

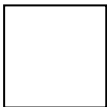
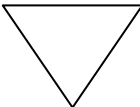
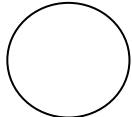
The Older and Wiser Driver¹ Self Rating Form





| Instructions: <i>PRINT OUT this page and the following page.</i> For each of the following 15 questions check the answer that applies to you. | Always or almost always | Some-Times | Never or Almost Never |
|---|----------------------------------|-----------------------|----------------------------------|
| 1. I signal and check to the rear when I change lanes. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I wear a seat belt. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I try to stay informed on changes in driving and highway regulations. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Intersections bother me because there is so much to watch from all directions. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 5. I find it difficult to decide when to join traffic on a busy highway. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 6. I think I am slower than I used to be in reacting to dangerous driving situations. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 7. When I am really upset, I show it in my driving. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 8. My thoughts wander when I am driving. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 9. Traffic situations make me angry. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 10. I get regular eye checks to keep my vision at its sharpest. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I check with my doctor or pharmacist about the effect of my medications on driving ability. <i>(If you do not take any medication, skip this question)</i> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I try to stay abreast of current information on health practices and habits. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. My children, other family members or friends are concerned about my driving ability. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| | None | One or Two | Three or More |
| 14. How many traffic tickets, warnings, or "discussions" with officers have you had in the past two years? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. How many accidents have you had during the past two years? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

¹ This self rating form is from the booklet, "The Older and Wiser Driver," a collaborative effort and resource created in 1999 by Manitoba Public Insurance and the former Manitoba Seniors Directorate, adapted with permission from the AAA Foundation for Traffic Safety's various related publications.

Self scoring

Count the number of checkmarks you placed in response to the previous questions in squares, triangles and circles, and record the totals for each in the shapes below:

Total:    These are your Check Mark Totals

| | | |
|------------------------------------|---|--|
| Scoring: There are 5 steps: | | |
| Step 1: | Write the Check Mark Total recorded in the square  above = | |
| Step 2: | Write the Check Mark Total recorded in the triangle  above = | |
| Step 3: | Multiply the checkmark total for  X 5 = | |
| Step 4: | Multiply the checkmark total for  X 3 = | |
| Step 5: | Add the results of Steps 3 and 4. | |
| Your score is: | | |

| Score | Meaning |
|-------------|--|
| 0 to 15 | GO! You are aware of what is important to safe driving and are practicing what you know. |
| 16 to 34 | CAUTION! You are engaging in some practices that need improvement to ensure safety. Be sure to obtain more information on how you might improve your driving. |
| 35 and over | STOP! You are engaging in too many unsafe driving practices. You are a potential or actual hazard to yourself and others. Examine the areas where you checked squares or triangles. Be sure to obtain more information on ways to correct these problem areas. |

Your score is based on your answers to a limited number of important questions. For a complete evaluation of your driving ability, many more questions would be required, along with medical, physical, and licensing examinations. Nevertheless, your answers and score give some indication of how well you are doing and how you can become a safer driver.