



Nevada Survey: Driving

Information about you

- Male My age: _____ My zip code: _____
 Female

I have trouble with my memory: yes _____ no _____

*If you are personally experiencing difficulty with your memory, please complete this questionnaire in regards to your experience.
 *If you do not have any difficulty with your memory, but you have a family member that has memory difficulties, please complete this questionnaire in regards to your family member's experience.

I have (or my family member has) a diagnosis of:

- | | |
|--|--|
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Vascular dementia | <input type="checkbox"/> Frontotemporal dementia |
| <input type="checkbox"/> Lewy body dementia | <input type="checkbox"/> Unspecified dementia |
- OR**
- Other diagnosis (please specify): _____
- OR**
- I do not have (or my family member does not have) a dementia diagnosis, but I have (or he/she has) suspected cognitive impairment.

*If completing in regards to a family member only:
 The family member with dementia or cognitive impairment is my:

<input type="checkbox"/> Spouse	<input type="checkbox"/> Sister/Brother
<input type="checkbox"/> Mother/Father	<input type="checkbox"/> Child
<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Grandparent	

Do you have concerns about your driving safety (or the driving safety of your family member)?
 Yes No

If yes, what are your concerns?

Has a family member intervened to prevent you from driving (or have you intervened to prevent your family member from driving)?

- Yes
- No

If yes, in what way(s) did they (or you) intervene?

- Took away the keys
- Disabled the car
- Took away the car
- Other (please specify): _____

Have you (or your family member) stopped driving?

- Yes
- No

If yes, did you (or he/she) voluntarily stop driving?

- Yes
- No

Were your (or his/her) driving privileges revoked?

- Yes
- No

Have you and your family had arguments about your (or his/her) driving ability?

- Yes
- No

Have you (or your family member) experienced transportation challenges as a result of concerns about driving?

- Difficulty getting to medical appointments
- Difficulty obtaining groceries and other necessities
- Difficulty obtaining prescription medications
- Difficulty visiting family and friends
- Other (please specify): _____

Were alternative transportation options available?

- Yes
- No

If yes, what transportation resources did you use?

- Family or friends provided rides
- Public transportation (busses, taxi)
- Hired caregiver provided transportation
- Volunteer service provided transportation
- Used delivery services for obtaining needed food, medications, etc.
- Other resource (please specify): _____

Experience with healthcare providers

Have you ever discussed concerns about your (or your family member's) driving with a physician or other healthcare provider?

- Yes
- No

If yes, how helpful was the discussion?

What was the outcome of the discussion?

- The physician decided to make a report to the DMV.
- The physician instructed or encouraged me (or my family member) to stop driving.
- The physician informed me (or my family member) it was safe for me (or them) to continue driving.
- Other (please specify): _____

Experience with DMV and law enforcement

Since you (or your family member) began to show signs of cognitive impairment, have you (or they):

- Been in a car accident while driving?
- Received a citation for a moving violation?

Have you (or your family member) participated in any of the following assessments at the DMV?

- Written driving assessment
- Vision assessment
- On-road driving assessment
- Other assessment (please specify): _____

If so, was the assessment

- Required
- Voluntary

Do you have any suggestions for the state of Nevada for making it easier for persons with dementia and their families to deal with the issue of driving safety?
