

Table 2.2 - Questions About Driving

Exploratory Questions	
<p>How did you get here today?</p> <p>Do you drive?</p> <p>How much do you drive?</p> <p>Do you drive to the store? hairdresser? bank?</p> <p>Do you drive at night?</p> <p>Have you lost any confidence in your ability to be a safe driver?</p> <p>Have others expressed concern about your driving?</p> <p>What would you do if you had to stop driving?</p> <p>Are you comfortable when seated in your car?</p> <p>Tell me about your ability to see signs when driving?</p> <p>To manage the steering wheel? To manage the foot pedals? To visualize the traffic lights and signs?</p> <p>Do you often get lost while driving?</p> <p>Have you received any traffic violations or warnings in the past 2 years?</p> <p>Have you had any crashes or near-crashes in the past 2 years?</p>	<p>Questions for caregivers if concerns are raised:</p> <p>How often do you believe _____ drives?</p> <p>Have you had the opportunity to ride with _____ in the past month?</p> <p>Do you feel safe in the car when riding with _____?</p> <p>Do you have any concerns about _____'s driving ability?</p> <p>If a patient presents a form from the licensing agency, the clinician should ask why they are being asked to submit the form.</p>
	<p>Health Risk Assessment Questions</p> <ul style="list-style-type: none">• Physical activity and diet history• Daily alcohol intake• Daily medication management concerns or use of sedating medications• History of falls• Use of seat belts• Sleep history