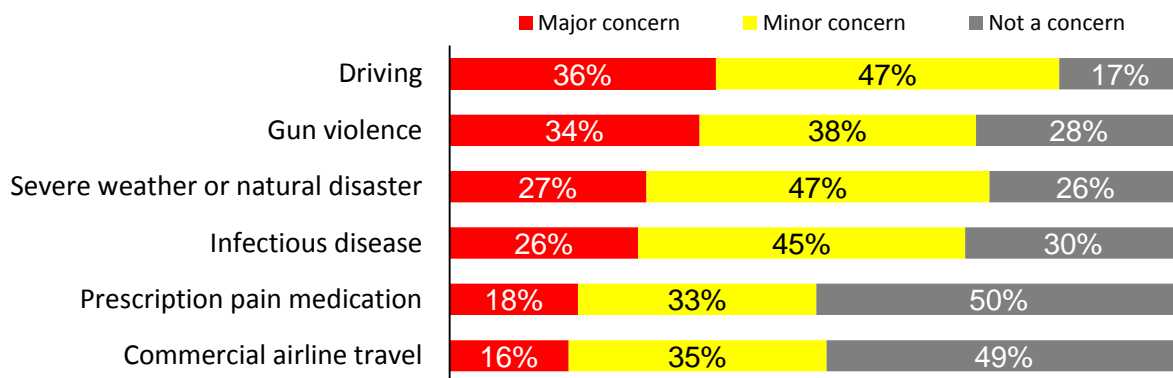
1. Do you have a driver's license?



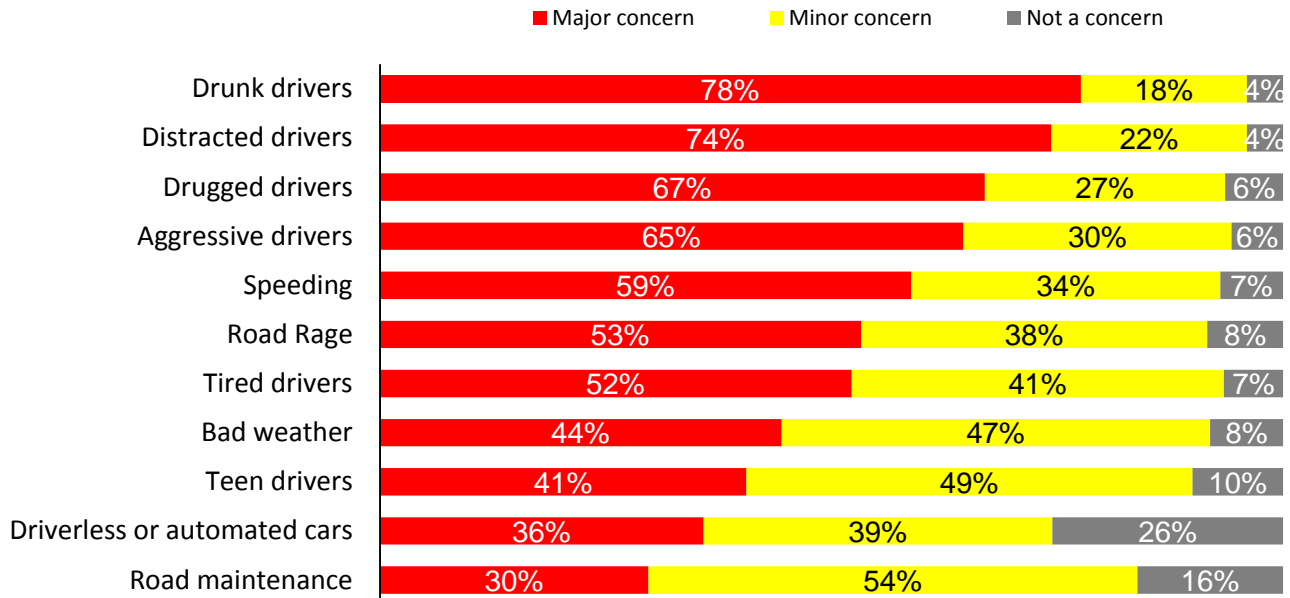
2. On average, how much time do you spend in total driving on a typical weekday?



3. How concerned are you about each of the following as potential causes of injury or death for your family?



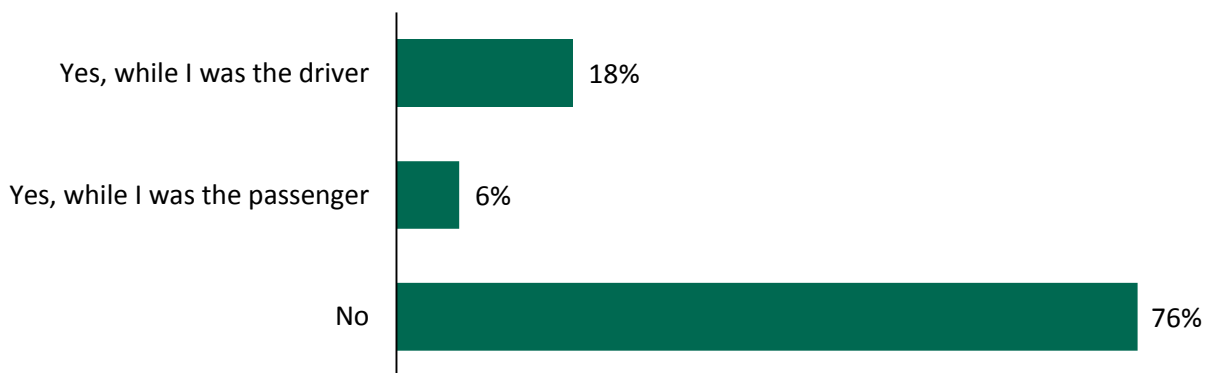
4. Please rate your level of concern with each of the following traffic safety issues in terms of how they impact overall traffic safety in the United States.



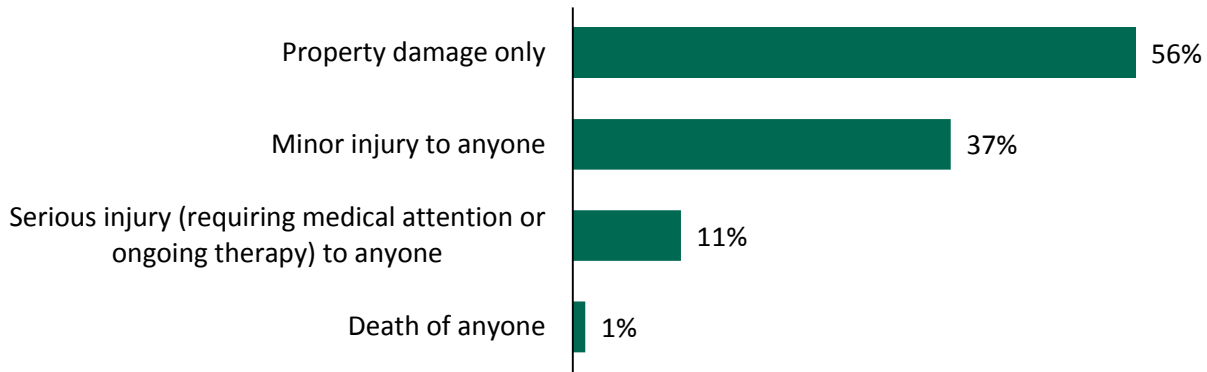
5. What, if anything, that was not listed do you consider to be major traffic safety issue in terms of how it impacts overall traffic safety in the United States?

**RESULTS NOT SHOWN**

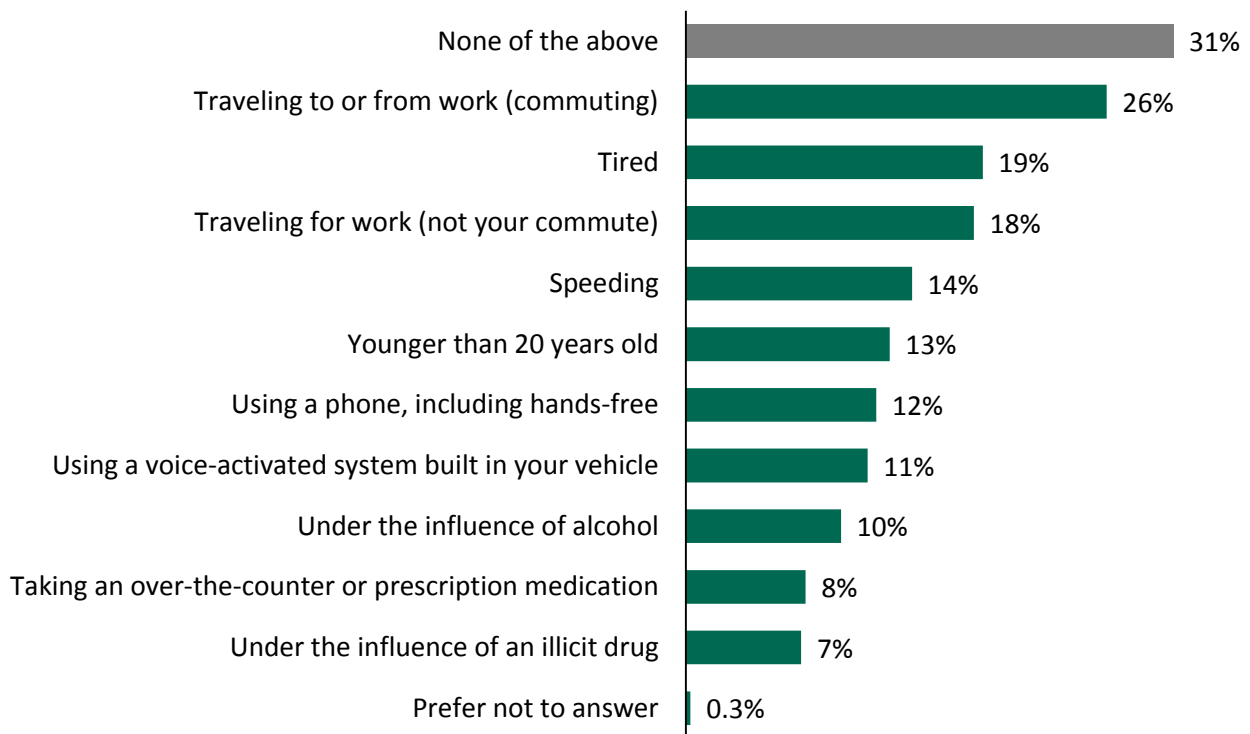
6. In the past three years, have you been in a car crash?



7. Did the crash result in...? **(SELECT ALL THAT APPLY)** (n=488, Involved in Crash in Past Three Years)



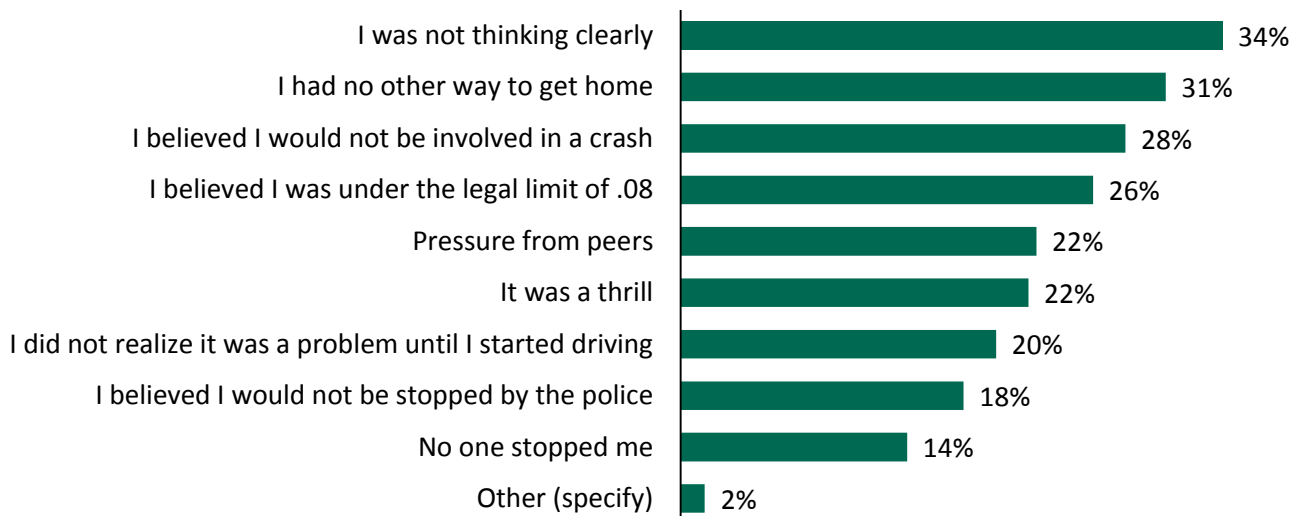
8. At the time of the crash, were you...? **(SELECT ALL THAT APPLY)** (n=360, Involved as Driver in Crash in Past Three Years)



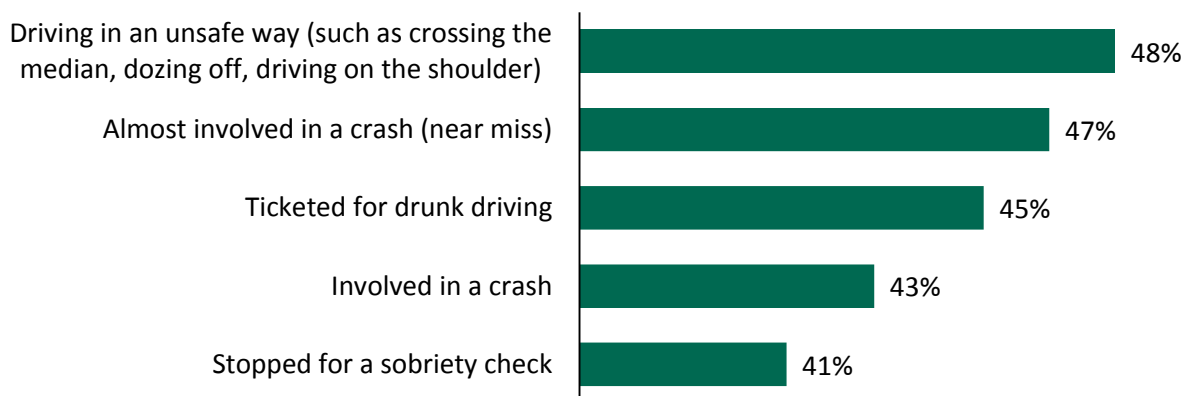
9. In the past three months, have you driven a vehicle even though you felt your ability to drive had been compromised by drinking alcohol?



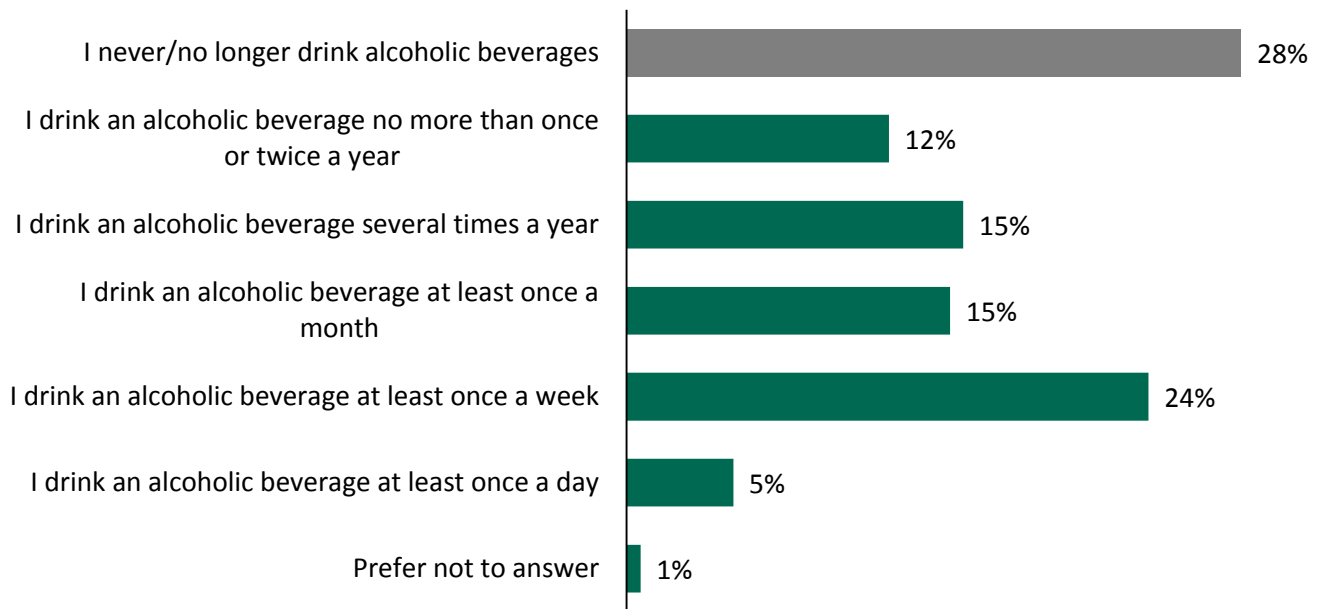
10. Why did you choose to do that? **(SELECT ALL THAT APPLY)** (n=196, Choose to Drive While Impaired by Alcohol in Past Three Months)



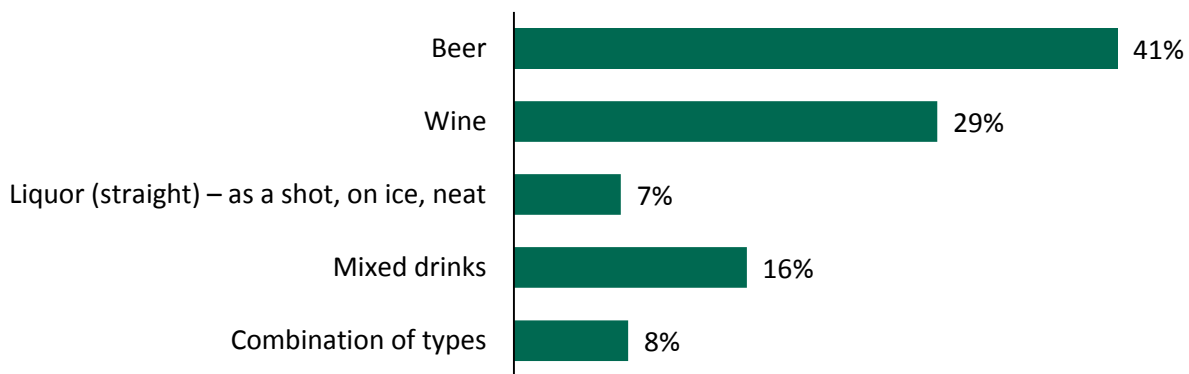
11. During any of the times you choose to drive, even though you felt your ability was compromised by drinking alcohol were you...? Keep in mind your response is 100% confidential and will not be shared. (n=196, Choose to Drive While Impaired by Alcohol in Past Three Months)



12. Please select which of the following best describes you.



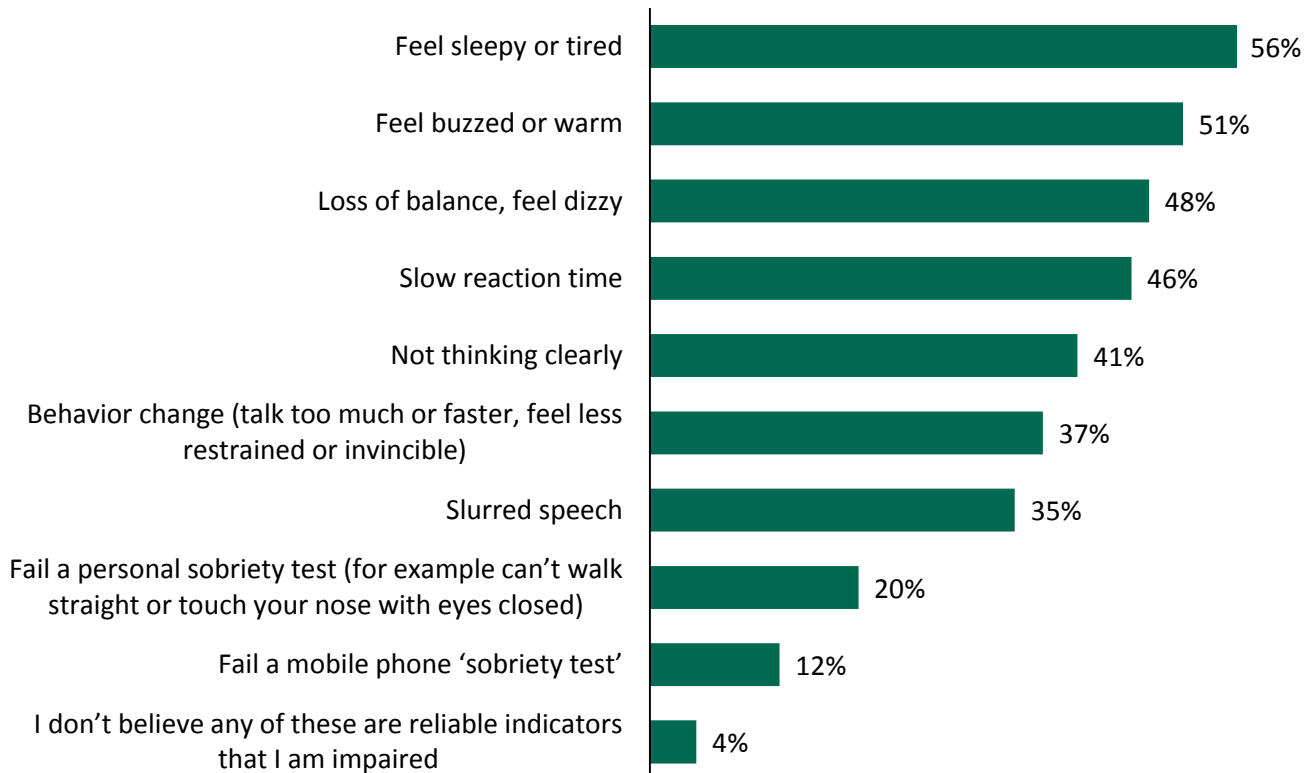
13. Which of the following best represents the type of alcohol you drink most often? (*n=1,424, Drink Alcohol at Least Once a Year*)



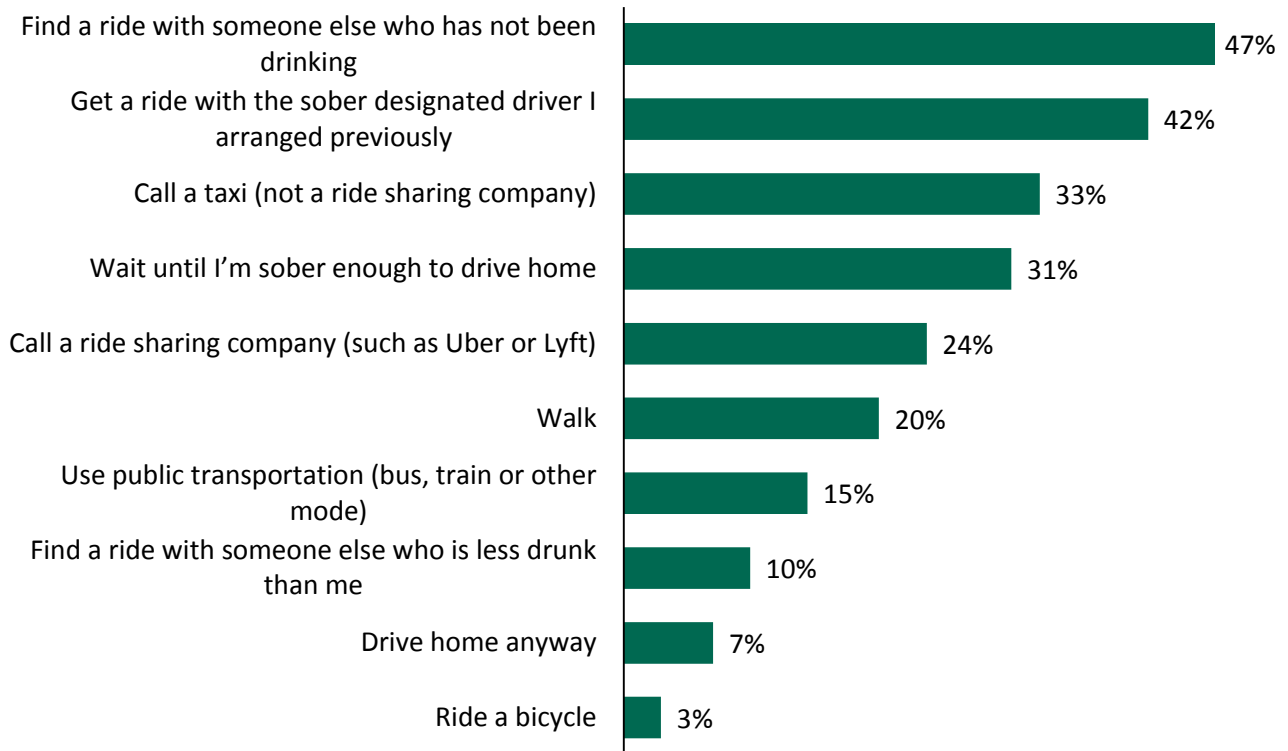
14. How many [beers/glasses of wine/drinks] do you feel you can typically have before you are not safe / too impaired to drive? (*n=1,424, Drink Alcohol at Least Once a Year*)

# of Drinks	Total	Beer	Wine	Liquor	Mixed Drinks	Combination
<i>n size</i>	(1,424)	(580)	(407)	(103)	(224)	(110)
1	23%	13%	31%	26%	30%	35%
2	28%	22%	35%	27%	28%	30%
3	20%	19%	19%	20%	24%	18%
4	13%	18%	9%	11%	10%	11%
5	7%	11%	3%	9%	5%	2%
6	4%	6%	2%	2%	2%	3%
More than 7	6%	11%	1%	5%	1%	2%

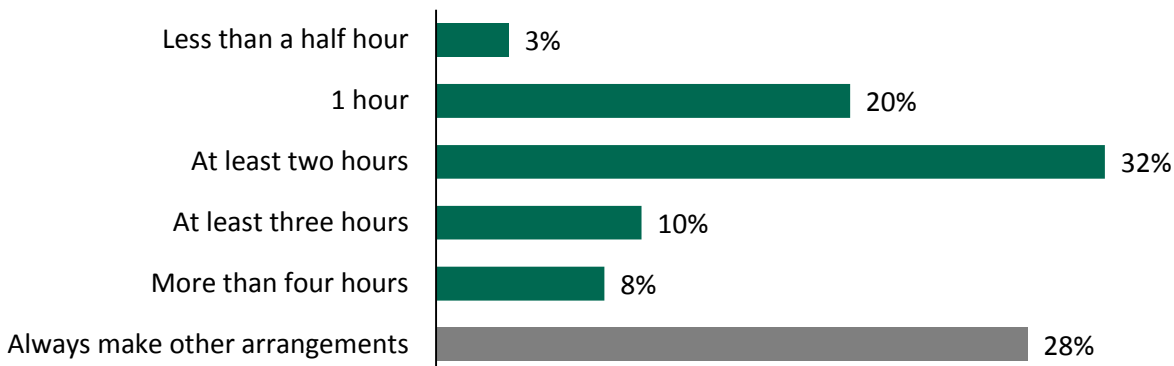
15. Assume you have been drinking alcohol and have reached a point that you feel your ability to drive has been compromised. What signs do you see in yourself that tell you your ability to drive has been compromised? (**SELECT ALL THAT APPLY**) (*n=1,424, Drink Alcohol at Least Once a Year*)



16. How do you choose to get home once you feel your ability to drive has been compromised? **(SELECT ALL THAT APPLY)** (n=1,424, Drink Alcohol at Least Once a Year)

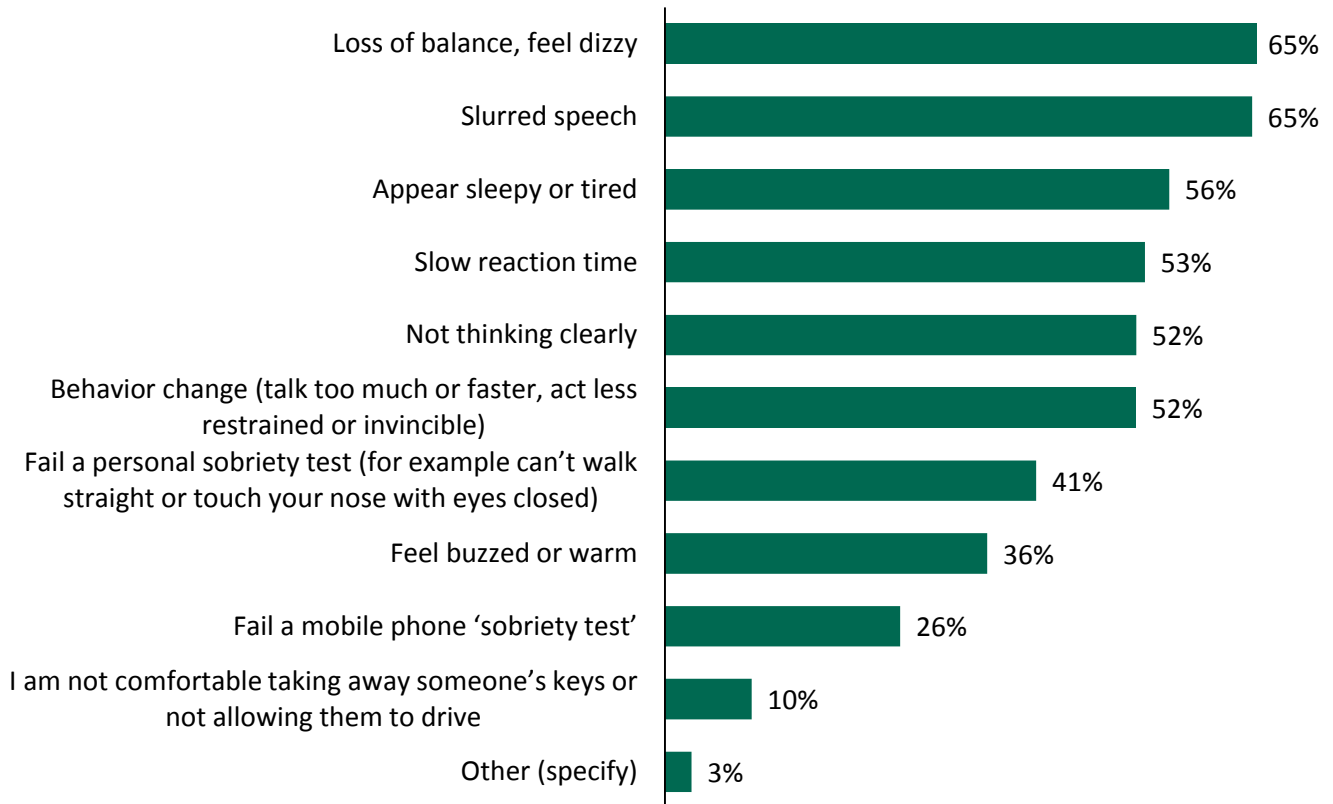


17. In general, if you feel your ability to drive has been compromised, how much time do you wait between your last drink and the time you are ready to drive again? (n=1,424, Drink Alcohol at Least Once a Year)





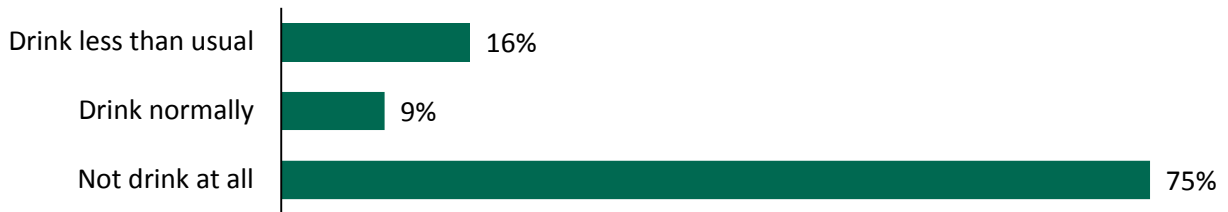
18. What signs would someone else need to display for you to feel comfortable taking away their keys or not allowing them to drive? **(SELECT ALL THAT APPLY)**



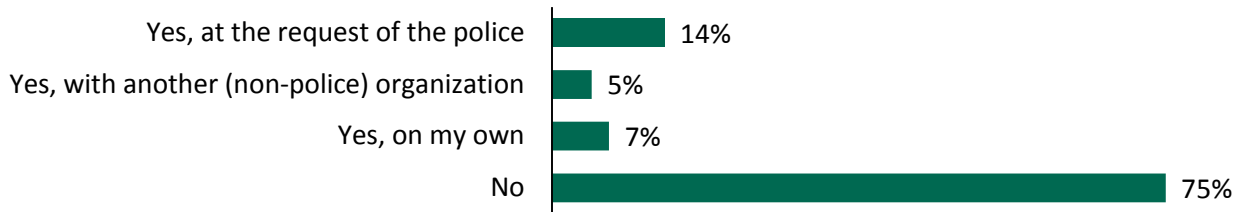
19. Now a few questions about situations in which someone else is too drunk to drive themselves. In the past year, have you ...?



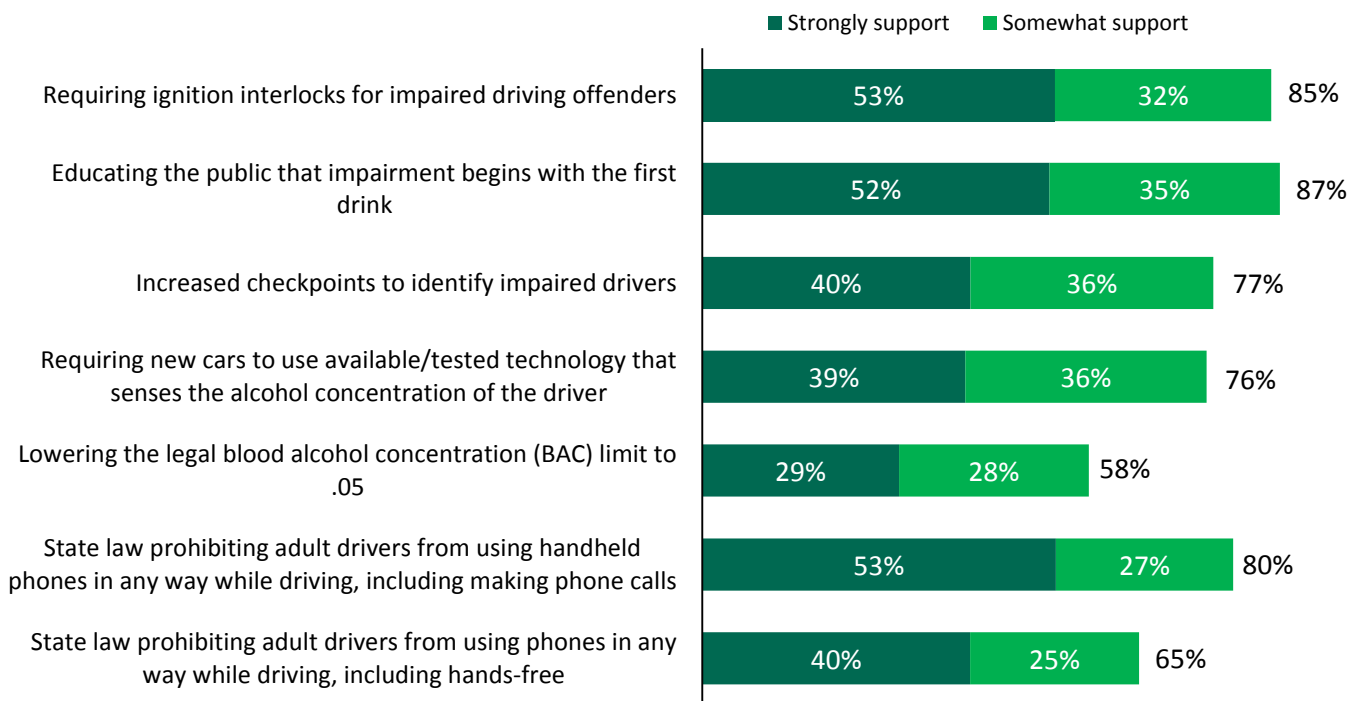
20. When acting as a designated driver, do you...? (n=978, Agreed to be a Designated Driver in Past Year)



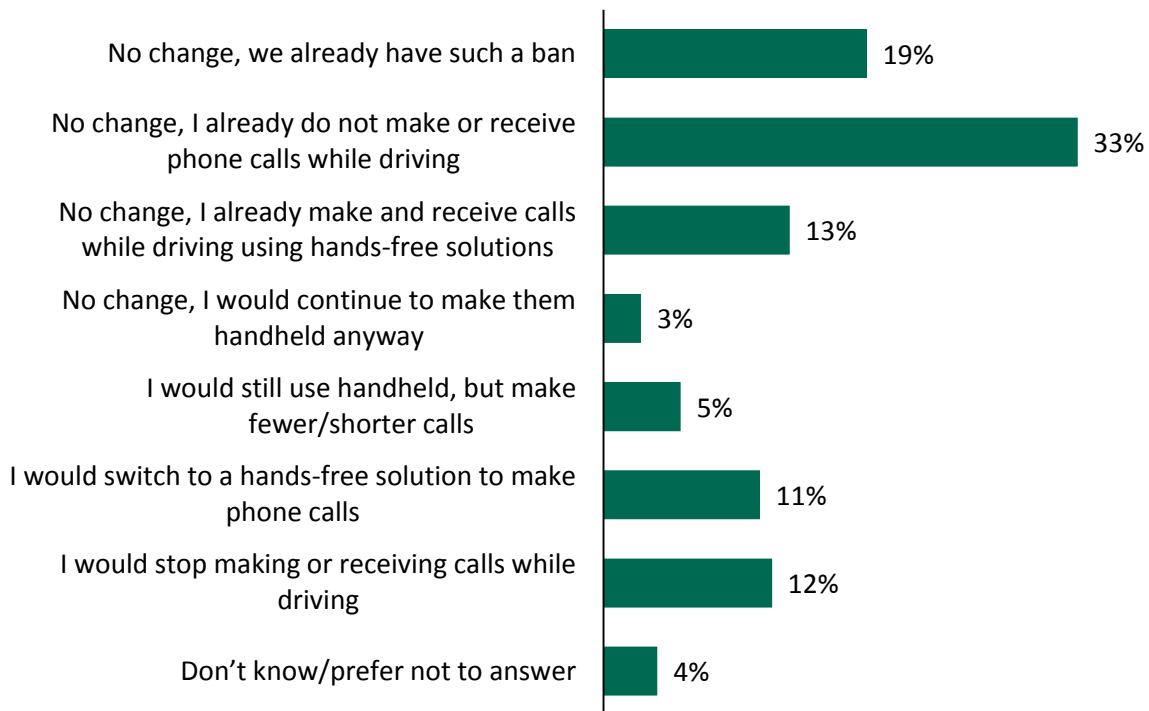
21. Have you ever completed an alcohol concentration test using a breathalyzer?



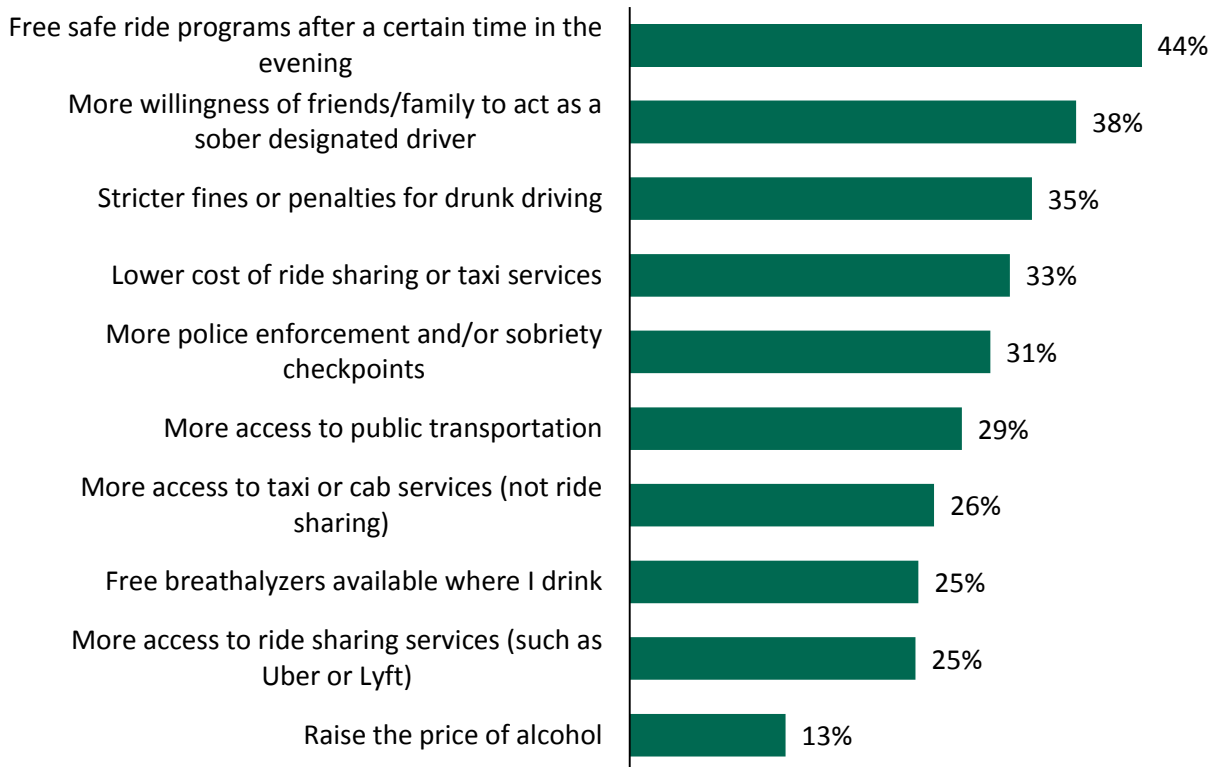
22. How strongly would you support or oppose...?



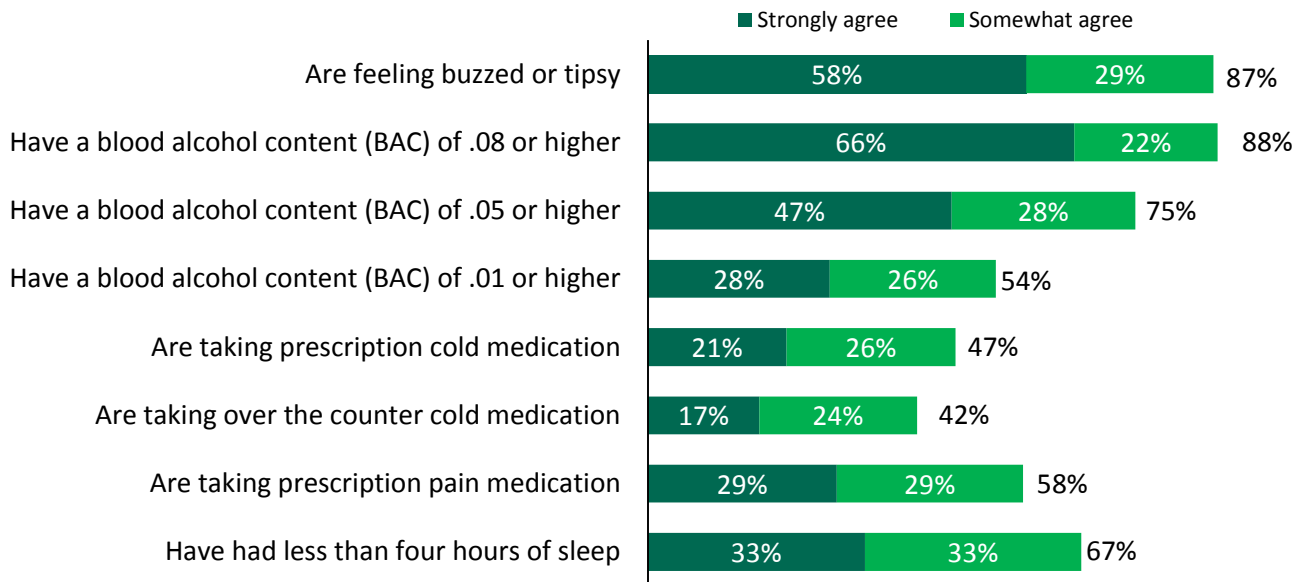
23. If your city or state were to place a complete ban on handheld phone use while driving, how would your driving behavior change?



24. Although you may never choose to drive after drinking, which of the following would make it even easier for you to choose not to do so? **(SELECT ALL THAT APPLY)**



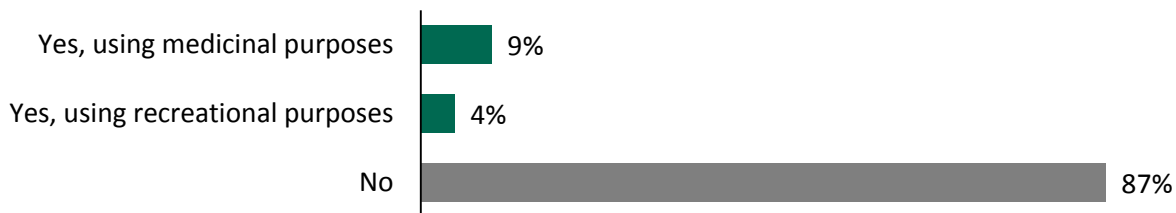
25. Please indicate your level of agreement with each of the following. A person should not drive a vehicle if they...?



26. Are you concerned that the legalization of marijuana will negatively impact traffic safety?



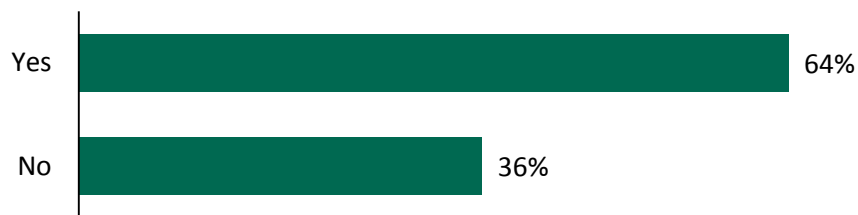
27. In the past month, have you driven after using marijuana?



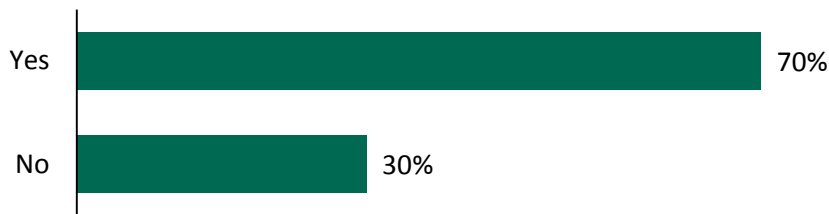
28. In the past month, have you taken any opioid pain medication? These medicines include Oxycontin, Percocet, Vicodin, Norco, Morphine and Dilaudid or any other type of opioid.



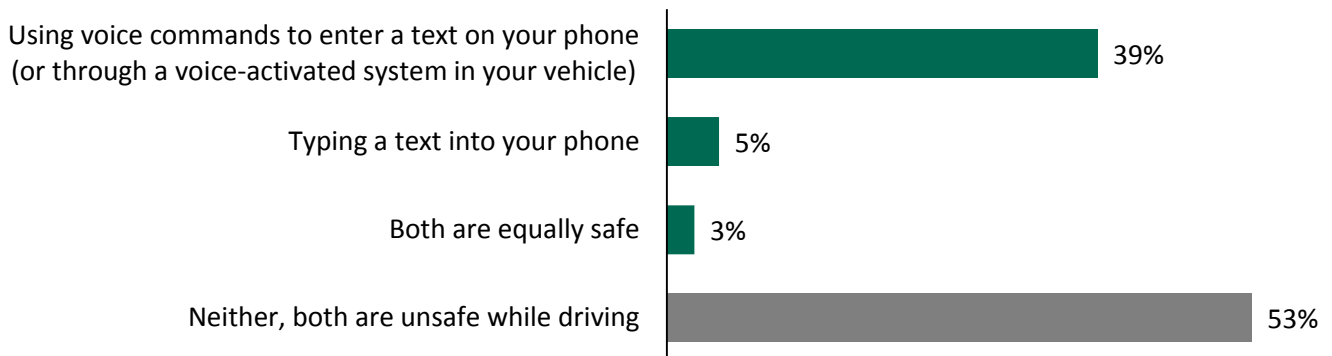
29. While taking opioid pain medication, did you feel it was safe for you to drive a vehicle? (*n=345, Taken Opioid Pain Medication in Past Month*)



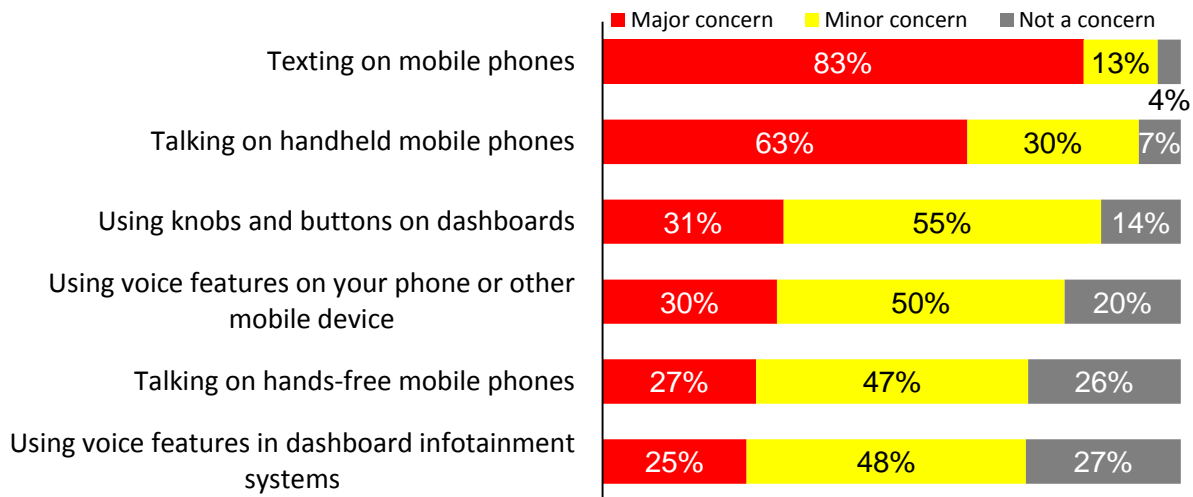
30. Many medications come with a warning “do not operate heavy machinery”. Do you think of your vehicle as being “heavy machinery?”



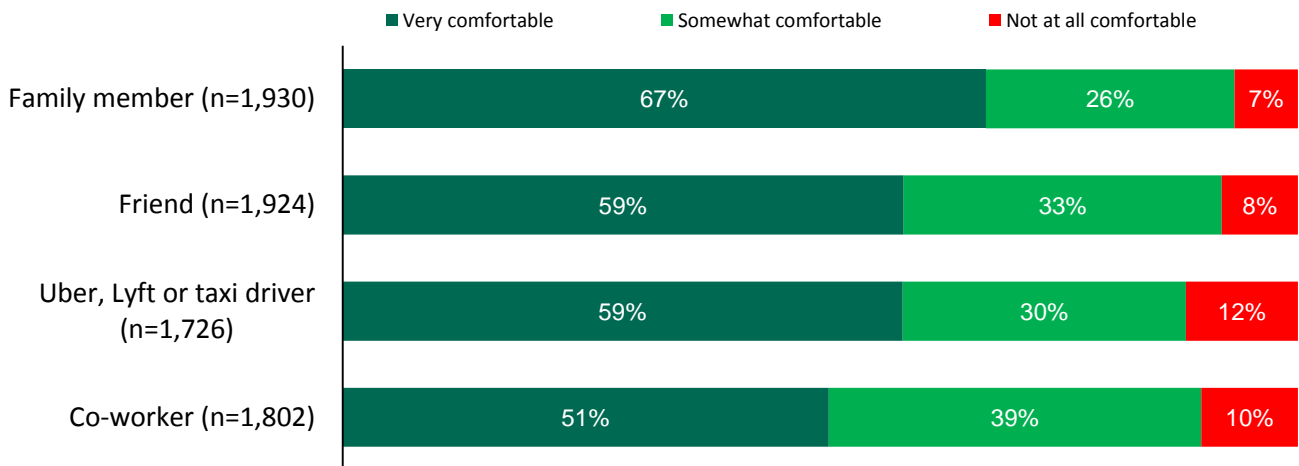
31. Which do you feel is safer to do while driving?



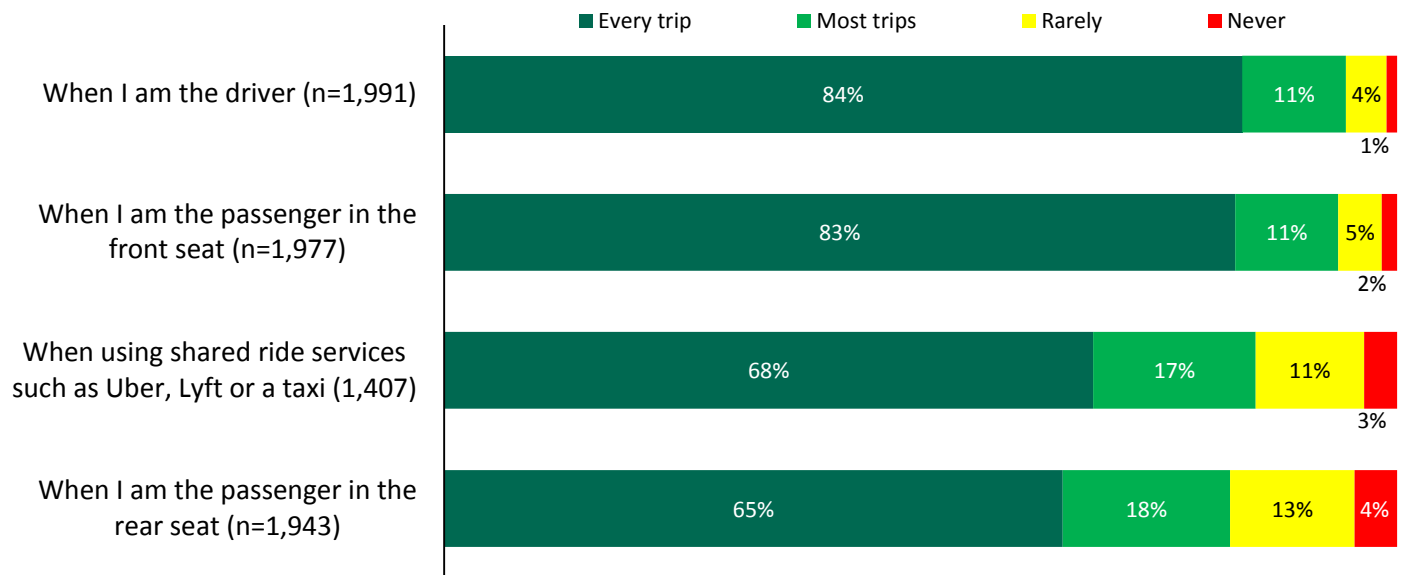
32. Rate concern about your level of distraction when doing each of the following while driving.



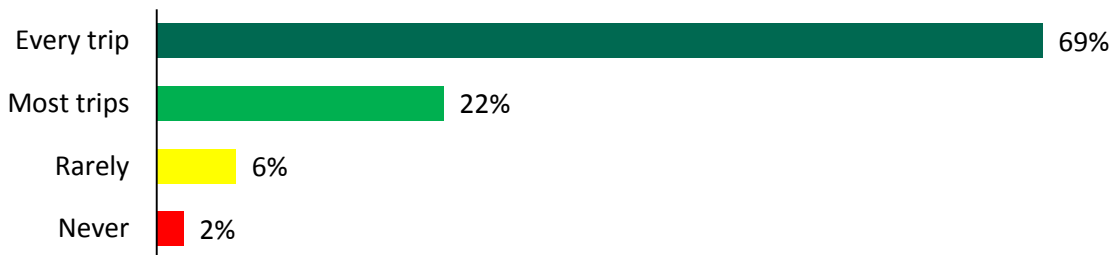
33. As a passenger, how comfortable do you feel asking a(n) (INSERT) to stop driving distracted? (*n size varies; Did Not Say Situation was 'Not Applicable'*)



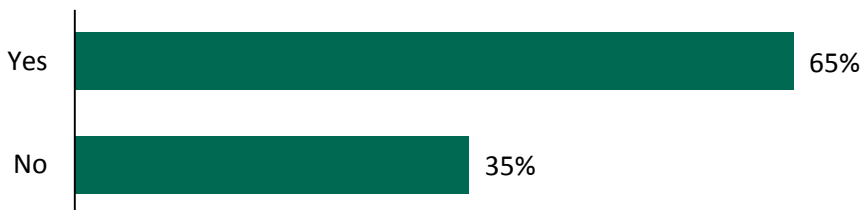
34. Please select the option that describes how often you wear a seat belt. *(n size varies; Did Not Say Situation was 'Not Applicable')*



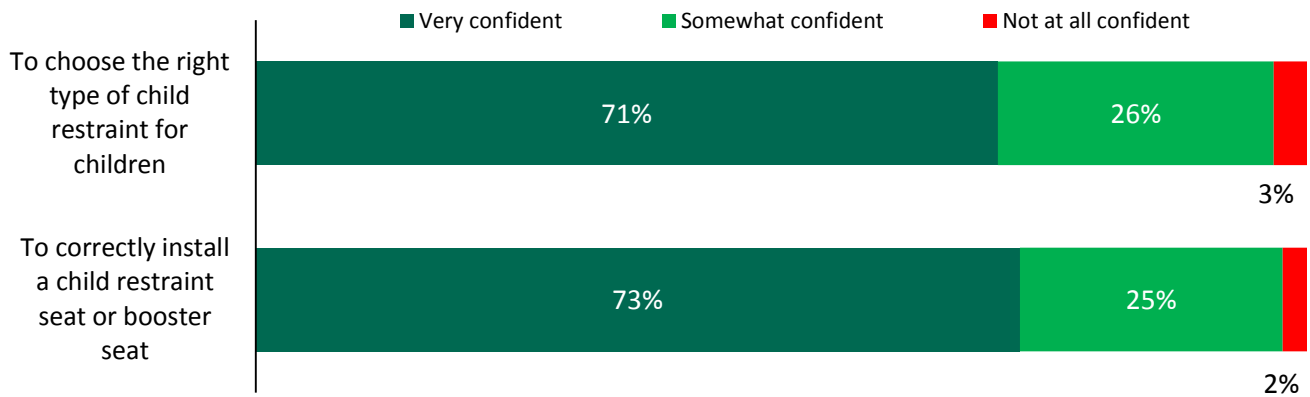
35. When you are the driver, how often do you make sure every passenger, regardless of where they are sitting, is buckled up?



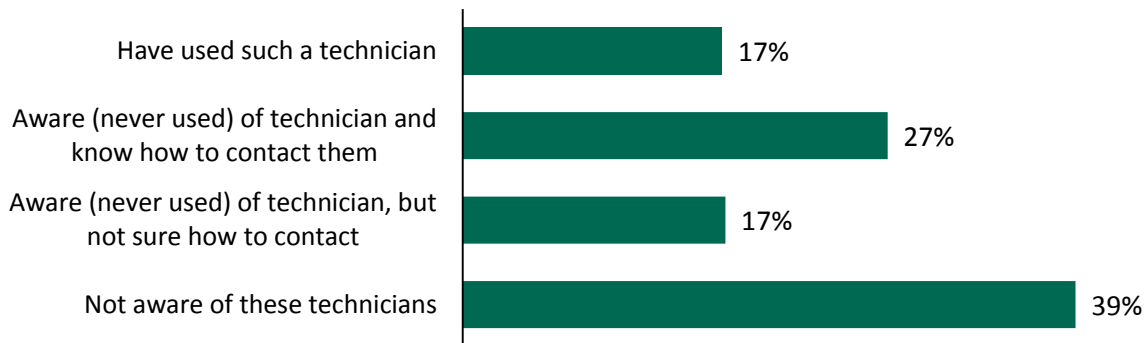
36. Have you ever installed a child safety seat? *(n=1,292, Ever Installed Child Safety Seat)*



37. How confident do you feel ....? (n=1,292, Ever Installed Child Safety Seat)



38. Are you aware that there are nationally certified child passenger safety technicians who can help you correctly install a child safety seat and properly secure a child in a car seat or booster seat at no cost to you?

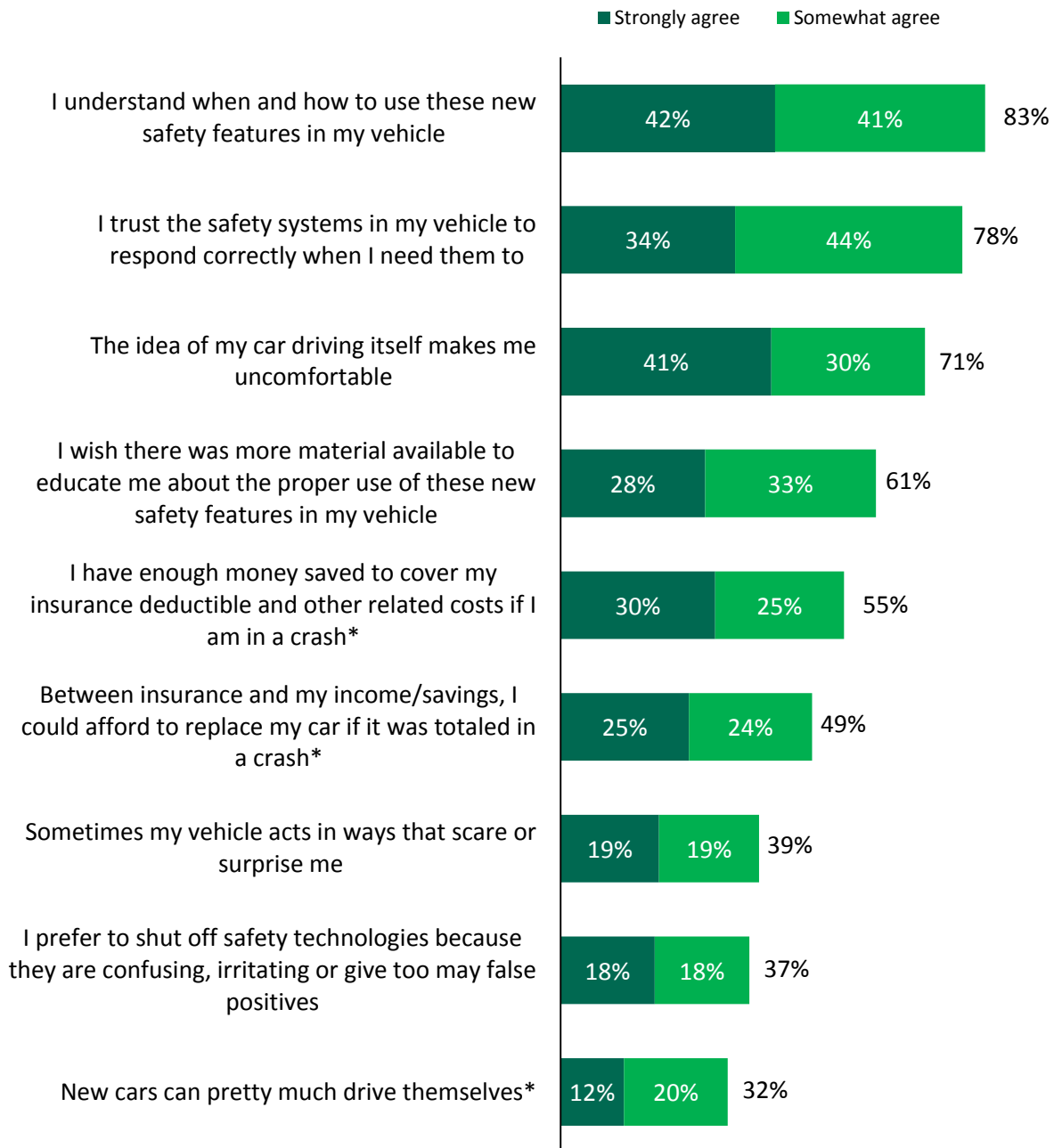


39. Recently automakers have added many new safety features to help drivers detect or respond to risks. These include features such as back-up cameras, automatic emergency braking, blind spot monitoring, lane departure warnings and many others. Do you currently drive a vehicle with any of these types of features?

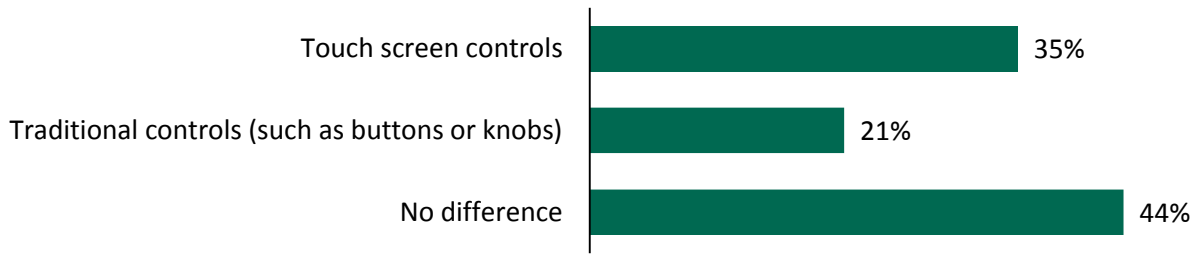




40. Please rate your level of agreement with each of the following statements. (n=837, Have Safety Features, Statements with \* asked of all respondents)



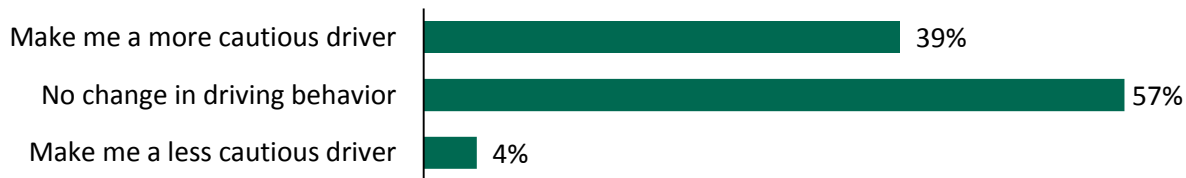
41. +Which of the following features do you feel is most distracting to you as a driver? (n=1,611, Ever Used a Touch Screen)



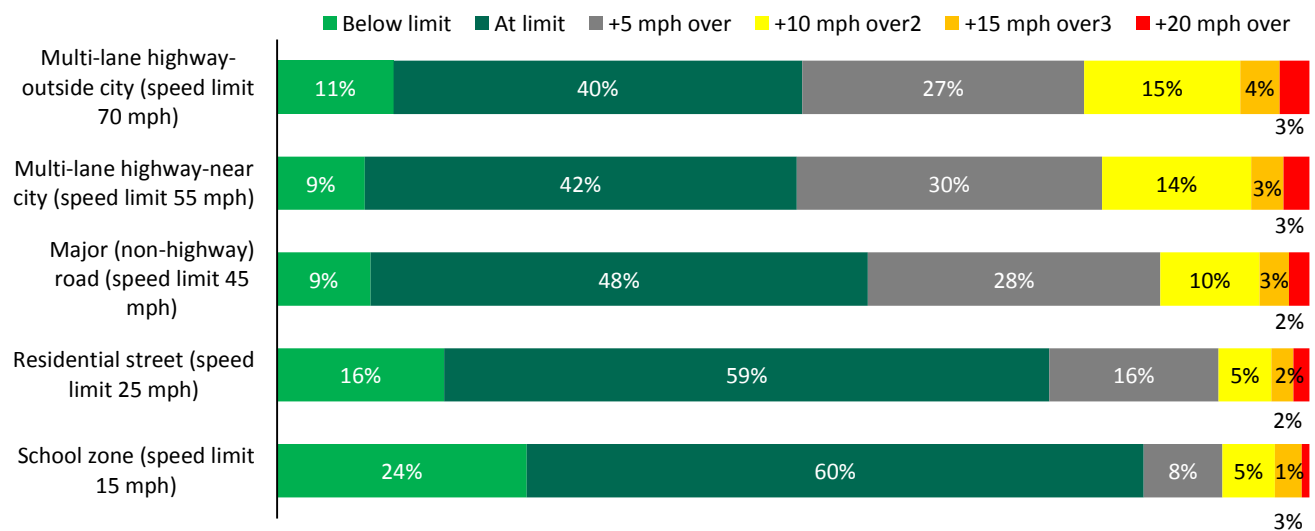
42. Would you consider new safety features a nice-to-have or a must-have when you buy your next car?



43. Assume your vehicle was equipped to automatically brake and steer to avoid a crash. How would this change your driving behavior?

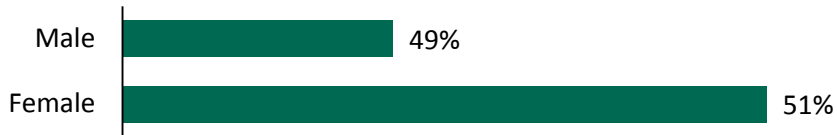


44. Assuming traffic conditions allow for it, what do you consider to be the highest safe speed to drive on each of the following US road types?

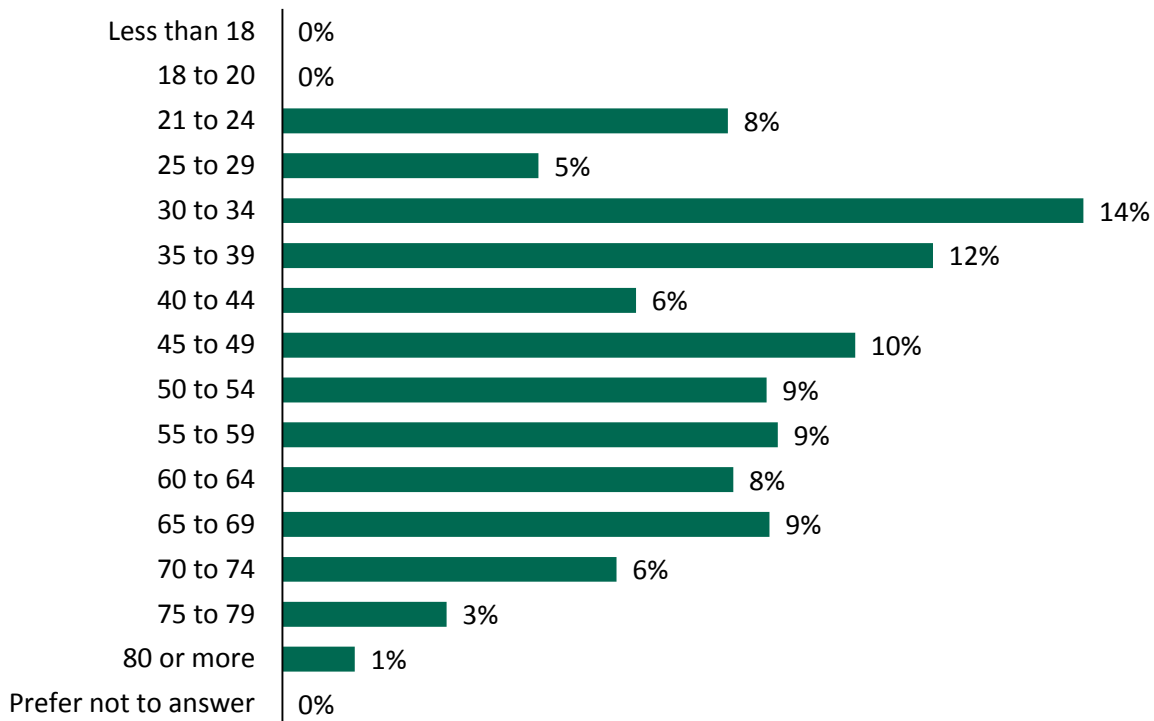


## **DEMOGRAPHICS**

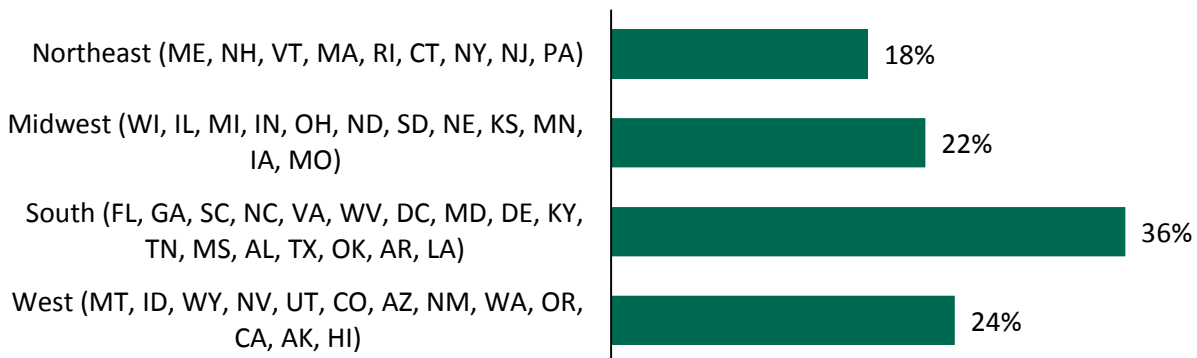
45. Are you...?



46. How old are you?



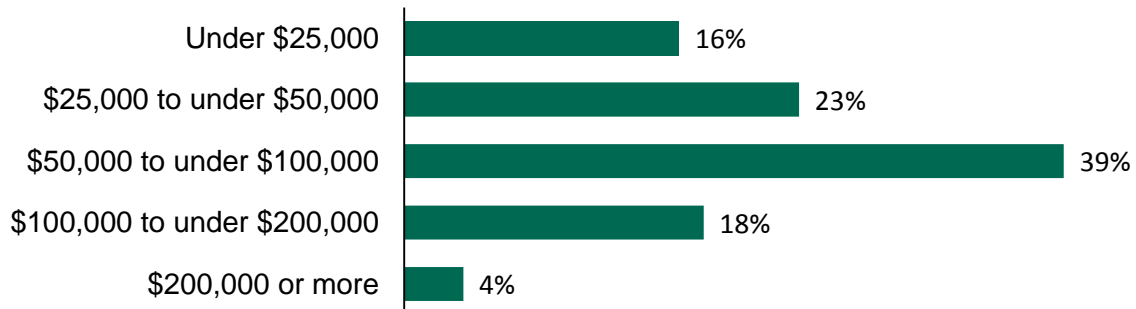
47. Which state do you live in? **(RESULTS SHOWN BY REGION)**



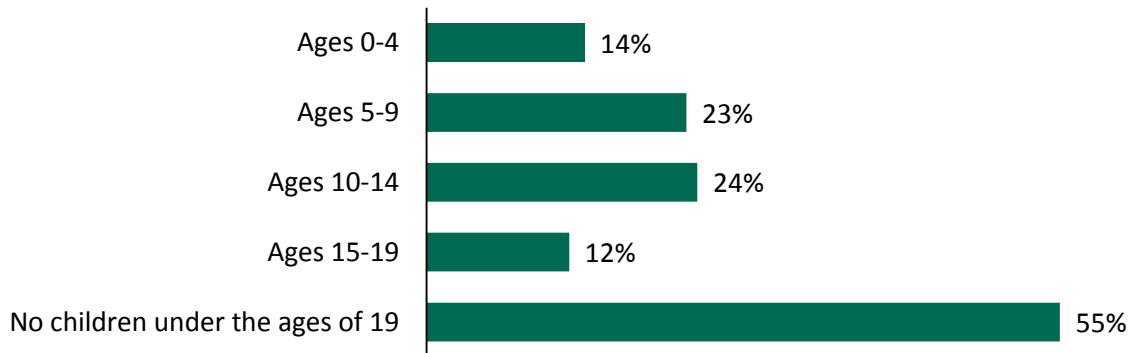
48. What is your zip code?

**(RESULTS NOT SHOWN)**

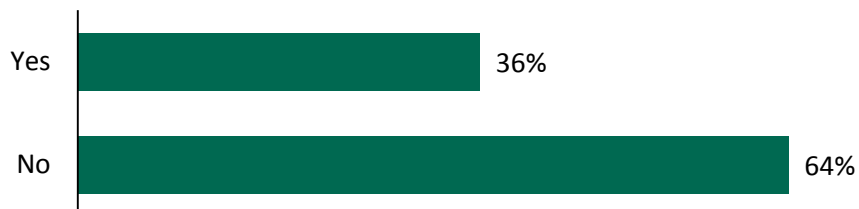
49. Which of the following categories best describes your total annual household income before taxes?



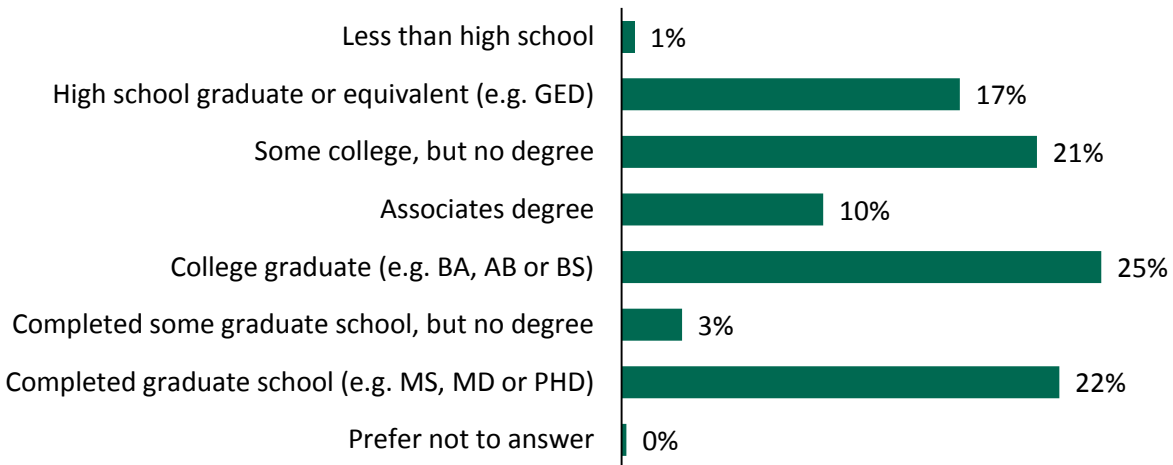
50. Please select the ages of children in your household.



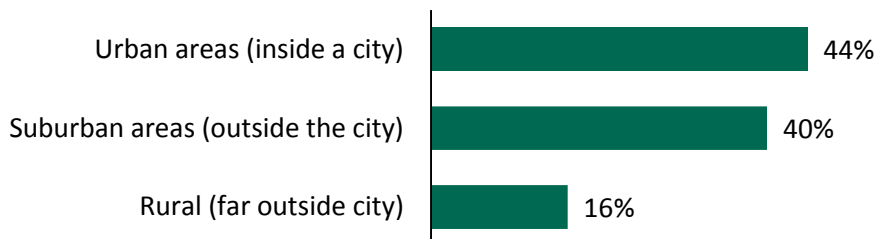
51. Does your job or occupation require you to drive, other than getting to and from work?



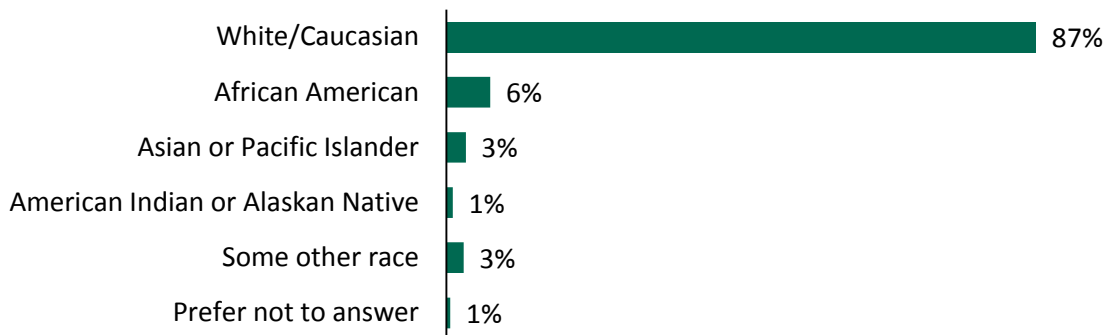
52. What is the highest level of education you have completed or the highest degree you have received?



53. Would you say you drive mostly in...?



54. Which of the following best describes you?



55. Do you consider yourself to be Hispanic?



If you have additional questions about the content of this summary, please contact the National Safety Council at [media@nsc.org](mailto:media@nsc.org).