**Questions About Driving**

**Exploratory Questions**

How did you get here today? Do you drive?
How much do you drive?
Do you drive to the store? hairdresser? bank? Do you drive at night?
Have you lost any confidence in your ability to be a safe driver?
Have others expressed concern about your driving?
What would you do if you had to stop driving? Are comfortable when seated in your car?
Tell me about your ability to:
- see signs when driving?
- manage the steering wheel?
- manage the foot pedals?
- visualize the street signs?
- visualize the traffic lights and signs?
Do you often get lost while driving?
Have you received any traffic violations or warnings in the past 2 years?
Have you had any accidents or near-accidents in the past 2 years?

**Health Risk Assessment Questions**

Physical activity and diet history
Daily alcohol intake
Daily medication management concerns or use of sedating medications
History of falls
Use of seat belts

**Questions For Caregivers If Concerns Are Raised**

How often do you believe _________ drives?
Have you had the opportunity to ride with _________ in the past month?
Do you feel safe in the car when riding with _________?
Do you have any concerns about _________ driving ability?

If a patient presents a form from the licensing agency, the clinician should ask why they are being asked to submit the form.

**Understanding Mobility Needs**

How do you usually get around?

If your car ever broke down, how would you get around?

Is there anyone who can give you a ride?

Can you use public transportation, such as a bus or train?

Does your community offer a shuttle service or volunteer driver service?