Department of Veterans Affairs

FIREARMS AND DRIVING QUESTIONNAIRE

PATIENT NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER | DATE | AGE | GENDER ◯ MALE ◯ FEMALE

ETHNICITY: SPANISH, HISPANIC, OR LATINO? ◯ YES ◯ NO

RACE(*You may check more than one).*
☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ BLACK OR AFRICAN AMERICAN
☐ ASIAN ☐ WHITE ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

WHO COMPLETED THE QUESTIONNAIRE? ◯ PATIENT ◯ CAREGIVER *(Relative)* ◯ CAREGIVER *(Non-relative)* ◯ OTHER *(Specify)*

FIREARMS

1. IS THERE A GUN OR FIREARM IN YOUR HOME (PLACE WHERE YOU LIVE)? ◯ YES ◯ NO ◯ DON'T KNOW ◯ REFUSED

(If subject volunteers that the gun or firearm is kept in a vehicle or on person mark "Yes" If "Yes" continue with the next question. If "No" Skip to Question 5)

2. IS THERE AMMUNITION FOR ANY OF THESE GUNS IN YOUR HOME? ◯ YES ◯ NO ◯ DON'T KNOW ◯ REFUSED

3. ARE ANY OF THESE HANDGUNS? *(If "No" Skip to question 4.)* ◯ YES ◯ NO ◯ DON'T KNOW ◯ REFUSED

A. ARE ANY OF THE HANDGUNS STORED LOADED? ◯ YES ◯ NO ◯ DON'T KNOW ◯ REFUSED

B. ARE ANY OF THE HANDGUNS STORED UNLOCKED? ◯ YES ◯ NO ◯ DON'T KNOW ◯ REFUSED

4. ARE ANY OF THESE RIFLES, SHOTGUNS OR OTHER GUNS? *(If "No" Skip to Question 5)* ◯ YES ◯ NO ◯ DON'T KNOW ◯ REFUSED

A. ARE ANY OF THESE OTHER GUNS STORED LOADED? ◯ YES ◯ NO ◯ DON'T KNOW ◯ REFUSED

B. ARE ANY OF THESE OTHER GUNS STORED UNLOCKED? ◯ YES ◯ NO ◯ DON'T KNOW ◯ REFUSED

DRIVING

5. DO YOU DRIVE? ◯ NO *Do not complete the remaining questions* ◯ YES *Continue to next question*

6. ON AVERAGE, HOW MANY MILES DO YOU DRIVE PER WEEK

7. DO YOU DRIVE ALONE? ◯ YES ◯ NO

8. HAVE YOU GOTTEN LOST WHILE DRIVING ON FAMILIAR ROUTES? ◯ YES ◯ NO

9 DO YOU HAVE DIFFICULTY IN MAKING DECISIONS IN TRAFIC, FOR INSTANCE, WHEN TO ENTER TRAFFIC? ◯ YES ◯ NO

10. HAVE YOU BEEN INVOLVED IN ANY MOTOR VEHICLE CRASHES IN THE PAST YEAR? *(If "No" go to question 11.)* ◯ YES ◯ NO

A.HOW MANY?

B. WERE THEY CONSIDERED YOUR FAULT? ◯ YES ◯ NO

11. HAVE YOU BEEN ADVISED TO LIMIT OR QUIT DRIVING? ◯ YES ◯ NO

12. HAVE YOUR FAMILY , FRIENDS OR HEALTH CARE TEAM EXPRESSED CONCERN ABOUT YOUR DRIVING? *(If "Yes" please specify in space below.)* ◯ YES ◯ NO