

AARP JUDGING MY DRIVING

Always	Frequently	Occasionally	Never	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I notice that other drivers seem to be honking at me.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I find gaps in traffic hard to judge.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I find that cars suddenly appear from nowhere.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I find drivers are stopping suddenly in front of me.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I fail to notice red lights and traffic signs.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I have trouble looking over my shoulder to back up or change lanes.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I have trouble remembering to look left and right to check traffic at intersections.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I have trouble driving through intersections.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I get nervous making left turns.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I lack confidence that I am able to drive in heavy traffic and at high speeds.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I feel overwhelmed by too many road signs, signals, pavement markings, pedestrians, other vehicles, etc.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I have trouble moving my foot from the gas pedal to the brake pedal or turning the steering wheel.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I get lost on roads that are familiar to me.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I feel nervous, agitated, or irritated while driving.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>I have had several "fender benders" in the last three years.</u>
_____	_____	_____	_____	Total score (all columns) _____

How to Score this sheet

- For every "never" box checked-zero points
- For every "occasionally" box checked-one point
- For every "frequently" box checked-two points
- For every "always" box checked-three points

Grand Score	You should...
0 to 5	Do not be concerned at this time.
6 to 15	Take additional self assessments.
16 or above	Consider a more formal assessment.