

Dear Washington Resident at [ADDRESS1] [ADDRESS2]:

Your household has been selected to participate in the 2024 Washington Traffic Safety Survey!

The Washington Traffic Safety Commission (WTSC) is fielding this survey to understand more about drivers' attitudes and behaviors towards safety of the traveling public. This is an important opportunity to share your opinions and experience about traffic and driving in Washington and we need your help to learn about your driving experiences.

Your experience and opinions will help the Washington State Traffic Safety Commission (WTSC) inform new initiatives to reduce traffic fatalities and serious injuries.

If there is more than one person over 18 in your household, **the person with the next birthday should take the survey.**

Your answers will be combined with those from other respondents in your area and across the state and will **NEVER** be presented on their own. This survey is completely anonymous and does not ask for any personally identifiable information. Please fill out this booklet with your answers and return it to us in the enclosed envelope before **June 30th, 2024** to have your experiences be counted.

If you have any questions about the survey, or would like to take it online, please go to **www.watrafficsurvey.com** and enter your unique ID number: **[PIN]**

You can also contact the project manager, Adam Johnson, by email at *ajohnson@marketdecisions.com* or by phone at 1-800-293-1538, ext. 1601.

The Washington State Traffic Safety Commission appreciates your time and attention to this important project and we look forward to hearing from you!

Sincerely,

Shelly Baldwin, Director
The Washington Traffic Safety Commission

ROADUSE1

Q1. How often do you...

	Never	A few times a year	About once a month	About once a week	Daily
Drive a motor vehicle on public roads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride a bicycle on public roads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk or jog on public roads (including shoulders and sidewalks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROADUSE2

Q2. Do you have a valid driver's license?

- Yes
- No

ROADUSE3

Q3. What type of vehicle do you drive most often?

- Car
- Pickup
- SUV
- Van
- Motorcycle
- Semi/Large truck
- Other, specify _____
- I don't drive

ROADUSE4

Q4. Have you ever completed a driver's education class?

- Yes
- No
- I don't know

ROADUSE5A

Q5. Have you driven a motorcycle in the previous five years?

- Yes
- No – **Please skip to question Q7**

ROADUSE5B

Q6. What is your primary reason for riding your motorcycle?

- Commuting or other task-related trips
- Recreation
- Both commuting and recreation

HIST1

Q7. In the past 12 months, how many vehicle accidents or crashes (even minor ones) have you been involved in that were NOT your fault?

- None
- 1
- 2
- 3 or more

HIST2

Q8. In the past 12 months, how many vehicle accidents or crashes (even minor ones) have you been involved in that were perhaps your fault?

- None
- 1
- 2
- 3 or more

HIST3

Q9 In the past 12 months, how many citations, tickets, or warnings have you received for the following?

	None	1	2	3 or more
Not wearing a seat belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving through a red light or not stopping at a stop sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving under the influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distracted driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEDCYC1

Q10. Think about the times you have been a pedestrian or bicyclist in the last 6 months. What situations did you experience, if any? (Mark all that apply.)

- Drivers not stopping or going too fast
- Bicyclists not stopping
- Almost getting hit by a driver
- Lack of sidewalks or damaged sidewalks
- Drivers turning without looking for pedestrians or bicyclists
- Drivers looking down or away from the road
- Walk signals not long enough
- No signal where needed for a safer crossing
- Lack of ADA accessibility elements such as curb cuts or accessible pedestrian signals
- Other (specify): _____
- None

PEDCYC2

Q11. Think about the times you have been a driver around pedestrians and bicyclists in the last 6 months. What situations did you experience, if any? (Mark all that apply.)

- Pedestrians not using marked crosswalks
- Pedestrians stepping off curb without looking
- Not seeing pedestrians/bicyclists until very close to them
- Pedestrians/bicyclists using phones, ear pods, headsets
- Bicyclists not stopping at stop signs or traffic lights
- Bicyclists in the road
- Other (specify): _____
- None

DRIVE1

Q12. How often do you wear a seat belt when you are in a vehicle (other than a bus)...

	Never	Seldom	Sometimes	Usually	Always
Within a few miles of your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many miles away from your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVE2

Q13. How often do you wear a seat belt when you are in the back seat of a vehicle?

- Never
- Seldom
- Sometimes
- Usually
- Always
- I don't ride in the back seat

IF you never drive a motor vehicle on public roads, please skip to question Q18 on page 4

DRIVE3

Q14. During the past 12 months, have you driven a vehicle while you were under the influence of alcohol?

- Yes
- No
- I don't know

DRIVE4

Q15. During the past 12 months, have you driven a vehicle while you were under the influence of cannabis (marijuana, weed, pot, edibles)?

- Yes
- No
- I don't know

DRIVE5

Q16. During the past 12 months, have you driven a vehicle while you were under the influence of alcohol and cannabis?

- Yes
- No
- I don't know

DRIVE7

Q17. In the past 30 days, how often have you...

	Never	Rarely	Some times	Often	Always	I don't drive
Q17a. driven 10 mph or more over the speed limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17b. Driven while holding and talking on a cell phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17c. Driven while reading or looking at your cell phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17d. Driven while manually typing or interacting with your cell phone with your hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVE8

Q18. In the past 30 days, did you...

	Yes	No	I was never in that situation
Ask someone who was not using a seat belt to use a seat belt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take some action to prevent someone who was going to drive who was perhaps too impaired to drive safely (like getting them a ride, asking them to stay, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask someone who was speeding or driving aggressively to slow down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask a driver who was using their cell phone or who was distracted to focus on driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RULES1

Q19, Do you have a family rule about...

	Yes	No	I don't know	I don't have a family
Always using a seat belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never exceeding the speed limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never driving after consuming alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never driving after consuming cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never using a cell phone while driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RULES2

Q20, Does your employer have a policy about...

	Yes	No	I don't know	I don't have an employer
Always using a seat belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never exceeding the speed limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never driving after consuming alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never driving after consuming cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never using a cell phone while driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFE1

Q21. How dangerous do you feel it is to...

	Not at all dangerous	Slightly dangerous	Moderately dangerous	Very dangerous	Extremely dangerous
Drive a motor vehicle on public roads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride a bicycle on public roads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk or jog on public roads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFE5

Q25. How likely is a driver in your community who is arrested by police for driving under the influence of alcohol or cannabis going to be prosecuted?

- Not at all likely
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely
- I don't know

EXPECT1

Q26. How much do you believe people who are important to you would approve or disapprove of each of the following behaviors?

	Strongly disapprove	Somewhat disapprove	Neither approve nor disapprove	Somewhat approve	Strongly approve
Driving while using a cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving 10 mph or more over the speed limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving after consuming alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving after consuming cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving while NOT wearing a seat belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPECT2

Q27. How much do you believe people who are important to you would approve or disapprove of each of the following behaviors?

	Strongly disapprove	Somewhat disapprove	Neither approve nor disapprove	Somewhat approve	Strongly approve
Asking someone who was not using a seat belt to use a seat belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking some action to prevent someone who was going to drive who was perhaps too impaired to drive safely (like getting them ride, asking them to stay, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking someone who was speeding or driving aggressively to slow down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking a driver who was using their cell phone or who was distracted to focus on driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PPL1

Q28. In your opinion, how often do MOST PEOPLE in your community...

	Never	Rarely	Sometimes	Usually	Always
Wear a seat belt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive after consuming alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive after consuming cannabis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive 10 mph or more over the speed limit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive while holding and talking on a cell phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive while reading or manually typing on a cell phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PPL2

Q29. In your opinion, how often do MOST PEOPLE in your community...

	Never	Rarely	Sometimes	Usually	Always
Ask someone who is not using a seat belt to use a seat belt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take some action to prevent someone who is going to drive who is perhaps too impaired to drive safely (like getting them ride, asking them to stay, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask someone who is speeding or driving aggressively to slow down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask a driver who is using their cell phone or who is distracted to focus on driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you never drive a motor vehicle on public roads, please skip to question Q31.

CNTRL1

Q30. How easy or difficult would be it for you to...

	Very difficult	Somewhat difficult	Neither easy nor difficult	Somewhat easy	Very easy
NEVER talk on a cell phone while holding it and driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER read or manually type on a cell phone while driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CNTRL2

Q31. How comfortable would it be for you to...

	Not at all comfortable	Slightly comfortable	Moderately comfortable	Very comfortable	Extremely comfortable
Ask someone to use a seat belt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take some action to prevent someone who is going to drive who is perhaps too impaired to drive safely (like getting them ride, asking them to stay, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask someone who is speeding or driving aggressively to slow down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask a driver who is using their cell phone or who is distracted to focus on driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRFC1

Q32.How much do you agree or disagree with the following?

"I believe the only acceptable number of deaths and serious injuries on our roadways should be zero."

- Strongly disagree
- Somewhat disagree
- Neither Agree nor Disagree
- Somewhat agree
- Strongly agree

TRFC2

Q33.How much do you support or oppose law enforcement enforcing the following traffic safety violations?

	Strongly oppose	Somewhat oppose	Neither support nor oppose	Somewhat support	Strongly support
Driving while using a cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving 10 mph or more over the speed limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving through a red light or not stopping at a stop sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving under the influence of cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving while NOT wearing a seat belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK1

Q34. What is your employment status? (Choose the one most applicable)

- Employed
- Student
- Homemaker
- Retired
- Disabled
- Unemployed
- I prefer not to answer

If you are not employed, please skip to question Q36.

WORK2

Q35. In a few words, please describe the kind of work you do (like finance, delivery, construction, etc.) _____

- I prefer not to answer

If you are not a student, please skip to question Q37.

STUDENT

Q36. Do you attend school online or on campus?

- Online
- On campus
- Both online and on campus
- I prefer not to answer

GEND

Q37. How do you identify?

- Female
- Male
- Transgender, Non-binary, or another gender
- I prefer not to answer

EDU

Q38. What is the highest level of education that you completed?

- Less than high school degree
- High school graduate (includes GED)
- Some college, no degree
- 2-year college degree (Associate's degree)
- 4-year college degree (Bachelor's degree)
- Graduate or professional degree
- I prefer not to answer

ETHN

Q39. Are you Hispanic, Latino/Latina/Latinx, or of Spanish origin?

- Yes
- No
- I prefer not to answer

RACE

Q40. How do you identify? Mark all that apply.

- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other _____
- I prefer not to answer

AGECHECK

Q41. How old are you? _____ [ENTER AGE]

INCOME

Q42. What is your annual household income?

- Less than \$5,000
- \$5,000 to \$14,999
- \$15,000 to \$29,999
- \$30,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more
- I don't know
- I prefer not to answer

VETERAN

Q43. Have you ever served on active duty in the U.S. Armed Forces, either in the regular military or in a National Guard or military reserve unit?

- Yes
- No
- I prefer not to answer

ALC

Q44. Have you consumed any alcohol in the past 30 days?

- Yes
- No
- I prefer not to answer

MJA

Q45. Have you consumed any cannabis in the past 30 days? Please consider all forms of cannabis (pot, "grass") including hashish and hash oil. It may be smoked (including vaping) or added to foods (edibles) or drinks.

- Yes
- No
- I prefer not to answer

Thank you for taking the time to complete this survey! Would you be interested in participating in future surveys on this topic? If so, please provide your email below.
