Tuality HealthPlace Occupational Therapy
1200 NE 48th Ave, Ste 700, Hillsboro, OR 97124 • Phone (503) 640-6064

_____

Dear _____:

We have you tentatively scheduled for a Driving Assessment on _____ **at** _____ **am/pm.**

The assessment will be held at Tuality HealthPlace. Please arrive 15 minutes before your appointment to complete the check-in process with our receptionist.

The assessment will take approximately 1-½ hours. It focuses on the skills a person needs to drive safely. Physical strength and coordination, visual and cognitive skills, reaction speed and problem solving with driving will also be a part of the assessment.

I have enclosed a Pre-Driver Questionnaire and a medical history form for you to fill out. This paperwork will need to be brought with you the day of your appointment.

This time has been set aside for you. If you're unable to make the appointment, it's very important to call us 24 hrs prior to your scheduled appointment to cancel and/or re-schedule.

Also, a licensed driver must accompany you to your appointment. If you do not have one with you, the appointment will be rescheduled.

If you have any questions regarding your appointment, please contact me at 503-640-6064.

Welcome! Please fill this out to the best of your ability and return to the front desk. Thank you!

Date: _____ Date of Injury/Start of symptoms:_____
Reason for visit (pain, balance etc): _____
Height: _____ Weight: _____ Occupation: _____
Were you scheduled for your evaluation in a timely manner? _____ If No, how many days did it take to schedule? _____ Gender: _____

Activity	**CURRENT** Rating	

We want to know **your goals** to help us guide your care. Please list important activities that you are unable to do or are having difficulty with. ***WHAT ACTIVITIES DO YOU HAVE DIFFICULTY WITH BECAUSE OF YOUR PROBLEM?***	0 = **Unable** to perform activity							10 = **Able** to perform activity at same level as before injury or problem		
List up to 3 activities below.	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
1.											
2.											
3.											

Currently I am experiencing (check all that apply):

- ❑Fever/chills/sweats
- ❑Numbness or Tingling
- ❑Depression
- ❑Headaches
- ❑Fatigue
- ❑Changes in bowel or bladder function
- ❑Poor balance (falls)
- ❑Changes in appetite
- ❑Shortness of breath
- ❑Nausea /Vomiting
- ❑Difficulty sleeping
- ❑Unexplained weight loss
- ❑Difficulty swallowing
- ❑Dizziness
- ❑Increased pain at night
- ❑Difficulty concentrating, thinking

Please circle any medical or surgical history we should be aware of:

- ❑Arthritis
- ❑Blood Clots
- ❑Blood disease
- ❑Cancer
- ❑Diabetes
- ❑Drug-resistant infection
- ❑Epilepsy/Seizures
- ❑Fibromyalgia
- ❑Heart Condition
- ❑Hernia
- ❑High Blood Pressure
- ❑High Cholesterol
- ❑Kidney Disease/Dialysis
- ❑Liver disease/Hepatitis
- ❑Lymphedema
- ❑Multiple Sclerosis
- ❑Spinal cord injury
- ❑Stroke/TIA
- ❑Thyroid disorder
- ❑Vision Problems
- ❑Memory Problems
- ❑Other:_____
- ❑Are you pregnant/nursing?

Do you smoke? ❑Yes No❑

OHSUHealth
Hillsboro Medical Center

Occupational Therapy
Driver Screening Questionnaire

Please answer the following questions without assistance.

Name: _____ Date: _____

Family Member that has observed you driving recently:

Name:_____

Phone: _____

May we contact this person for information regarding your driving? _____Yes ____NO

1. Do you still drive?: _____

   If yes, where and when: _____

   _____

   _____

   If no, where would you like to drive and when would you do it? _____

   _____

   _____

2. How long have you been a driver? _____
3. Have you had any traffic incidents in the last 5 years? _____

   If yes, explain: _____

   _____
4. What type of vehicle do you drive? _____
5. How many physicians are you seeing and for what conditions? _____

   _____

   _____
6. Are you taking any medications that have side effects such as drowsiness or dizziness?_____
7. Have you had any falls? _____
8. Why do you think your doctor wanted your driving skills tested? _____

   _____
9. Do you have any fears about driving? _____

		YES	NO
10	With the car windows rolled up, can you hear a siren or horn?	○	○
11	Do you hear the sound of your turn signals?	○	○
12	Are objects bright and clear?	○	○
13	Does night driving bother you?	○	○
14	Can you go out into the bright sunlight and see clearly right away?	○	○
15	Can you turn you head an equal distance from one side to the other?	○	○
16	Can you turn you head and neck far enough to see over your shoulder?	○	○
17	Can you drive as far as you want without your fingers or hands becoming tired, tingly or numb?	○	○
18	Can you lift your arm high enough to adjust the rearview mirror?	○	○
19	Do you have trouble deciding when to enter a lane of moving traffic?	○	○
20	Do intersections confuse you?	○	○
21	Does driving make you angry?	○	○
22	Have your family members or friends expressed concern regarding your driving?	○	○

Are there any comments or additional information you would like to share about your driving?

Drivers Quiz
(from AARP Driver Safety Program)

Directions: Please read each question and mark the best answer.

1. Drivers aged 50 and over, compared with drivers aged 30-49, are involved in:
   - ○ More crashes per mile.
   - ○ About the same number of crashes per mile.
   - ○ Fewer crashes per mile.
   - ○ It varies for each year.

2. Frequent use of mirrors on a car is especially important for those drivers who:
   - ○ Drive a lot on highways.
   - ○ Have hearing problems.
   - ○ Drive a lot at night.
   - ○ Are driving unfamiliar cars

3 If you are planning to make a left turn across an intersection and you are waiting in the middle of the intersection for a break in oncoming traffic, your front tires should be turned:
   - ○ To the left.
   - ○ It depends upon the sharpness of the turn.
   - ○ Straight ahead
   - ○ To the right.

4. You want to change lanes. You can see if another vehicle is in your blind spot:
   - ○ Only if you check your rearview mirror.
   - ○ Only if you check your side view mirror,
   - ○ Only if you turn and glance over your shoulder.
   - ○ Only if you check both mirrors.

5. When entering a controlled access highway, turnpike or freeway, you should:
   - ○ Accelerate to the traffic speed and enter the highway by merging with traffic at the safest point.
   - ○ Stop at the end of the entrance ramp and look for an opening in the traffic.
   - ○ Proceed slowly and enter the expressway when it is safe, trying not to stop
   - ○ Accelerate to the traffic speed and enter the highway quickly because you have right of way.

6. The best response to a “Road work ahead” sign is to:
   - ○ Continue driving at the posted speed limit and look for the road work.
   - ○ Look for the road work.
   - ○ Slow down and look for the roadwork
   - ○ Brake and be prepared to stop.
   - ○

7. If the minimum speed limit on the freeway or highway is too fast to drive comfortably; a driver should:
   - ○ Use the freeway only during non-rush hours and only in daylight
   - ○ Stay to the right and drive very cautiously by keeping an eye on the rearview mirrors.
   - ○ Keep off the freeway and select an alternate route.
   - ○ Stay in the right lane and use emergency flashes.

8. If you take medication before driving, the most important thing for you to do is:
   - ○ Have another person ride with you.
   - ○ Be sure to eat a light meal.
   - ○ Plan on making several rest stops along the way.
   - ○ Find out the effects of the medication, and adjust your driving accordingly.

9. The measure to be used by the driver aged 50 and over who is following a vehicle is:
   - ○ 1 car length for every ten miles per hours you are traveling.
   - ○ 2-second following distance.
   - ○ 3 second following distance
   - ○ 10 feet for every ten miles per hour you are traveling.

10 When backing up, it is usually best to:
   - ○ Open the left door and look back
   - ○ Steer with one hand, while looking into the rearview mirror,
   - ○ Steer with one hand, while looking out the rear window,
   - ○ Steer with both hands while looking into the rearview mirror.

11. Depth perception, which is important in knowing when to pass safely:
   - ○ Increases with age.
   - ○ Remains the same with age
   - ○ Decreases with age
   - ○ Increases significantly with age.

12. An icy road is most slippery at what temperature?
   - ○ 32 degrees
   - ○ 25 degrees
   - ○ 10 degrees
   - ○ 0 degrees

13. What is the number one traffic violation committed by drivers aged 50 and over?
    - ○ Speeding
    - ○ Following too closely
    - ○ Failure to observe right of way
    - ○ Running a stop sign

14. What is the number two traffic violation committed by drivers aged 50 and over?
    - ○ Speeding
    - ○ Improper left turn
    - ○ Tailgating
    - ○ Running a stop sign

Caregiver/Family Questionnaire

Please mark yes or no to the following behaviors you have observed or know about regarding the person is who being referred for a driver evaluation.

1. Incorrect signaling YES NO

2. Pulls out into traffic when other cars are approaching YES NO

3. Has difficulty keeping the car in the lane, crossing over the lane line or drives using two lanes so that other cars cannot use a driving lane safely. YES NO

4. Drives too slow or fast. YES NO

5. Has difficulty making decisions to proceed after stopping at a stop sign or light. YES NO

6. Has driven through a red light or a STOP sign. YES NO

7. Has been stopped by a police officer. YES NO

8. Has received a ticket or warning from a police officer. YES NO

9. Has been involved in an accident while driving. YES NO

10. Has stopped in traffic for no apparent reason. YES NO

11. Has gotten lost while driving. YES NO

12. Seems nervous after driving or while driving. YES NO

13. Please let us know of any other concerns you have regarding the person referred ability to drive.

_____

_____

_____

_____

_____