<u>FINAL REPORT</u>
**TRANSPORTATION-RELATED BEHAVIORS AND ATTITUDES:
A SURVEY OF FLORIDA'S AGING ROAD USERS
BDV30-977-32**

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16. Abstract

This project supported the efforts of Florida's Safe Mobility for Life Coalition (SMFLC) to meet the aims outlined in Florida's Aging Road User Strategic Safety Plan (ARUSSP), which include increasing aging road users' safety and mobility. To better understand aging road users' transportation-related behaviors and attitudes, a statewide online survey of Floridians aged 50 and older was conducted. The 2020-2021 Safe Mobility for Life Survey, which received 4,275 respondents, was a follow-up and extension of a similar survey conducted in 2017. The 2020-2021 survey revealed that most respondents found it easy to get where they need or want to go and that driving was, by far, their primary transportation mode, followed by walking and getting rides from family. Results also indicated that most respondents viewed driving as central to maintaining their independence and social connections and thought it would be difficult to get around if they could no longer drive. However, relatively few respondents had planned for such a time. Other survey results included the observation that respondents tended to rate their driving ability very favorably, with the lowest ratings found for driving at night. The survey also revealed that respondents reported high levels of hurricane preparedness, although some groups were less prepared and/or would require additional evacuation assistance. Regarding awareness of SMFLC, relatively few respondents had used these resources. Taken together, the results highlight the importance of promoting more planning for driving retirement, increasing Floridians' knowledge of alternative transportation modes, promoting improvements that would make these modes more appealing, addressing gaps in hurricane preparedness, and increasing awareness of SMFLC.

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EXECUTIVE SUMMARY

This summary provides a very brief overview of some of the major findings of the 2020-2021 Safe Mobility for Life Survey that was conducted on behalf of the Florida Department of Transportation (FDOT) and the Florida Safe Mobility for Life Coalition (SMFLC). Considerably more detailed results are found in the report. They also have relevance to the work of the Coalition, so a full reading of the report is recommended.

COMPARISON OF 2020-2021 AND 2017 SURVEY

The 2020-2021 Safe Mobility for Life Survey received 4,275 respondents, which is a larger sample than obtained in the 2017 survey (n=3,103). The demographic characteristics of the two samples are highly comparable, particularly in terms of age, gender, race, and education. The geographic distribution of respondents also was comparable in the two samples, with a high concentration of respondents residing in NW Florida (District 3) and particularly in Leon County.

The main results of the 2020-2021 Safe Mobility for Life Survey also were highly comparable to those of the 2017 survey, though comparisons are not possible on all results because the current survey contained significantly more questions and tapped more constructs. However, both surveys found that driving was, by far, respondents' primary transportation mode, that driving was viewed as central to their independence and social connections, and that relatively few respondents had planned for a time when they can no longer drive safely.

FREQUENCY OF DRIVING AND OTHER TRANSPORTATION MODES

The 2020-2021 survey revealed that driving was the most frequently used transportation mode, with 75% of respondents driving several times a week or at least once a day. After driving, the most common modes were walking and getting rides from family, with 28% reporting they walked several times a week or at least once a day and 10% reporting a similar frequency of rides from family.

Comparison of current transportation patterns with those prior to the start of the COVID-19 pandemic revealed similar patterns. Driving was the primary mode used, following by walking and getting rides from family. However, driving frequency was higher before the pandemic. For example, 42% drove at least once a day before the pandemic while only 29% did so in the past month.

EASE IN GETTING FROM PLACE TO PLACE

Respondents indicated they found it rather easy to get to the places they need or want to go, with 77% describing it as "very easy." However, age differences were found, with only 61% of those 85 and older, compared with 78% of those aged 50 to 64 describing their experience this way.

The survey included an open-ended question asking respondents how they felt about changes they have experienced in how they get places and where they go since the COVID-19 pandemic began. Responses included negative and positive assessments of the changes. Positive views centered on themes of physical activity, free time, the environment, and personal finances.

Negative views centered on social isolation and reduced transportation options. Reduced transportation options were especially common in the responses of rural residents and those 85 and older.

DRIVING BEHAVIORS

Nearly all respondents (98%) reported wearing their seatbelt "always." Regarding distracted driving behaviors, they were not particularly common. The most frequently reported behaviors were eating or drinking, using the phone, and disregarding the speed limit, with 37%, 30%, and 26%, respectively, indicating they "sometimes" engaged in these behaviors.

SELF-REGULATED DRIVING BEHAVIORS

The most frequently reported behaviors were avoiding driving at night, in bad weather, and at peak hours. Results indicated that 23% often avoided driving at night, 21% often avoided driving in bad weather, and 23% often avoided driving in peak hours. Self-regulated driving behaviors were more common among older and female respondents.

SELF-RATED DRIVING ABILITY

Respondents' ratings of their own driving ability were uniformly high, as indicated by the low percentages of respondents (less than 6%) rating their driving ability as "poor" on any of the 17 driving skills addressed in the survey. The lowest ratings were observed for driving at night, perhaps reflecting age-related vision changes that can make driving at night more difficult. Across the driving skills, women and older respondents tended to rate their driving ability worse than did men and younger respondents, which is likely to contribute to these groups' greater tendency to avoid certain driving situations.

DRIVING INCIDENTS

The most common driving incident was experiencing a near crash or collision, reported by 22% of respondents. Receiving a ticket or citation or experiencing a minor or major crash or collision were much less common. Age and gender differences were found, with younger men more likely than other groups to have experienced a near crash or collision.

DRIVING ATTITUDES

The results provided support for the view that driving is central to many older adults' social activities and their sense of self. As examples, 83% of respondents strongly agree that being able to drive was important to them, and 72% strongly agreed that driving was central to their independence.

DRIVING RETIREMENT

The results revealed that many respondents viewed driving retirement as a challenging transition and one for which they had planned little. Most respondents (51%) thought it would be "not at all easy" to get from place to place without driving. Regarding their expected transportation modes, the most commonly reported mode was getting rides from family, with 43% reporting they would use it "often" or "always." Other commonly anticipated modes included getting rides from

friends, walking, and using transportation network companies. Results also revealed a low level of planning for driving retirement. For example, 52% said they had not planned at all for a time when they can no longer drive – a figure that is five times higher than for any other type of later life planning (e.g., financial).

HURRICANE PREPAREDNESS

Overall, respondents reported high levels of hurricane preparedness, with over 94% having access to their vital information and documents, 93% having access to $2,000 to cover evacuation expenses, 96% having enough reliable vehicles to carry all household members, pets, and a small amount of supplies, and 75% having emergency supplies readily available to take in the case of evacuation. Results also indicated that 12% of respondents lived in households in which at least one member would need assistance during an evacuation. Anticipated compliance with an evacuation order was relatively high, with 41% indicating they would be "very likely" to comply and only 20% indicating they would be "not at all likely" to do so. The vast majority anticipated staying either in a hotel or motel (50%) or with relatives or friends (39%).

HEALTH

Respondents reported fairly high levels of physical health, physical abilities, and psychological health. For example, 58% described their health as "very good" or "excellent." Similarly, 75% reported no difficulty doing various physical tasks, such as walking a quarter of a mile. These patterns varied across groups, with older respondents, women, and rural residents reporting worse health. Results also indicated that pain and sleep difficulties had little impact on respondents' ability to drive. For example, although 37% reported having "some" or "a lot" of pain in the past month, 91% reported that pain had not affected their ability to drive. Similarly, 82% of respondents reported that memory issues had not affected their daily activities.

USE OF SAFE MOBILITY FOR LIFE MATERIALS

The survey asked respondents about their use in the past year of various resources produced by Florida's Safe Mobility for Life Coalition. Across all the resources, relatively few respondents (less than 3%) had used them. The top three resources used by respondents included visiting the SafeMobilityFL.com website, looking at the Florida's Guide to Safe Mobility for Life, and attending a CarFit safety event. Similarly, 88% reported that prior to completing the survey they had no awareness of the Coalition.

DISCUSSION

The 2020-2021 Safe Mobility for Life Survey provides an overview of Florida's aging road users that can inform the Coalition's efforts to improve the safety and mobility of this population. The results raise five key issues that are relevant to the Coalition's work: (1) few transportation options, outside of driving; (2) centrality of driving to individuals' social integration and their sense of self; (3) limited planning for transition away from driving; (4) gaps in hurricane preparedness; and (5) limited awareness of Safe Mobility for Life Coalition. The implications of these issues are discussed in the final chapter of this report.

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CHAPTER 1: INTRODUCTION

Florida's most distinctive demographic characteristic – its rapidly aging population – presents challenges for its transportation system. With over 20 percent of its population aged 65 and older, compared with an average of 15 percent in the U.S., Florida faces the issue of helping its older residents remain safe and mobile, as older age increases the risk of experiencing declines in visual, cognitive, and motor abilities that can impair driving ability (Administration on Aging, 2018). Older age also heightens the risk of transportation-related injuries and fatalities, given the effect of age on frailty (Bédard et al., 2001; Evans & Gerrard, 2001). These patterns point to the importance of other transportation modes than driving in keeping Florida residents integrated within their communities as they age.

To enhance the safety and mobility of Florida's aging population and other road users, in 2004 the Florida Department of Transportation (FDOT) State Traffic Engineering and Operations Office created the Safe Mobility for Life Program. In 2009, FDOT partnered with FSU's Pepper Institute on Aging and Public Policy in order to create the comprehensive statewide Safe Mobility for Life Coalition (SMFLC). Among the key accomplishments of the SMFLC was the development of Florida's Aging Road User Strategic Safety Plan (ARUSSP), which is included in Florida's Strategic Highway Safety Plan (Florida Department of Transportation, 2021). The ARUSSP aims to increase aging road users' safety, access, and mobility and to eliminate fatalities and reduce serious injuries. These efforts focus on Floridians aged 50 and older, with particular emphasis on those 65 and older.

The project described in this report was designed to advance the goals of the SMFLC by collecting data that would inform the coalition's focus and outreach. The project was a statewide online survey of aging road users (50 years and older) that assessed various aspects of their transportation-related behaviors and attitudes. The survey was a follow-up and extension of a similar survey, conducted in 2017, that yielded over 3,000 respondents. Summaries of the results of this baseline survey were used to promote the goals of the SMFLC through outreach and education. As examples, results indicating that over three-quarters of respondents had not planned for the day they could no longer drive safely and two-thirds feared they'd become isolated if they stopped driving were used to create outreach and marketing materials in community events and statewide campaigns (e.g., Older Driver Safety Awareness Week), as well as to create display materials used at educational events around the state.

The project extended the prior survey in three ways. First, it provides a current picture of the state's aging road users – information that can be used not only to update the SMFLC's educational materials but also to examine over time trends in transportation-related behavior and attitudes. Second, the project provides a more comprehensive understanding of Florida's aging road users by expanding the survey – specifically the items related to driving and other transportation-related behaviors and attitudes and the background factors predicting them. The survey to expand the transportation items to include, as examples, items on self-regulated driving, use of and attitudes about alternatives to driving, and emergency evacuation plans and experiences. We also expanded the items capturing potential predictors of transportation-related

behaviors and attitudes. In addition to the background factors included in the prior survey (e.g., gender, age, race, self-rated health), we included items yielding a more complete picture of aging road users' social networks and living arrangements, which may influence transportation decisions. Third, the project included a focus on obtaining sufficient numbers of respondents from areas that were underrepresented in the baseline survey (e.g., smaller, more rural counties), to provide a more accurate summary of the state in aging road users' experiences and needs.

In addition to expanding the content of the survey, the project permitted a deeper analysis of the data that is collected. Like the baseline survey, the current survey yielded statewide summaries of transportation-related behaviors and attitudes. However, it included two additional data analysis components. First, compared the current results with those from the 2017 survey, which will help to guide the SMFLC's goals by identifying persistent challenges faced by aging road users. Second, it involved select bivariate and multivariate analyses aimed at identifying predictors of transportation-related behaviors – with the goals of understanding the processes shaping transportation decisions and identifying at-risk segments of Florida's aging population. These analyses yielded information that can help the SMFLC target its efforts and refine its educational materials.

CHAPTER 2: LITERATURE REVIEW

The literature review had three goals: (1) identifying transportation-related items to consider for inclusion in the survey (e.g., attitudes about driving, self-regulated driving), (2) identifying other items to consider for inclusion in the survey (e.g., emergency preparedness, health, race-ethnicity), and (3) identifying best survey practices. Appendix A lists some of the journal articles and other resources we consulted, including relevant details for each. Below we summarize the main conclusions of our literature reviews addressing each of the three goals.

TRANSPORTATION-RELATED SURVEY ITEMS

To identify transportation-related items for possible use in our survey, we reviewed numerous journal articles focusing on transportation, particularly among older adults. Many of the articles we consulted reported on the results of research using large nationally representative datasets, such as the National Health and Aging Trends Study, National Health Interview Survey, and National Survey on Distracted Driving Attitudes and Behaviors. The review revealed several key aspects of older adults' transportation experiences that we wished to include in our survey, including use of various transportation modes, driving behaviors, self-regulated driving behaviors, self-rated driving ability, driving incidents, attitudes about driving, and driving retirement.

Studies focusing on the frequency of use of various transportation modes revealed several measures of this construct that we considered including in our survey (e.g., Harmon et al., 2018; MacDonald, Myers, & Blanchard, 2008). The measures included in the 2020-2021 Safe Mobility for Life Survey were created using the similar survey conducted in 2017 to allow some consistency across the datasets; however, revisions to the phrasing of these questions and the response categories were informed by other studies (e.g., Harmon et al., 2018).

Studies focusing on self-regulated driving revealed several measures of this construct (e.g., Barrett, Gumber, & Douglas, 2017; Betz & Lowenstein, 2010; Charlton et al., 2006; D'Ambrosio et al., 2008; MacDonald et al., 2008; Owsley, Stalvy, Wells, & Sloane, 1999). The eight self-regulated driving items included in the 2020-2021 Safe Mobility for Life Survey were drawn from MacDonald et al. (2008).

Our review of the literature focusing on driving incidents revealed several items of possible use in our survey (e.g., Betz & Lowenstein, 2010; Zanjani, Allen, & Beck, 2019). The four driving incident items that we included in the 2020-2021 Safe Mobility for Life Survey were drawn from Zanjani et al. (2019).

We reviewed literature focusing on driving behaviors, such as seatbelt use and distracted driving behaviors. Of particular note is a study that used the National Survey on Distracted Driving Attitudes and Behaviors (Schroeder, Meyers, & Kostyniuk, 2013), from which we drew the distracted driving items included in our survey.

Driving attitudes also were the focus of our literature review (e.g., D'Ambrosio et al., 2008; Sukhawathanakul et al., 2015). Of particular use in developing our survey was the study by Sukhawathanakul and colleagues (2015), which included a set of 28 driving attitudes that were divided into four categories: pro-self (e.g., I would hate to admit that I have to stop driving), pro-other (e.g., By driving I can visit with others), con-self (e.g., Parking is becoming more difficult for me), and con-other (e.g., Some people think I should stop driving). We included most of these items in the 2020-2021 Safe Mobility for Life Survey.

Our review revealed studies that included measures of self-rated driving ability (e.g., Charlton et al., 2006; George, Clark, & Crotty, 2007; Lucidi et al., 2019; MacDonald et al., 2008; Myers, Paradis, & Blanchard, 2008). The 17 driving ability items included in our survey (e.g., ability to drive in heavy traffic) were drawn from a study by MacDonald et al. (2008).

We reviewed studies focusing on driving retirement (e.g., Harmon et al., 2018; Schryer et al., 2017). Of particular use in developing this section of our survey was research by Harmon and colleagues (2018), which examined several items related to planning for driving retirement (e.g., specific planning behaviors, beliefs about benefits of planning, Assessment of Readiness for Mobility Transition).

OTHER SURVEY ITEMS

To identify other survey items for possible inclusion in our survey, we reviewed many of the journal articles already noted, along with other studies tapping additional constructs. This approach allowed us to compile measures of variables that are important predictors of driving behaviors (e.g., race, gender, health), as well as measures of other constructs we wished to include (e.g., emergency preparedness). Many of the articles we consulted reported on the results of research using large nationally representative datasets, such as the National Health and Aging Trends Study, American Community Survey, Midlife in the United States, and Health and Retirement Survey.

Studies focusing on emergency preparedness revealed several measures of this construct (e.g., Blendon et al., 2007; Cox & Kim, 2018; Goodie, Sankar, & Doshi, 2019; Gray-Graves, Turner, & Swan, 2011; Whitney, Visker, Haithcox-Dennis, & DeWeese, 2012). The emergency preparedness items included in the 2020-2021 Safe Mobility for Life Survey were drawn from the American Community Survey, along with research by Gray-Graves et al. (2011).

Demographic questions (e.g., race, gender, education) and health (i.e., mental and physical) also were the focus of our literature review. Health items were drawn from large nationally representative studies, including Midlife in the United States, National Health and Aging Trends Study, and the National Health Interview Study. Demographic items were drawn these same studies, along with American Community Survey.

Our literature review also examined articles discussing strategies for conducting surveys of various types, including online and pen-and-paper surveys (e.g., Auster & Janda, 2009; Dibartolo & McCrone, 2003; Edelman et al., 2013). It included not only research on constructing surveys but also recruiting participants, especially those from segments of the population that can be especially challenging to reach (e.g., older, rural). The most useful resource in preparing our survey was a comprehensive book by Dillman et al. (2014). It provides evidence-based advice on numerous topics, including formatting questions and response categories, ordering questions in a survey, writing introductory and closing material, recruiting respondents through email, and sending reminders.

CHAPTER 3: METHODOLOGY

The 2020-2021 Safe Mobility for Life Survey was conducted to support these goals of the SMFLC. In particular, it was designed to assess a wide range of transportation-related behaviors and attitudes of Florida's aging road users, such as frequency of using various transportation modes, the extent of planning for driving retirement, and self-assessments of driving behaviors. The survey's overarching goal is to provide a picture of Florida's aging road users that helps to identify issues they face and to guide the SMFLC in developing strategies addressing them.

Part of the utility of the 2020-2021 Safe Mobility for Life Survey is the comparison it allows with a somewhat similar survey conducted by SMFLC in 2017. Like the current survey, the 2017 survey focused on providing a summary of Florida's aging road users aged 50 and older. The 2017 survey, which involved 3,103 respondents, included questions tapping the following characteristics: demographics, frequency of driving and use of other transportation modes, self-assessed driving ability, driving-related attitudes, planning for driving retirement, self-assessed health, and knowledge about and use of SMFLC resources.

The 2020-2021 survey (see Appendix B) also contained questions tapping these characteristics; however, it contained a wider range of questions about each in order to provide a more nuanced understanding of aging road users. As an illustration, the 2017 survey included only one question on self-assessed driving ability, while the 2020-2021 survey included a set of 17 questions on this topic. Providing another example, the 2017 survey included only one question about health (i.e., overall health), while the 2020-2021 survey included not only this question but also 7 about functional abilities, 2 on experiences of pain, 2 on sleep quality, and 4 on psychological well-being. In addition, the 2020-2021 survey included questions measuring constructs not tapped by the original survey, in particular, hurricane preparedness, self-regulated driving behaviors, driving incidents, and distracted driving behaviors. Although the earlier survey was less comprehensive than the current one, useful comparisons are possible of key transportation-related behaviors and attitudes, and we provide them throughout this report.

The 2020-2021 Safe Mobility for Life Survey was conducted between December 7, 2020 and April 9, 2021 and distributed as an online survey using Qualtrics. The survey opened on December 7, 2020, in conjunction with the events and messaging around Older Driver Safety Awareness Week (ODSAW), a national campaign. The survey was promoted at the week's kickoff webinar, included in the *Safe Mobility for Life Insider* e-newsletter, distributed via emails to the Safe Mobility for Life Coalition members, and posted on the SMFLC website, SafeMobilityFL.com.

Following ODSAW, information about the survey, along with the link to take it was distributed through the following outlets:

- FSU Pepper Institute's website and Twitter accounts
- Tallahassee Senior Center's e-newsletter

- Emails to FSU's Pepper Center and FSU's Resilient Infrastructure and Disaster Response Center for distribution to any relevant parties
- Emails by the PM to members of the SMFLC listserv (1,764 members)
- Distribution by AARP Florida to its members
- Osher Lifelong Learning Institute (OLLI) at FSU newsletter
- Emails to the other seven OLLIs in Florida – Florida Atlantic University (two campuses), Florida International University, Ringling College, University of South Florida, University of North Florida, Eckerd College, and University of Miami
- Emails to 2,388 members of FSU's Institute for Successful Longevity's registry of older adults interested in participating in FSU research (primarily consisting of Leon County residents)

In a final effort to reach respondents, particularly those in the 32 counties from which we had fewer than 15 respondents (see Table 1), fliers with information about the survey and a QR code to access it were created by a marketing and outreach consulting firm under contract with FDOT and distributed in those counties through packets delivered to Meals-on-Wheels recipients. These fliers (see Appendix C) were distributed in late March and early April.

RESPONDENTS BY GEOGRAPHIC AREAS

We received a total of 4,428 respondents, but some could not progress to the survey because they did not meet the criteria for completing the survey – that is, they either were younger than 50 or they failed to provide a response to the question about their Florida county of residence. The remaining respondents met these criteria, yielding a final sample of 4,275 respondents. A high proportion were residents of Leon and surrounding counties, which resulted from two factors. First, a large portion of SMFLC partners are located in this area of the state, giving us greater access to individuals residing there. Second, the vast majority of participants in the registry of FSU's Institute for Successful Longevity live in Leon and surrounding counties, and we sent an invitation to take the survey to 2,388 individuals in this registry.

The number of respondents in the 2020-2021 Safe Mobility for Life Survey exceeded that of the previous aging road user survey conducted by the in 2017 (n=3,103). However, the concentration of respondents in Leon and surrounding counties was similar, given the large portion of coalition partners in this area of the state.

The following three tables (Table 1-Table 3) describe the geographic distribution of respondents in the 2020-2021 Safe Mobility for Life Survey by county, Florida Area Agencies on Aging, and Florida Department of Transportation Districts.

Table 1: Number of Respondents by Florida County

Alachua (66)	Hamilton (0)	Okaloosa (11)
Baker (2)	Hardee (2)	Okeechobee (3)
Bay (6)	Hendry (2)	Orange (112)
Bradford (8)	Hernando (18)	Osceola (80)
Brevard (158)	Highlands (12)	Palm Beach (240)
Broward (214)	Hillsborough (261)	Pasco (36)
Calhoun (0)	Holmes (2)	Pinellas (273)
Charlotte (18)	Indian River (23)	Polk (128)
Citrus (39)	Jackson (7)	Putnam (3)
Clay (37)	Jefferson (27)	Santa Rosa (52)
Collier (75)	Lafayette (2)	Sarasota (147)
Columbia (3)	Lake (101)	Seminole (102)
DeSoto (9)	Lee (146)	St. Johns (72)
Dixie (1)	Leon (696)	St. Lucie (30)
Duval (172)	Levy (9)	Sumter (71)
Escambia (11)	Liberty (1)	Suwannee (0)
Flagler (40)	Madison (8)	Taylor (6)
Franklin (18)	Manatee (56)	Union (1)
Gadsden (61)	Marion (90)	Volusia (152)
Gilchrist (0)	Martin (13)	Wakulla (44)
Glades (14)	Miami-Dade (226)	Walton (13)
Gulf (0)	Monroe (28)	Washington (4)
	Nassau (9)	Don't know (4)

Notes: The numbers in parentheses reflect the number of respondents from each county, N=4,275

Table 2: Number of Respondents by FDOT District

SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central FL (7)
Charlotte (18)	Alachua (66)	Bay (6)	Broward (214)	Brevard (158)	Miami-Dade (226)	Citrus (39)
Collier (75)	Baker (2)	Calhoun (0)	Indian River (23)	Flagler (40)	Monroe (28)	Hernando (17)
DeSoto (9)	Bradford (8)	Escambia (11)	Martin (13)	Lake (101)		Hillsborough (257)
Glades (14)	Clay (37)	Franklin (18)	Palm Beach (240)	Marion (90)		Pasco (36)
Hardee (2)	Columbia (3)	Gadsden (61)	St. Lucie (30)	Orange (112)		Pinellas (272)
Hendry (2)	Dixie (1)	Gulf (0)		Osceola (80)		
Highlands (12)	Duval (172)	Holmes (2)		Seminole (102)		
Lee (146)	Gilchrist (0)	Jackson (7)		Sumter (71)		
Manatee (56)	Hamilton (0)	Jefferson (27)		Volusia (152)		
Okeechobee (3)	Lafayette (2)	Leon (696)				
Polk (128)	Levy (9)	Liberty (1)				
Sarasota (147)	Madison (8)	Okaloosa (11)				
	Nassau (9)	Santa Rosa (52)				
	Putnam (3)	Wakulla (44)				
	St. Johns (72)	Walton (13)				
	Suwannee (0)	Washington (4)				
	Taylor (6)					
	Union (1)					
Total=612	Total=399	Total=953	Total=520	Total=906	Total=254	Total=627

Notes: The numbers in parentheses reflect the number of respondents from each county, N=4,271; the 4 respondents reporting "don't know" are omitted.

Table 3: Number of Respondents by Area Agency on Aging

Northwest Florida Area Agency on Aging, Inc. (PSA 1)	Advantage Aging Solutions (PSA 2)	Elder Options (PSA 3)	Elder Source, The Area Agency on Aging of NE Florida (PSA 4)	Area Agency on Aging of Pasco-Pinellas, Inc. (PSA 5)	Senior Connection Center, Inc (PSA 6)
Escambia (11)	Bay (6)	Alachua (66)	Baker (2)	Pasco (36)	Hardee (2)
Okaloosa (11)	Calhoun (0)	Bradford (8)	Clay (37)	Pinellas (273)	Highlands (12)
Santa Rosa (52)	Franklin (18)	Citrus (39)	Duval (172)		Hillsborough (261)
Walton (13)	Gadsden (61)	Columbia (3)	Flagler (40)		Manatee (56)
	Gulf (0)	Dixie (1)	Nassau (9)		Polk (128)
	Holmes (2)	Gilchrist (0)	St. Johns (72)		
	Jackson (7)	Hamilton (0)	Volusia (152)		
	Jefferson (27)	Hernando (18)			
	Leon (696)	Lafayette (2)			
	Liberty (1)	Lake (101)			
	Madison (8)	Levy (9)			
	Taylor (6)	Marion (90)			
	Wakulla (44)	Putnam (3)			
	Washington (4)	Sumter (71)			
		Suwannee (0)			
		Union (1)			
Total=87	Total=880	Total=412	Total=484	Total=309	Total=459

Senior Resource Alliance (PSA 7)	Area Agency on Aging for Southwest Florida, Inc. (PSA 8)	Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (PSA 9)	Aging and Disability Resource Center of Broward County, Inc. (PSA 10)	Alliance for Aging, Inc. (PSA 11)
Brevard (158)	Charlotte (18)	Indian River (23)	Broward (214)	Miami-Dade (226)
Orange (112)	Collier (75)	Martin (13)		Monroe (28)
Osceola (80)	DeSoto (9)	Okeechobee (3)		
Seminole (102)	Glades (14)	Palm Beach (240)		
	Lee (146)	St. Lucie (30)		
	Hendry (2)			
	Sarasota (147)			
	Charlotte (18)			
	Collier (75)			
Total=452	Total=504	Total=309	Total=214	Total=254

Notes: The numbers in parenthesis reflect the number of respondents from each county, N=4,271; The four respondents reporting "don't know" are omitted.

CHAPTER 4: RESULTS

Survey results are reported by the main topics of the survey, as follows:

(1) Demographics

(2) Driving status and licensing

(3) Frequency of driving and use of other transportation modes

(4) Open-ended question about transportation during the pandemic

(5) Distracted driving behaviors

(6) Self-regulated driving

(7) Self-rated driving ability

(8) Driving incidents

(9) Driving attitudes

(10) Driving retirement

(11) Hurricane preparedness

(12) Health

(13) Awareness and Use of Safe Mobility for Life materials

For each main topic, first the univariate results are reported. The results then are presented separately by variables that capture some of the key differences in responses across the participants in the survey, namely age, gender, urban/rural residence, and FDOT district. In presenting the results by age, two groups are used: 50 to 64 years old and 65 and older. For select variables, results also are presented using the following 5-year age intervals: 50 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85 and older. These two sets of age groups were selected because they align with the data groups used in FDOT's Safe Mobility for Life Program and Coalition. The results also are presented by gender, with the responses of women and men included. Respondents of other genders (i.e., less than 1% in the survey, as a whole) were too few to permit separate analyses, so they are excluded from the gender results. The results that compare urban/rural residents use definitions and classifications of counties found in Section 288.0656, Florida Statutes. Select results also are presented separately by FDOT districts. In creating the variables indicating rural/urban residence and FDOT district, we used the name of the county in which respondents reported currently residing.

DEMOGRAPHICS

Figure 1 reports the age distribution of respondents. Although we received respondents from all age groups between 50 and 90 and older, respondents were concentrated between the ages of 50 and 74. The age categories with the highest proportion of respondents were 50 to 64 (25%), 65 to 69 (25%), and 70 to 74 (24%).

Figure 1: What is your current age? (Q2)
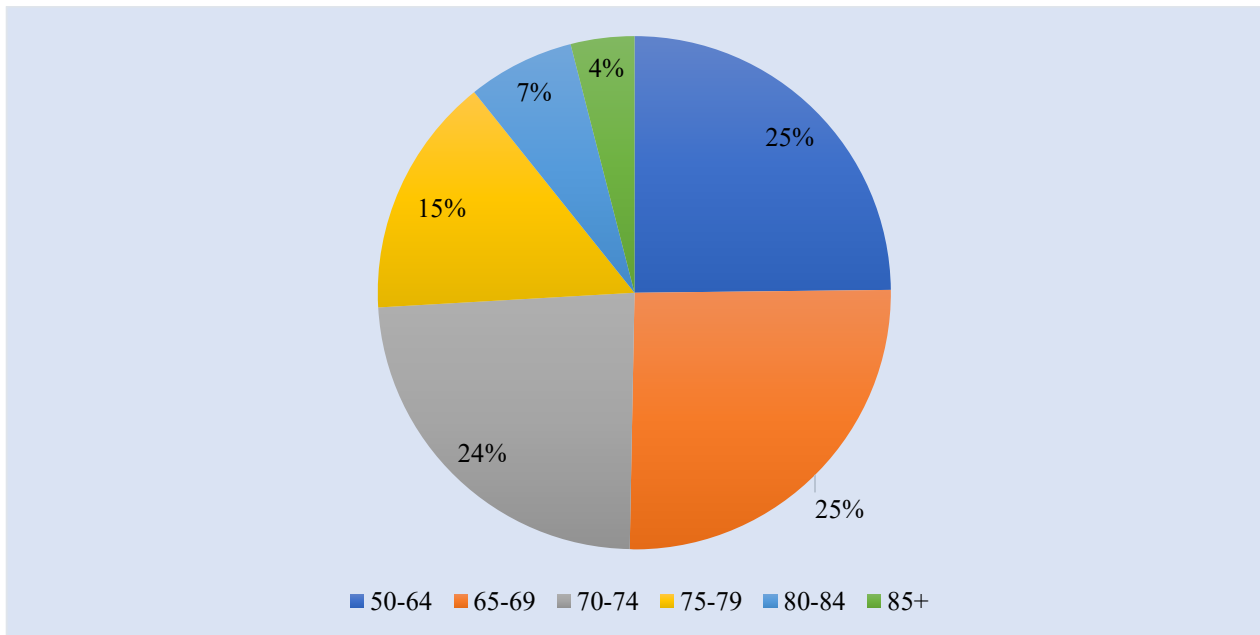
The first column of Table 4 summarizes other demographic characteristics of the total sample. Slightly more than half of the respondents were women (55%). The majority of respondents identified as non-Hispanic whites (85%). Respondents tended to be highly educated, with 30% receiving a bachelor's degree and another 33% receiving a postgraduate degree. Household income also was high, averaging more than $83,000. The vast majority of respondents (93%) identified as heterosexual. While 58% of respondents were married, 20% were separated or divorced, and 13% were widowed. The majority were homeowners (87%), and nearly all respondents lived in a private residence (98%).

The demographic patterns are comparable to those reported in the 2017 survey. As in the 2020-2021 survey, respondents in the 2017 survey were concentrated between the ages of 64 and 74, with 30% between 65 and 69 and 26% between 70 and 74 years. Regarding education, the patterns in the two surveys also are similar. In the 2017 survey, 32% or respondents had obtained a college degree and another 32% had received a postgraduate degree. These statistics are nearly identical to those found in the 2020-2021 survey. Regarding gender, 51% of those in the 2017 survey were women and 49% were men (compared with 55% and 45%, respectively, in the 2020-2021 survey). Race patterns also were nearly identical in the two surveys, with 88% in 2017 identifying as white (compared with 85% in 2020-2021). Other demographic characteristics, including sexual orientation, employment status, living arrangements, and type of

residence, cannot be compared in the two surveys because these questions were not included in the 2017 survey.

Table 4 also reports the demographics of the survey respondents, by age, gender, and urban/rural residence. Regarding age, the most noteworthy differences center on gender, race, marital status, income, and employment status. Younger respondents are more likely to be women; 63% of those aged 50 to 64 are women, compared with 44% of those 65 and older. Younger respondents also are less likely to identify as non-Hispanic white; 76% of those aged 50 to 64 identify as non-Hispanic white, compared with 88% of those 65 and older. Regarding marital status, younger respondents are much less likely to be widowed; only 5% of those aged 50 to 64 are widowed, compared with 16% of those 65 and older. Employment patterns also are as one would expect, with older respondents less likely to be employed; 60% of those age 50 to 64 are employed, compared with 14% of those 65 and older. Consistent with this pattern, younger respondents also have higher income, with those 50 to 64 years averaging $90,000 compared with $81,000 for those 65 and older.

Turning to gender, the most noteworthy differences center on marital status and income. Women are less likely to be married: 47% of women, compared with 72% of men, are married. Turning to income, women earn less than men, on average (i.e., $94,000 compared with $75,000).

Regarding rural/urban differences, fewer differences are noteworthy. However, we note that urban residents have higher income than do rural residents (i.e., approximately $84,000 compared with $75,000).

Table 5 reports the demographic results by FDOT districts. Overall, the similarities are more striking than the differences. We note, however, that South Florida is more racially diverse than other districts, with 53% identifying as non-Hispanic white, compared with 83% or higher in all other districts.

Table 4: Demographic Statistics by Age, Gender, and Urban/Rural Residence

Variable	Total	Age Categories		Gender		Urban & Rural	
		50-64	65+	Men	Women	Urban	Rural
Female	55.49%	63.27%	53.79%	--	--	55.28%	58.02%
Male	43.53%	35.97%	45.91%	--	--	43.74%	40.96%
Non-binary	0.16%	0.11%	0.17%	--	--	0.14%	0.34%
Age in years	69.45	58.58	73.04	70.83	68.57	69.53	68.43
	(8.39)	(4.43)	(5.94)	(8.50)	(7.86)	(8.42)	(7.98)
Race							
Non-Hispanic white	84.61%	75.63%	87.85%	86.80%	84.39%	84.49%	85.96%
Hispanic white	4.40%	8.16%	3.23%	4.14%	4.71%	4.60%	3.08%
Black	4.09%	5.88%	3.44%	2.70%	5.14%	4.03%	4.79%
Other race	6.61%	10.34%	5.47%	6.36%	5.75%	6.65%	6.16%
Education							
Less than high school	0.44%	0.54%	0.41%	0.60%	0.33%	0.45%	0.34%
High school grad	9.05%	10.31%	8.62%	7.43%	10.15%	8.75%	12.33%
Some college	16.35%	17.48%	16.00%	16.91%	16.12%	15.89%	21.92%
Associate degree	10.17%	12.81%	9.34%	8.87%	11.14%	10.08%	11.30%
Bachelor's degree	30.16%	32.46%	29.42%	32.43%	28.48%	30.55%	25.34%
Postgrad degree	33.84%	26.38%	36.22%	33.75%	33.79%	34.27%	28.77%
Sexual identity							
Heterosexual	92.90%	90.46%	93.67%	92.23%	94.61%	92.70%	95.22%
Lesbian or gay	3.15%	3.69%	2.98%	4.72%	1.92%	3.24%	2.05%
Bisexual	0.99%	1.84%	0.72%	0.78%	1.13%	1.04%	0.34%
Employed	24.93%	59.87%	13.90%	24.00%	25.62%	24.38%	31.85%
Not employed	75.05%	40.13%	86.10%	76.00%	74.38%	75.62%	68.15%
Income in thousands	83.31	89.68	81.19	93.51	75.13	84.03	75.49
	(51.18)	(55.69)	(49.40)	(52.69)	(48.37)	(51.40)	(48.11)
Marital status							
Married or partnered	58.25%	60.78%	57.44%	72.44%	47.18%	57.66%	65.29%
Separated or divorced	20.16%	21.35%	19.77%	13.49%	25.45%	20.25%	18.90%
Widowed	13.53%	5.34%	16.12%	7.07%	18.66%	13.74%	11.00%
Never-married	8.07%	12.53%	6.67%	7.01%	8.81%	8.34%	4.81%
Living arrangement							
Homeowner	86.98%	82.17%	88.48%	88.59%	85.71%	86.40%	93.77%
Renter	9.05%	13.84%	7.54%	8.38%	9.60%	9.49%	3.81%
Other arrangement	3.98%	3.99%	3.98%	3.04%	4.68%	4.11%	2.42%
Type of residence							
Private residence	98.69%	99.89%	98.32%	98.74%	98.68%	98.59%	100.0%
Group home	0.10%	0.00%	0.14%	0.18%	0.05%	0.11%	0.00%
Assisted living/CCRC	1.20%	0.11%	1.55%	1.08%	1.27%	1.30%	0.00%
Nursing home	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Notes: Number of respondents ranged from 3,768 to 4,271.

Table 5: Demographic Statistics by FDOT Districts

Variable	Total Sample	SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central FL (7)
Female	55.49%	49.45%	58.94%	63.79%	51.65%	49.63%	57.14%	56.66%
Male	43.53%	50.00%	40.22%	35.33%	47.03%	48.75%	41.94%	42.81%
Non-binary	0.16%	0.00%	0.00%	0.55%	0.00%	0.12%	0.00%	0.00%
Age in years	69.45	70.58	69.17	70.46	70.62	67.66	66.89	69.63
	(8.39)	(8.21)	(8.07)	(7.12)	(8.35)	(9.03)	(8.97)	(8.75)
Race								
Non-Hispanic W	84.61%	91.06%	84.08%	87.44%	83.26%	85.54%	52.78%	86.10%
Hispanic white	4.40%	2.92%	1.68%	2.11%	4.19%	3.99%	25.00%	4.63%
Black	4.09%	1.82%	4.19%	4.56%	5.95%	2.49%	12.50%	2.50%
Other race	6.61%	4.20%	9.50%	5.44%	6.61%	7.73%	9.72%	6.24%
Education								
Less than HS	0.44%	0.55%	0.00%	0.11%	0.22%	0.62%	1.40%	0.71%
High School	9.05%	12.96%	10.11%	4.11%	8.39%	11.49%	7.44%	10.00%
Some college	16.35%	18.98%	19.94%	13.32%	17.00%	18.73%	14.42%	13.21%
Associate degree	10.17%	9.85%	11.80%	8.21%	8.17%	10.99%	12.09%	12.32%
Bachelor's degree	30.16%	30.29%	29.49%	27.64%	32.23%	32.96%	28.84%	29.29%
Postgrad degree	33.84%	27.37%	28.65%	46.61%	34.00%	25.22%	35.81%	34.46%
Sexual identity								
Heterosexual	92.90%	94.71%	93.58%	93.80%	90.53%	93.26%	88.48%	92.35%
Lesbian or gay	3.15%	2.74%	1.40%	3.10%	4.63%	2.37%	6.45%	3.38%
Bisexual	0.99%	0.36%	0.84%	1.00%	1.32%	0.87%	1.38%	1.42%
Employed	24.93%	19.89%	22.35%	22.53%	22.79%	32.33%	38.89%	21.25%
Not employed	75.05%	80.11%	77.65%	77.47%	77.21%	67.67%	61.11%	78.75%
Income in thousands	83.31	84.25	76.03	85.63	88.56	80.15	94.05	79.36
	(51.18)	(51.47)	(46.15)	(49.05)	(54.85)	(51.38)	(57.20)	(50.93)
Marital status								
Married/partnered	58.25%	63.07%	51.96%	57.51%	55.88%	62.58%	56.02%	55.30%
Divorced/separated	20.16%	17.18%	22.91%	23.81%	18.18%	16.27%	24.08%	21.01%
Widowed	13.53%	13.71%	15.92%	13.68%	12.64%	12.89%	9.26%	14.90%
Never-married	8.07%	6.03%	9.22%	5.01%	13.30%	8.26%	10.65%	8.80%
Living arrangement								
Homeowner	86.98%	87.59%	85.03%	90.22%	84.65%	87.71%	82.78%	84.75%
Renter	9.05%	7.96%	10.73%	6.63%	12.42%	8.71%	11.48%	9.80%
Other arrangement	3.98%	4.44%	4.24%	3.15%	2.93%	3.59%	5.74%	5.44%
Type of residence								
Private res.	98.69%	98.53%	98.32%	98.67%	98.89%	99.12%	100.0%	97.85%
Group home	0.10%	0.18%	0.00%	0.11%	0.00%	0.00%	0.00%	0.36%
ALF/CCRC	1.20%	1.28%	1.68%	1.22%	1.11%	0.88%	0.00%	1.79%
Nursing home	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Notes: Number of respondents ranged from 3,768 to 4,271.

DRIVING STATUS AND LICENSING

Nearly all respondents (98%) held driver's licenses, as shown in Figure 2. Moreover, among those with driver's licenses, 96% of respondents have a Florida driver license.

These patterns in licensing are largely consistent with data from the 2017 survey. In that earlier survey, 98% of respondents had driver's licenses and 94% received them in Florida.

Figure 2: Do you currently have a driver's license? (Q9) Among those with a license: Did you get your current license in Florida? (Q10)
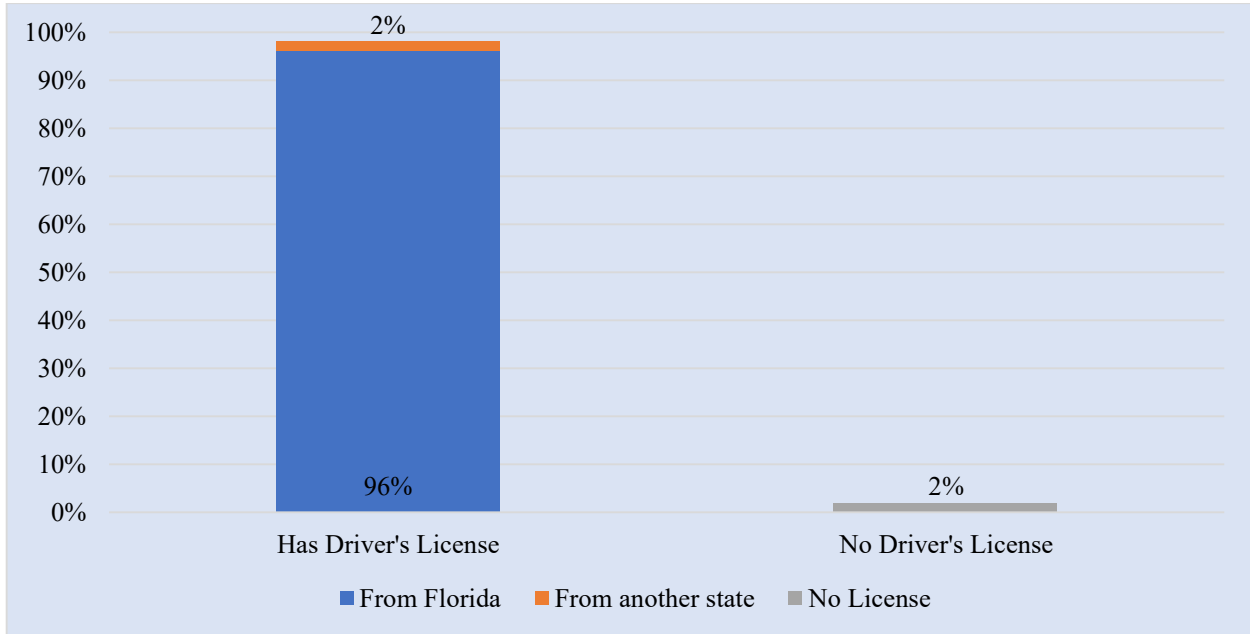
Table 6 reports licensing results by age, gender, or urban/rural residence. Differences are not observed.

Table 6: Do you currently have a driver's license? (Q9) Among those with a license: Did you get your current license in Florida? (Q10)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Have a driver's license	98.24%	98.11%	98.29%	98.69%	98.13%	98.23%	98.36%
Have a driver's license from Florida	98.04%	97.67%	98.15%	98.06%	98.04%	97.98%	98.67%

Notes: Number of respondents ranged from 4,021 to 4,099; Response of "yes," by age group, gender, and urban/rural residence.

Although the vast majority of respondents (96%) had driven in the past month (see Figure 6, discussed in more detail in the next section on "Frequency of Driving and Using Other Transportation Modes"), 4% of respondents had not. To better understand the driving status of this 4% of the sample, a follow-up question asked whether they had stopped driving completely.

The majority (77%) reported that they have, in fact, stopped driving completely. Figure 3 illustrates this result.

Figure 3: You reported that you have not driven in the past month. Have you stopped driving completely? (Q11)
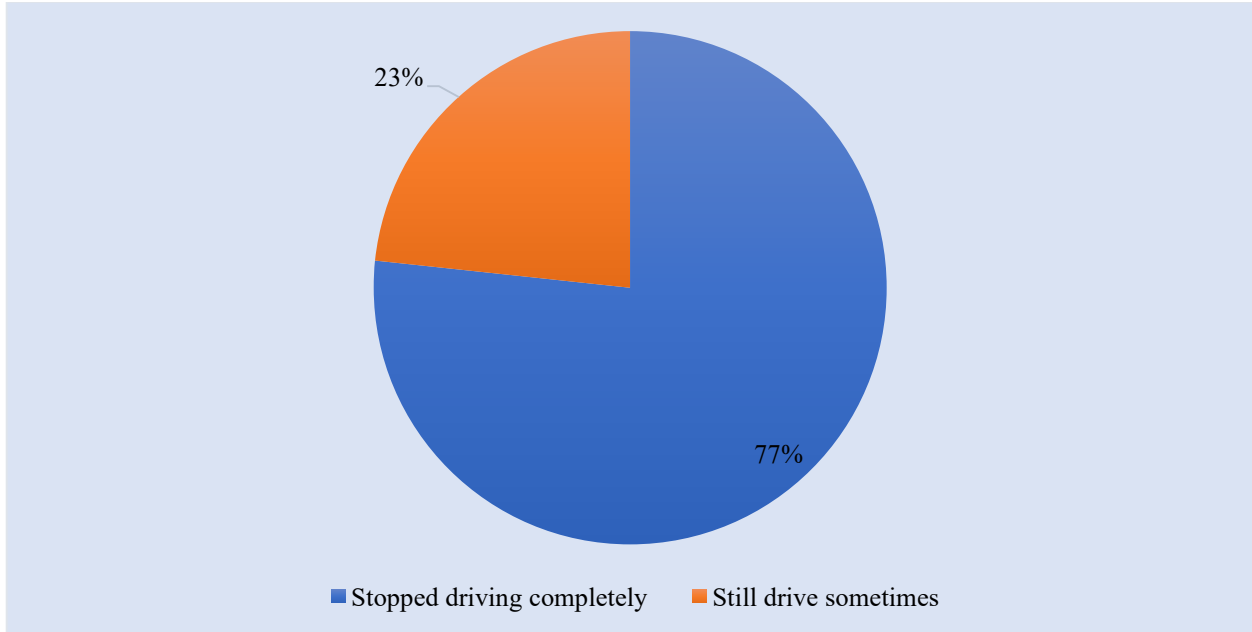
This pattern differed very little across age, gender, or urban/rural residence, as shown in Table 7. The only difference we note is that 4% of women, compared with only 2% of men, reported having stopped driving completely.

Table 7: You reported that you have not driven in the past month. Have you stopped driving completely? (Q11)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Stopped driving completely	3.42%	2.65%	3.67%	2.09%	3.94%	3.90%	3.40%

Notes: N=4,184; Percent of total sample that has stopped driving completely by age group, gender, and urban/rural residence.

Of those who have stopped driving completely, only 47% have a driver living in their household, as shown in Figure 4.

Figure 4: Is there at least one person in your household who is a driver? (Q21): (Asked of those who have stopped driving completely)
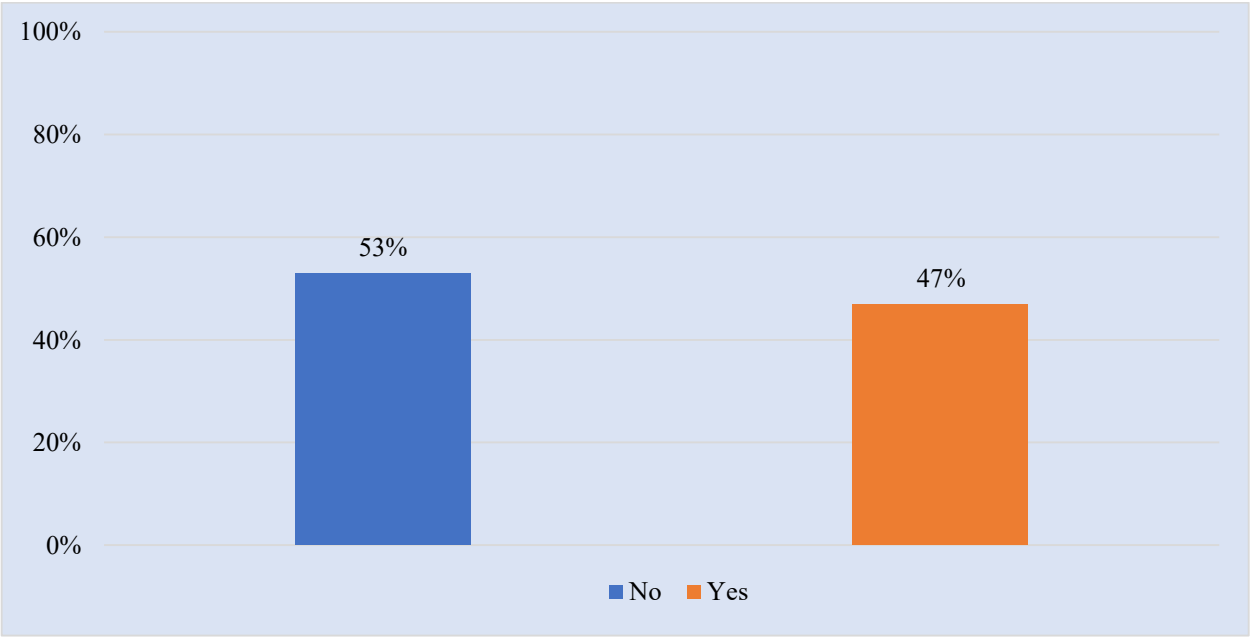
In contrast, 67% of current drivers have at least one additional driver living in their household, as shown in Figure 5.

Figure 5: Is there at least one person in your household who is a driver besides yourself? (Q11)
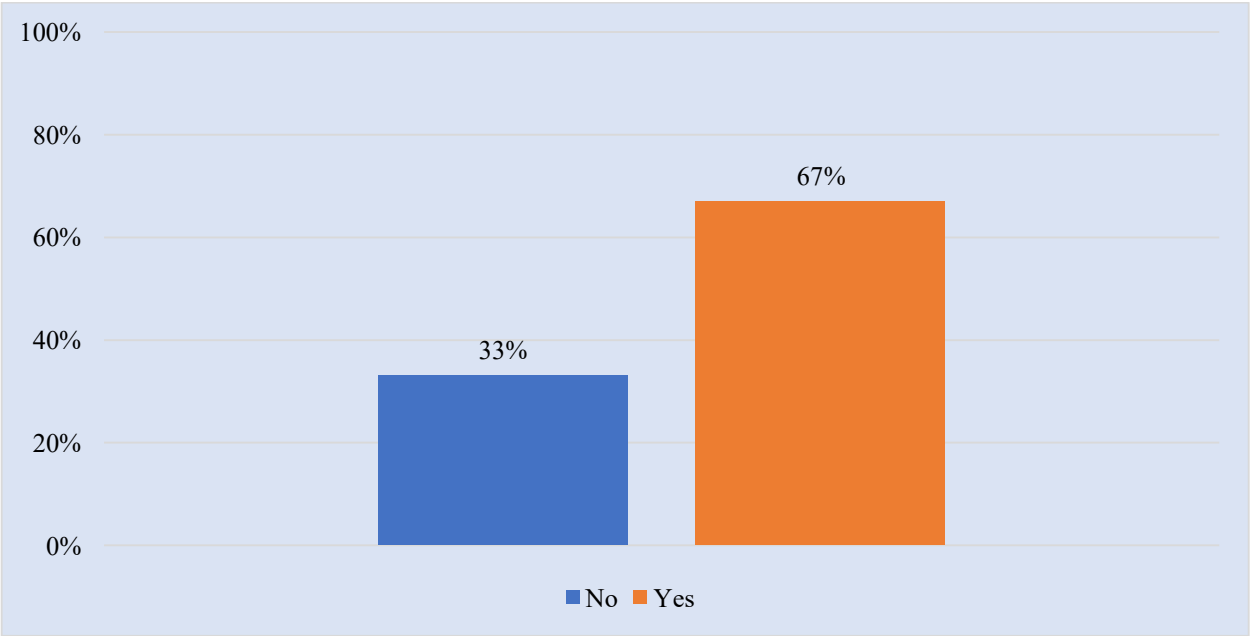
FREQUENCY OF DRIVING AND USING OTHER TRANSPORTATION MODES

The percentage of people who have driven in the past month is high. As shown in Figure 5, only 4% of respondents had not driven in the past month. The most common response to the question about driving frequency was several times a week (46%), followed by at least once a day (29%).

Driving frequency is consistent with the results from the 2017 survey, in which 98% reported having driven in the past month. The 2017 survey only included this single yes/no question about driving in the past month, so further comparisons on frequency of driving with the 2020-2021 survey are not possible. However, the 2017 survey did include a question about driving in the past week, and the results indicated that respondents drove frequently, with 52% driving 7 days a week, 34% driving 4-6 days a week, and only 14% driving 1-3 days a week.

Figure 6: In the past month, how often did you drive? (Q4)
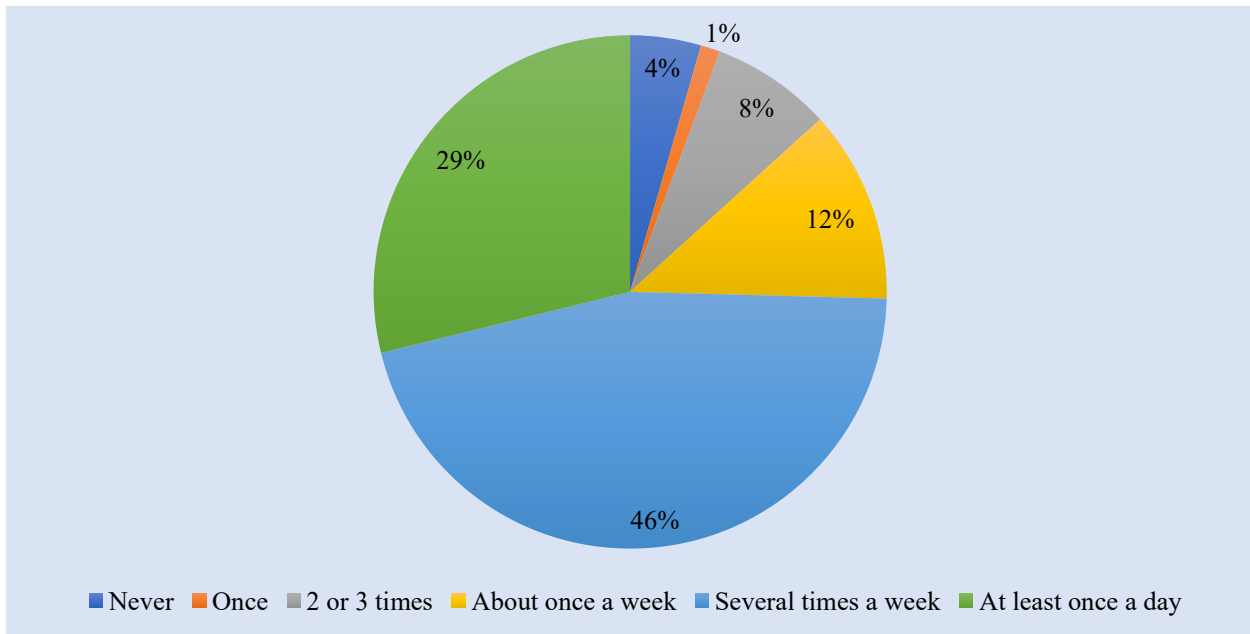
The 2020-2021 survey indicated that driving was, by far, the most common transportation mode that respondents had used in the past month. As Table 8 reports, 29% of respondents had driven at least once a day, and 46% had driven several times a week. In contrast, across all the other modes, between 45% and 99% of respondents indicated they had never used this mode in the past month. After driving, the second most common mode was walking, with 14% of respondents walking at least once a day and another 14% walking several times a week. The third most common transportation mode was getting rides from family, with 1% getting a ride at least once a day and another 8% getting a ride several times a week.

Table 8: In the past month, how often did you use each of the following ways of getting from place to place? (Q4)

	Never	Once	2 or 3 times	About once a week	Several times a week	At least once a day
Driving yourself	4.45%	1.24%	7.57%	12.15%	45.77%	28.82%
Rides from family	58.09%	10.50%	12.67%	9.10%	8.41%	1.24%
Rides from friends	79.07%	11.17%	6.79%	2.14%	0.64%	0.19%
Walk	44.94%	6.88%	14.46%	5.81%	14.34%	13.57%
Bike	81.09%	4.14%	5.00%	3.00%	5.12%	1.64%
Public transportation	97.07%	1.50%	0.69%	0.31%	0.36%	0.07%
Golf cart	90.64%	1.21%	1.79%	1.24%	3.43%	1.69%
Uber or Lyft	92.31%	4.41%	2.64%	0.36%	0.21%	0.07%
Paratransit services	98.48%	0.69%	0.38%	0.14%	0.24%	0.07%
Ride share	96.48%	1.69%	1.26%	0.36%	0.14%	0.07%
Autonomous vehicle	99.33%	0.24%	0.14%	0.07%	0.14%	0.07%
Community transp. service	98.40%	0.71%	0.43%	0.19%	0.19%	0.07%

Notes: N=4,199

Our analyses of group differences in transportation use revealed that the main conclusion of the prevalence of driving held across the groups we examined; however, we did note some differences in the frequency of driving, as well as using other transportation modes, across age groups, genders, and urban/rural residence – and to a much lesser extent across FDOT districts.

Figure 7 illustrates age differences in driving frequency. Across all three age groups, reported driving frequency was high, with the most common responses being either "several times a week" or "at least once a day." However, older respondents drove less frequently. For example, only 24% of those 65 and older drove every day, compared with 43% of those 50 to 64 years.

Figure 7: In the past month, how often did you drive? (Q5) (By age group)
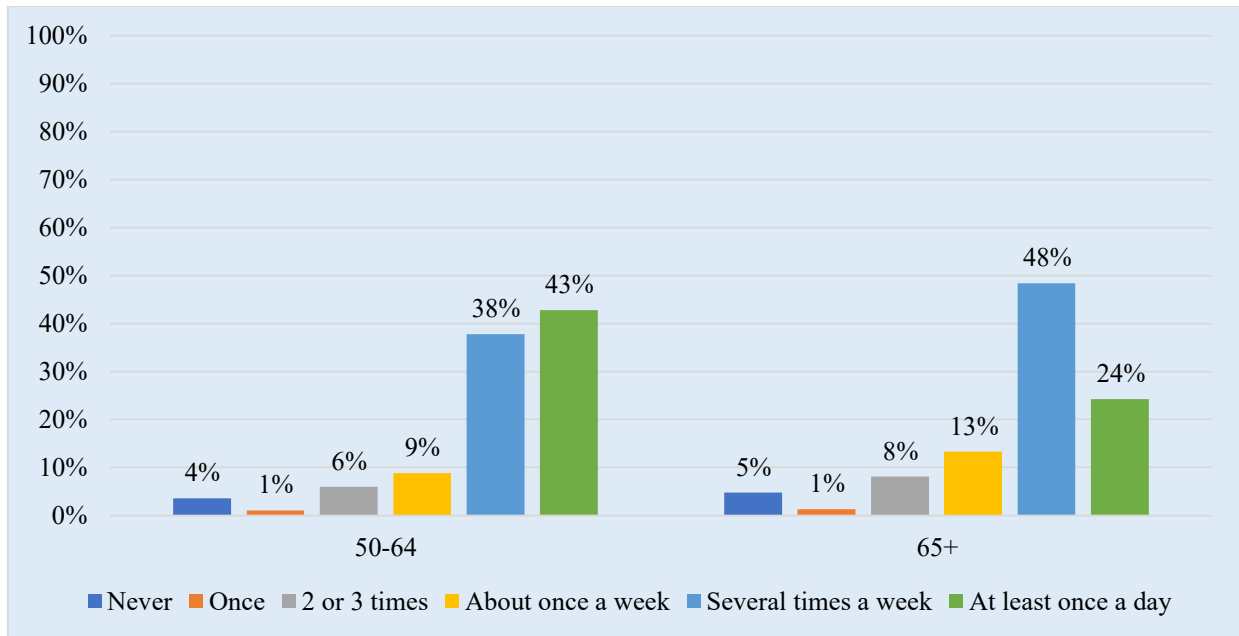
Gender differences in driving also were observed, as reported in the first row of Table 9. While 81% of men reported driving either "several times a week" or "at least once a day," only 69% of women reported this frequency of driving. Urban/rural differences in driving frequency were less noteworthy.

Table 9 also reports the patterns in the use of other transportation modes, by age, gender, and urban/rural residence. Overall, the differences are not particularly striking. We do note, however, a few differences in getting rides from family, biking, walking, and using golf carts. Regarding rides from family, younger respondents were more likely to receive them frequently (e.g., 11% of those aged 50 to 64, compared with 9% of those 65 and older). Differences in rides with family by gender and urban/rural residence were less noteworthy. Regarding biking, we found more frequent use of this mode among younger respondents, men, and urban residents (i.e., 9% of those 50 to 64 versus 6% of those 65 and older; 9% of men versus 5% of women; 7% of urban versus 5% of rural residents). Differences in golf cart use also were found for age, gender, and urban/rural residence, with results revealing that older people, men, and urban residents used this mode frequently (i.e., 3% of those 50 to 64 versus 6% of those 65 and older; 7% of men versus 5% of women; 5% of urban versus 8% of rural residents).

Table 9: In the past month, how often did you use each of the following ways of getting from place to place? (Q4) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Driving yourself	74.56%	80.58%	72.60%	81.00%	69.45%	74.34%	77.35%
Rides from family	9.65%	11.30%	9.12%	7.59%	10.78%	9.62%	10.03%
Rides from friends	0.83%	1.45%	0.63%	0.78%	0.70%	0.85%	0.65%
Walk	27.91%	23.57%	29.33%	29.39%	27.13%	28.41%	21.68%
Bike	6.77%	8.79%	6.11%	9.44%	4.64%	6.92%	4.85%
Public transportation	0.43%	1.06%	0.22%	0.30%	0.47%	0.41%	0.32%
Golf cart	5.13%	2.90%	5.86%	6.75%	3.66%	4.89%	8.09%
Uber or Lyft	0.29%	0.58%	0.19%	0.06%	3.37%	0.28%	0.32%
Paratransit services	0.31%	0.58%	0.22%	0.36%	0.28%	0.28%	0.65%
Ride share	0.21%	0.19%	0.22%	0.12%	0.23%	0.21%	0.32%
Autonomous vehicle	0.21%	0.48%	0.12%	0.12%	0.19%	0.23%	0.00%
Community transp. service	0.26%	0.29%	0.25%	0.12%	0.37%	0.23%	0.65%

Notes: N=4,199; Response of "several times a week" or "at least once a day" by age group, gender, and urban/rural residence.

Table 10 reports patterns in use of the various transportation modes across FDOT districts. Overall, the similarities are more striking than the differences; however, we note a couple of differences related to biking and use of golf carts. In particular, we note the high frequency of golf cart use in SW Florida and Central Florida, where approximately 10% of respondents used golf carts frequently, compared with less than 5% in all other districts. Regarding biking, we note its high frequency in SW Florida, where 12% biked frequently, compared with less than 8% in other districts.

Table 10: In the past month, how often did you use each of the following ways of getting from place to place? (Q4) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Driving yourself	74.56%	76.55%	71.36%	75.43%	76.17%	74.83%	74.69%	71.61%
Rides from family	9.65%	9.88%	9.46%	9.47%	9.18%	10.11%	9.39%	9.68%
Rides from friends	0.83%	0.50%	0.51%	0.64%	0.78%	1.69%	0.82%	0.48%
Walk	27.91%	31.49%	24.81%	26.6%	29.69%	27.53%	31.84%	25.97%
Bike	6.77%	12.90%	5.37%	2.98%	8.20%	7.53%	7.76%	4.84%
Public transp.	0.43%	0.40%	0.77%	0.11%	0.78%	0.67%	1.22%	0.16%
Golf cart	5.13%	9.55%	2.05%	2.13%	1.37%	10.45%	0.82%	4.52%
Uber or Lyft	0.29%	0.17%	1.02%	0.11%	0.20%	0.45%	0.41%	0.48%
Paratransit services	0.31%	0.50%	0.51%	0.21%	0.39%	0.45%	0.41%	0.00%
Ride share	0.21%	0.17%	0.77%	0.11%	0.20%	0.34%	0.82%	0.16%
Autonomous vehicle	0.21%	0.17%	0.00%	0.11%	0.31%	0.45%	0.00%	0.16%
Community transp. service	0.26%	0.17%	0.77%	0.00%	0.20f%	0.22%	0.41%	0.48%

Notes: N=4,199; Response of "several times a week" or "at least once a day" by FDOT district.

Table 11 reports responses to questions about the use of various transportation modes prior to the COVID-19 pandemic. Overall, the patterns are similar to those reported in the past month, with driving the primary mode used; however, driving frequency was higher before the pandemic. For example, 42% drove at least once a day before the pandemic while only 29% did so in the past month. Similar to the transportation patterns in the past month, the second most common mode was walking. The frequency of walking before and during the pandemic was similar. For example, 14% of respondents walked at least once a day in the past month, compared with 13% walking this often before the pandemic. Also consistent with the patterns reported in the past month, getting rides from family was the third most common transportation mode and the frequencies were similar before and during the pandemic. As an illustration, 1% used it at least once a week in the past month and 8% used it several times a week, compared with 1% and 10%, respectively, before the pandemic. The patterns for all other transportation modes also are similar before and during the pandemic, with frequency of use very low.

Table 11: Now think about before the COVID-19 pandemic began in March, 2020. How often did you use each of the following ways of getting from place to place in a typical month? (Q6)

	Never	Once	2 or 3 times	About once a week	Several times a week	At least once a day
Driving yourself	3.23%	0.70%	5.54%	5.66%	42.85%	42.01%
Rides from family	52.74%	10.36%	17.14%	8.80%	9.69%	1.28%
Rides from friends	64.45%	14.20%	15.18%	4.46%	1.57%	0.14%
Walk	45.30%	6.46%	14.80%	5.62%	14.54%	13.28%
Bike	79.49%	3.76%	6.15%	3.09%	5.62%	1.90%
Public transportation	94.63%	2.53%	1.59%	0.31%	0.55%	0.39%
Golf cart	90.62%	1.11%	1.90%	1.18%	3.13%	2.05%
Uber or Lyft	87.07%	6.53%	5.14%	0.84%	0.29%	0.12%
Paratransit services	98.46%	0.82%	0.29%	0.19%	0.14%	0.10%
Ride share	95.37%	2.03%	1.74%	0.48%	0.19%	0.19%
Autonomous vehicle	99.35%	0.34%	0.10%	0.02%	0.07%	0.12%
Community transp. service	97.76%	1.01%	0.53%	0.27%	0.29%	0.14%

Notes: Number of respondents ranged from 4,145 to 4,149.

Table 12 reports the use of transportation modes in the month prior to the start of the pandemic, with percentages reported across the age, gender, and urban/rural groups. In general, the noteworthy differences parallel those noted for Table 9, which reported transportation patterns in the past month. Regarding driving, we found age and gender differences, with older respondents and men driving more frequently than younger respondents and women, respectively. Turning to rides from family, we found differences by age, as well as gender: Younger respondents and women were more likely to get frequent rides from family. Also consistent with the results for transportation use in the past month, we find that biking is used more frequently among younger respondents, men, and urban residents, compared with their respective counterparts. In addition, we find more frequent golf cart use among older respondents, men, and rural residents, compared with their respective counterparts.

Table 12: Now think about before the COVID-19 pandemic began in March, 2020. How often did you use each of the following ways of getting from place to place in a typical month? (Q6) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Driving yourself	84.85%	87.98%	83.83%	87.21%	83.31%	84.68%	86.97%
Rides from family	10.97%	12.79%	10.38%	7.78%	13.17%	11.02%	10.42%
Rides from friends	1.71%	2.15%	1.57%	1.08%	2.06%	1.69%	1.95%
Walk	27.82%	24.61%	28.87%	28.59%	27.71%	28.50%	19.22%
Bike	7.53%	9.57%	6.86%	10.41%	5.34%	7.71%	5.21%
Public transp.	0.94%	1.66%	0.70%	0.36%	1.36%	0.94%	0.98%
Golf cart	5.19%	2.64%	6.03%	6.52%	4.13%	5.00%	7.52%
Uber or Lyft	0.41%	0.68%	0.32%	0.12%	0.47%	0.44%	0.00%
Paratransit services	0.24%	0.39%	0.20%	0.24%	0.19%	0.23%	0.33%
Ride share	0.39%	0.59%	0.32%	0.18%	0.52%	0.39%	0.33%
Autonomous vehicle	0.19%	0.49%	0.10%	0.06%	0.28%	0.18%	0.33%
Community transp. service	0.43%	0.39%	0.45%	0.12%	0.66%	0.42%	0.65%

Notes: Number of respondents ranged from 4,145 to 4,149; Response of "several times a week" or "at least once a day" by age group, gender, and urban/rural residence.

Table 13 reports responses to a survey item asking about the ease with which respondents are able to get to the places they need or want to go, with responses noted for the total sample as well as age, gender and urban/rural residence groups. Overall, respondents report that they found it quite easy, with 77% reporting it was "very easy." Regarding group differences, the various groups are more similar than different, as indicated by the observation that across all the groups 74% or more of the respondents reported finding it "very easy."

Table 13: How easy is it for you to get places you need or want to go? (Q13)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Very easy to get where want to go	77.46%	77.76%	77.36%	80.23%	76.34%	77.33%	79.02%

Notes: N=4,099; Response of "very easy", by age group, urban/rural residence.

Figure 8 provides more detailed results of the age differences, which indicate that older adults are less likely to find it easy to get from place to place than are younger adults. For example, only 61% of those 85 and older described it as "very easy," compared with 78% of those 50 to 64.

Figure 8: How easy is it for you to get places you need or want to go? (Q13) (By age group)
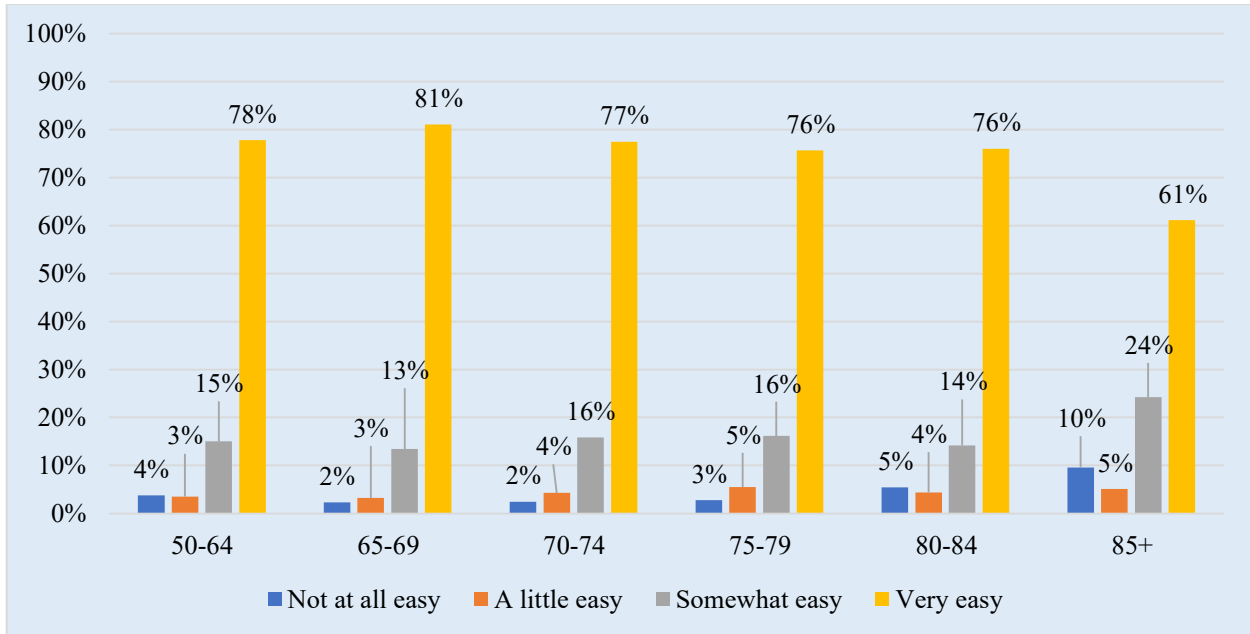
Figure 9 illustrates how these age patterns differ women and men. Results indicate that older women are somewhat less likely than older men to find it "very easy," with 81% of men but only 75% of women reporting this experience.

Figure 9: How easy is it for you to get places you need or want to go? (Q13) (By age group and gender)
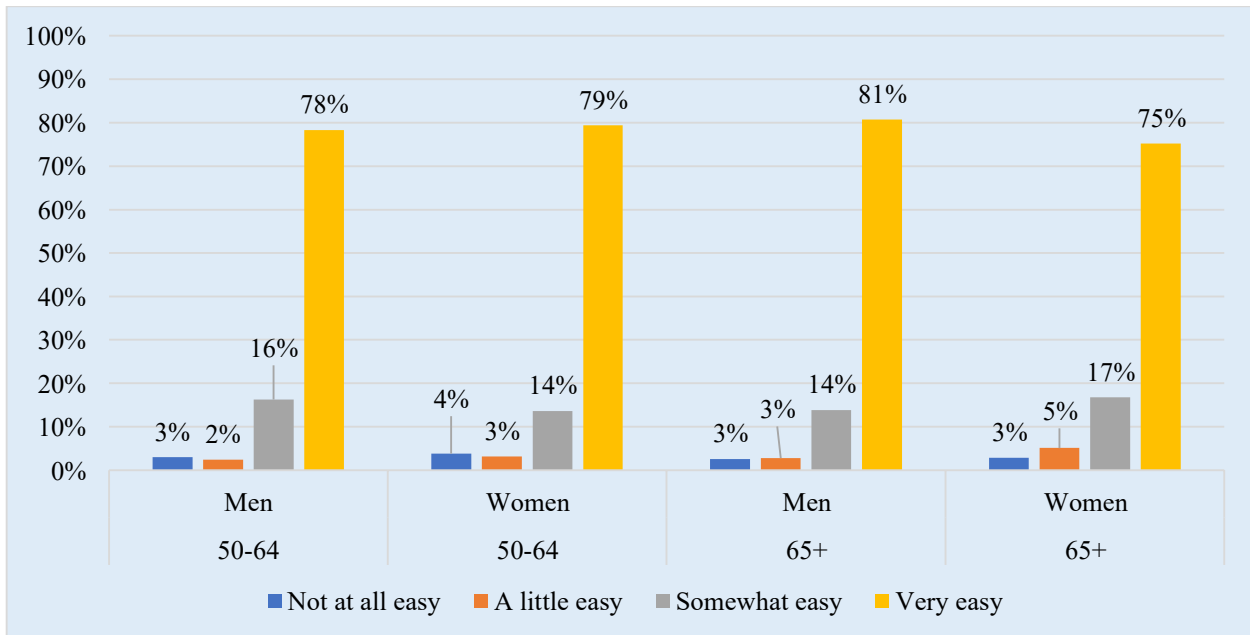
Analysis of this variable by FDOT districts also reveals differences. Of particular note, we found the lowest percentage of respondents finding it "very easy" to get from place to place in South Florida (71%) and the highest in NW Florida (84%).

Table 14: How easy is it to get places you need or want to go? (Q13) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Very easy to get where want to go	77.46%	77.38%	78.44%	84.42%	76.41%	74.65%	71.31%	73.55%

Notes: N=4,099; Response of "very easy" by FDOT District.

OPEN-ENDED QUESTION ABOUT TRANSPORTATION DURING THE PANDEMIC

Following the close-ended items about the use of transportation modes during and before the pandemic, we asked the following open-ended question:

Since the COVID-19 pandemic began in March, 2020, many people have changed how they get places and where they go. How have these things changed for you? How do you feel about these changes?

Responses included negative and positive assessments of the changes. Positive views centered on themes of physical activity, free time, the environment, and personal finances. Negative views centered on social isolation and transportation options. Illustrative examples of each are provided below.

<u>Positive Views</u>

More Physical Activity

"I'm happy about the changes. It's more healthy to walk more."

"I have been riding my bicycle more often and feel a lot better! Wished we had better ways to commute using a bicycle as a mode of transportation."

"I move more frequently in my neighborhood by foot, and bike! I don't commute and still working from home. It's great, my mobility on a regional basis is more limited, but now I'm supporting my local businesses more often. Less wear and tear on my car, less gas, less tolls = less congestion and stress!"

"More bicycling than driving. I am healthier and less stressed."

"I noticed traffic has decreased and I walk and bike more to get out of the house. I work from home most of the time. I love the changes."

"Things have not changed that much for me since COVID-19 but I do see more people walking to close destinations instead of getting in their vehicles."

"I walk for exercise but have been walking also to get to close destinations and like it a lot."

More Free Time

"I still mostly drive myself but going anywhere has lessened. I no longer drive to work everyday - instead working from home. I no longer go out to lunch a few times a week with co-workers. There is a general personal disconnect with co-workers which feels isolating.   On the other hand, with lessened travel, I have more time to foster solo hobbies!"

"Teleworking primarily from home so currently not driving to/from work. Prefer telework with less distractions and some of the flexibility that comes with. Also not having to commute has added to my quality of life. Got an hour back each day so far."

"I've found more free time to walk several places & for exercise. I've even rode my bicycle a few times, but for exercise."

"It has forced me to organize and prioritize tasks better. Which gives me more time at home. However, no longer able to attend meetings or smaller gatherings for my hobby which is quilting."

Better for the Environment

"I still drive my car, but only on weekends and doctor visits. I love it because it reduces the carbon footprint in the environment."

"I am happy for the environment that we are going fewer places and burning less fuel. I miss going some places but have appreciated being home."

"We purchased an electric car (Tesla model X) to help the environment."

"I feel good about the fact that I am driving less and helping the environment."

"We don't rideshare any longer when attending meetings at work or going to project locations. don't like that we are using more fuel as the environment and air pollution is a concern of mine. However, it is the safer way to travel right now."

Saving Money

"My husband and I realized that we can get along fine with just one car and so we sold our other one. We are pleased about this 'downsizing.'"

"My car insurance went down because of driving fewer miles."

"Not driving as much. Saving money on gas which is good for my budget."

"I have mostly been teleworking so haven't had to drive back/forth to my office. I love that I am saving on gas and maintenance for my vehicle."

"I still drive myself as needed, but I work from home more, and therefore drive less for this reason…. Overall, the net effect is beneficial because I have spent considerably less in gas, maintenance and tolls."

Negative Views

Feeling Isolated

"Some activities have not been available... For ex: church in person services. Haven't visited friends in their homes as much / as often. Haven't visited son's family in Jax as often. Have nearly two year old grandson. That feels distinctly a loss."

"I avoid riding with others whenever possible for safety. I feel blocked from human contact."

"A necessary evil. I stayed home most of the time. It made life even lonelier."

"No movies, no theater, no malls, no picking up my grandchildren from school, limited socialization. They are depressing."

"We have learned to Facetime and Zoom-meet friends and family rather than see them in person. We miss seeing our grandchildren!"

"A bit sad. Missing people from church to other friends and family"

"I have been safely isolating since covid. I don't feel safe using transportation. I rarely can leave the house. I know that history has yet to be written but I'm 64 and I am certainly wise enough to realize that our world has forever changed for myself and for my children and for all the world. I keep the faith and I know that we will overcome this horrible covid tragedy. I have always believed in the goodness of our world. Covid has surely put us all to the test but I know that good will prevail because I believe that goodness and mercy does follow us ALL the days of our lives. I have never faith my faith in mankind."

Reduced Transportation Options

"I will not ride in public buses during the pandemic nor any other form of transportation (taxis, Uber, etc.) now. So I go a lot less places – and only if family members drive. I have a car and a license but having problems w/my back which makes hard to drive sometimes."

"I am good with the changes. Everyone just has to think of new ways to get around, carpool, etc. The problem with availability for ride share, community transport, and such is living in the rural areas. Rural does not have the same opportunities that other areas have which is sad for folks that cannot even get to a bus stop."

"Leon County does not afford avenues for good transportation except by automobile or local paid transportation for low income to medical facilities. The Bus system is antiquated and does not provide direct linkages to outlying areas or enough buses for connections. COVID has furthered limited and cemented the need to drive and by automobile."

"In previous years, I have occasionally used public transportation (city buses) but don't now. I would probably be eligible for paratransit due to my mobility disability, but the service is not easy to use and less reliable than driving my own car."

"I previously used public transportation to travel further around town that I would normally walk. After pandemic began in March, 2020, I have not taken public transportation, but have bought a bicycle and relied on walking, bicycling and food delivery services and only occasional car trips. Before pandemic, I was seriously considering selling my car, but have kept it as a backup. I am now again planning to sell my car and will then rely on walking, bicycling, public transit and ride services, with occasional use of rental cars for trips out of town. I live in town so this will not be a hardship. The limitations imposed by the pandemic have reinforced my resolve to sell my car."

"I rarely go anywhere. Usually drive myself. Afraid to use any other transportation. Partially handicapped."

"Stopped taking the bus. I would like to go back to using it, but not sure it's safe yet." "I don't feel safe except in my vehicles."

"We need trail extensions for walkers and bikers. We need autonomous vehicle availability so we do not have to drive. We need more restroom access on walking and jogging trails."

SELECT QUOTATIONS FROM RESPONDENTS AGED 85+

Below we present select quotations from respondents from two groups that are especially challenged in meeting their transportation needs: respondents 85 and older and those living in rural counties. For the oldest respondents, three themes emerged from their responses: few transportation options, driving for others, and stopping driving. Regarding transportation options, respondents described having very few other than driving and often noted difficulties like long waits and inconvenient stops. Regarding driving others, some respondents noted that the pandemic had prevented their driving of others, especially family members. Regarding stopping driving, respondents often described either their recent transition away from driving or one they envisioned in the near future. The results for rural respondents revealed one key theme, which overlapped with one of the themes emerging for the oldest respondent: few transportation options. Below we present select quotations that illustrate these results, first for the respondents aged 85 and older and then the rural respondents.

Few Transportation Options

"Far too limited options" (Duval County, Age 88)

"Still waiting for over a year for care rides 😡" (Pinellas County, Age 88)

"I am practically bed bound and use Care Ride for doctor's appointments. Care Rides has resulted in long delays being picked up coming and going. Old vans and extremely bumpy rides. Wish there was a better way." (Miami-Dade County, Age 92)

"In a retirement home, bus transportation furnished by the home has been limited greatly. When the pandemic is over furnished transportation will be restored" (Leon County, Age 99)

Driving for Others

"Before covid I was an uber driver. I enjoyed it very much because I like to meet and talk to diverse people. I decided to try to publish a coupla fiction novels I have written to support myself. I would like to go back to ubering soon." (Leon County, Age 91)

"I continue to drive myself and sometimes others. I don't drive as much because I don't impose on visits (covid) as before. I continue to walk, drive at least four times each week. Don't take trips out of town—not because of can't but use Covid to keep me from having to. I have never taken Uber or Llyft because I don't want that experience. Trust me more than others. If family is going with me I offer them to drive because they are more swift than I am, but don't think they are more careful." (Leon County, Age 87)

"Never go to eat-in restaurants anymore, limited carry-out only. Limit to one grocery trip per week. I do not run errands for grandchildren anymore. (taking & picking up grandchildren to & from dance lessons, gymnastics, band practice, etc.) Do not drive or go to grandchildren's birthday parties anymore." (Leon County, Age 86)

Stopping Driving

"Coexisting with the Covid-19, I had the diagnosis of Cancer, in March, 2020; Changes to my life have come about as a result of both Covid-19 and Cancer. How do I feel? The Cancer diagnosis hit hard since I was very ill at first. Now things seem to have leveled off since this seems to be a slow growing Cancer, and I feel better than I did in the couple months after diagnosis, however my driving myself came to an abrupt halt at first and now I only drive about 2 blocks to pick up groceries, which I order online and have put into the car trunk. If it were not for Covid-19 I would don a mask because I have Cancer, and I could walk into a store just to have some diversion. But, due to Covid-19 I do not go anywhere except for the above and to my Cancer doctor for follow up office visits. I am saddened that I don't drive as I did before but I think these would be the feelings of any elderly person who has had to give up driving." (Duval County, Age 88)

"It has changed with regard to the distance I drive. Normally I drive to meetings in Tampa, Orlando, and the Orlando area. Those meetings either have not been held or are held virtually, so I have not needed to travel those distances. I greatly miss attending those events, and I also fear that with increasing age I may not feel comfortable driving on I-4 or doing other highway driving and then finding my way around in unfamiliar areas. I may either not continue to attend these events or try to find other means of transportation to them. Now I mainly drive to the grocery store, to the pet food store, and other familiar routes. I have always felt comfortable driving, and dislike losing that comfortable feeling." (Pinellas County, Age 85)

SELECT QUOTATIONS FROM RURAL RESPONDENTS

Few Transportation Options

"Due to COVID-19, I retired from my job in education, which I would not have done for at least another year. I also make far fewer trips into the community to shop, socialize, eat or do other errands. My community is not terribly walkable as the business districts are quite spread out and biking is not a safe option as most major roads do not have bike lanes. It does have many beautiful and well–maintained paths for recreational walking and biking however, and I enjoy those on a daily basis. My use of these paths has increased since the pandemic, and i suppose that's the "silver lining" So really, my primary method of transportation is driving and other than frequency, that has not changed due to the pandemic." (Flagler County, Age 64)

"In my county there is no public transportation, so relying on automobiles are the only option. I either drive myself or ride with my husband to get to the store, appointments, or to travel for recreation. Due to social distancing (or the lack thereof in my county!) I have driven much less and try to combine errands and shopping to once a week. I would really support (even with an

increase in taxes – blasphemy, I know!) the establishment of public transportation either for around the county, or to travel into Tallahassee." (Wakulla County, Age 71)

"Covid-19 has truly disrupted my way of life. I used to get out at least once a day to do various chores. Grocery shopping mainly with other places in between. (Walmart et al). Choosing isolation from the disease, I have stayed home exclusively for the first 6 months, after that, cautious outings to restaurants with outdoor seating or other places with a high awareness of social distancing and mask usage. My health has suffered from this also (COPD and poor circulation issues). I believe it is due to not enough moving around. Surfing the internet and video games do offer much in the way of exercise. Living in a semi-rural setting, we rely exclusively on private transportation. The changes, I believe, will always be with us from now on, but I feel that is merely a part of living. I am actively seeking other ways of doing things." (Wakulla County, Age 72)

"We live in a very small rural area of Florida so the options for our county are Uber (rare) and Community Transportation (shared ride) are what we have other than driving yourself. We have a large population of Elders depending on kindness of church members and friends to take them to their medical appointments and with the COVID 19 pandemic and demand for social distancing many are challenged." (Highlands County, Age 57)

"I usually ride with my wife when she is off from work. She lost her job and she had to file bankruptcy, so the vehicle we had was surrendered. So we had no way to get around for months. There is no public transportation here in our county except Big Bend. If you take them you have to get up super early, may or may not get to your appointment on time and have to wait until they get all of the other riders and come back to get you. Meantime during your ride there is no rest room onboard and they will not stop for you to use a restroom, so I find it difficult to use them since I am a survivor of prostate cancer and have to urine a lot. Also there is a transportation in town (Havana) but you have to be there by 8am and you have to make it to and from where they are. That is hard for me since I live 3 miles from town. Also, will have to stay in Tallahassee all day or get done and be back in Lake Jackson by noon to catch them back to Havana. Too complicated to get around." (Gadsden County, Age 69)

"I have AMD, Age-Related Macular Degeneration. I'm going blind in one eye. I will lose my driving ability soon, but I live out in the country without public transportation." (Wakulla County, Age 67)

DRIVING BEHAVIORS

The survey included a set of questions about driving behaviors, including frequency of seatbelt use, as well as various distracted driving behaviors. Results are reported in Table 15. Nearly all respondents (98%) reported always using their seatbelt. Turning to distracted driving behaviors, they were infrequently reported. As illustrations, 97% reported never reading while driving, 75% never read emails or texts, 81% never send emails or texts, 85% never engage in personal grooming, 61% never indicate hostility, 72% never drive after drinking, and 90% never drive after taking medication that could impair driving. Several behaviors, however, were more commonly reported, including eating or drinking, using the phone, and disregarding the speed limit. These patterns can be illustrated by the percentage of respondents reporting engaging in these behaviors sometimes, which were 32% for eating or drinking, 30% for using the phone, and 26% for disregarding the speed limit.

Table 15: How often do you do each of the following while you are driving? (Q12)

	Never	Rarely	Sometimes	Often	Always
Use a seatbelt	0.23%	0.20%	0.51%	1.32%	97.74%
Eat or drink	18.53%	40.62%	32.35%	7.66%	0.84%
Make or accept phone calls	24.26%	37.19%	30.04%	6.89%	1.62%
Read something (e.g., book, newspaper, iPad or Kindle)	96.63%	1.85%	0.56%	0.23%	0.74%
Read emails or text messages	74.82%	19.19%	4.41%	0.66%	0.91%
Send emails or text messages	80.79%	14.32%	3.65%	0.48%	0.76%
Personal grooming, (e.g., put on make-up or look at yourself in the mirror)	84.84%	11.31%	2.64%	0.41%	0.81%
Indicate hostility (e.g., flipping off other motorists or sounding horn)	61.14%	30.04%	7.83%	0.68%	0.30%
Driving after having an alcoholic drink	72.06%	22.26%	5.17%	0.30%	0.20%
Driving after taking medication	90.19%	7.86%	1.37%	0.18%	0.41%
Disregard the speed limit	27.09%	40.91%	26.15%	5.28%	0.58%

Notes: Number of respondents ranged from 3,943 to 3,945.

Table 16 presents the results of analyses of group differences in distracted driving behaviors. The most notable differences center on age, with younger respondents tending to engage more frequently in distracted driving behaviors. For example, 15% of those aged 50 to 64 reported eating or drinking "often" or "always", compared with only 7% of those 65 and older. Regarding gender, women engage more in some behaviors than do men, while the reverse is found for other behaviors. As illustrations, women are more likely to eat or drink (11%) than are men (6%), while men are more likely to disregard the speed limit (8%) than are women (4%). Urban/rural differences are less striking; however, we do observe that rural residents are more likely to eat or drink (11%) than are urban residents (8%). Other driving behaviors were relatively infrequent, as they were reported by less than 2% of the total sample, and the differences in the percentages did not differ substantially across age, gender, or urban/rural resident groups.

Table 16: How often do you do each of the following while you are driving? (Q12) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Eat or drink	8.49%	14.55%	6.53%	5.55%	10.73%	8.26%	11.41%
Make or accept phone calls	8.51%	13.71%	6.82%	7.68%	9.12%	8.32%	11.07%
Read something like a book, newspaper, iPad, or Kindle	0.74%	0.72%	1.04%	1.10%	0.68%	0.93%	1.01%
Read emails or text messages	1.57%	1.75%	1.51%	1.40%	1.46%	1.54%	2.01%
Send emails or text messages	1.24%	1.34%	1.21%	1.10%	1.17%	1.23%	1.34%
Personal grooming, (e.g., put on make-up or look at yourself in the mirror)	1.22%	0.82%	1.35%	1.16%	1.17%	1.24%	1.01%
Indicate hostility (e.g., flipping off other motorists or sounding horn)	0.98%	1.34%	0.87%	1.46%	0.59%	0.99%	1.01%
Driving after having an alcoholic drink	0.51%	0.31%	0.58%	0.79%	0.24%	0.47%	1.01%
Driving after taking medication	0.58%	0.41%	0.64%	0.85%	0.34%	0.55%	1.01%
Disregard the speed limit	5.86%	7.95%	5.18%	8.29%	4.15%	5.88%	5.70%
Overall negative driving behaviors	1.55 (.38)	1.66 (.39)	1.52 (.38)	1.56 (.37)	1.55 (.37)	1.55 (.38)	1.58 (.42)

Notes: Number of respondents ranged from 3,943 to 3,945; Response of "often" or "always," by age group, gender, and urban/rural residence; aMean scale using responses to all 10 negative driving behaviors from one (never) to five (always).

Table 17 reports the results of analyses of differences in distracted driving behaviors across FDOT districts. Noteworthy differences are observed in two behaviors – eating or drinking and making or accepting phone calls. Regarding eating or drinking, these behaviors are most frequent in Central Florida and NW Florida. In both of these districts, over 11% of respondents report engaging in these behaviors either "often" or "always." In contrast, these behaviors are the least frequently reported in SE Florida (5%) and W Central Florida (6%). Regarding making or accepting phone calls, these behaviors are most frequent in South Florida, where 17% of respondents reported engaging in these behaviors "often" or "always." By comparison, only 6% of respondents in W Central Florida report engaging this frequently in these behaviors.

Table 17: How often do you do each of the following while you are driving? (Q12) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Eat or drink	8.49%	7.56%	8.97%	10.64%	4.87%	10.89%	7.59%	5.61%
Make or accept phone calls	8.51%	7.21%	8.42%	8.76%	7.61%	8.97%	16.52%	6.49%
Read something like a book, newspaper, iPad, or Kindle	0.74%	2.11%	1.36%	1.00%	1.27%	0.48%	0.45%	0.18%
Read emails or text messages	1.57%	2.46%	1.90%	1.33%	1.69%	1.56%	2.68%	0.35%
Send emails or text messages	1.24%	1.58%	1.36%	1.11%	1.69%	1.32%	2.23%	0.18%
Personal grooming, (e.g., put on make-up or look at yourself in the mirror)	1.22%	1.58%	1.90%	1.33%	2.11%	0.60%	1.79%	0.18%
Indicate hostility (e.g., flipping off other motorists or sounding horn)	0.99%	0.88%	1.63%	0.55%	1.90%	1.20%	0.45%	0.53%
Driving after having an alcoholic drink	0.51%	0.70%	0.82%	0.67%	0.63%	0.24%	0.45%	0.18%
Driving after taking medication	0.58%	0.53%	0.54%	0.44%	1.27%	0.84%	0.00%	0.18%
Disregard the speed limit	5.86%	4.57%	6.81%	6.88%	5.29%	6.34%	3.57%	5.61%
Overall negative driving behaviors	1.55 (.38)	1.52 (.41)	1.54 (.41)	1.60 (.38)	1.54 (.42)	1.55 (.36)	1.57 (.41)	1.52 (.33)

Notes: Number of respondents ranged from 3,943 to 3,945; Response of "often" or "always," by FDOT District; [a]Mean scale using responses to all 10 negative driving behaviors from one (never) to five (always).

The survey included items asking how often respondents engaged in various self-regulated driving behaviors. Results are reported in Table 18. The most frequently reported behaviors were avoiding driving at night, in bad weather, and at peak hours. These results can be illustrated by the percentage of respondents reporting that they avoided these situations often. In particular, 23% avoided driving at night, 21% avoided driving in bad weather, and 23% avoided driving in peak hours.

Table 18: How often do you avoid the following situations? (Q13)

	Never	Rarely	Sometimes	Often	Always
Driving at night	26.90%	16.84%	27.10%	22.86%	6.30%
Driving in bad weather	14.71%	22.68%	36.98%	21.36%	4.27%
Driving on trips lasting more than 2 hours one way	39.17%	24.56%	18.78%	11.74%	5.74%
Driving on unfamiliar routes	38.67%	29.17%	20.15%	9.40%	2.62%
Driving on high-traffic roads	29.83%	22.41%	28.79%	15.93%	3.05%
Driving at peak hours	19.89%	20.96%	32.44%	23.20%	3.51%
Driving on two-lane highways	52.57%	25.15%	15.35%	5.84%	1.09%
Driving alone	65.97%	16.72%	7.73%	6.40%	3.18%

Notes: Number of respondents ranged from 3,934 to 3,937.

Table 19 summarizes the results by age, gender and urban/rural residence which revealed all of these factors were associated with the frequency of self-regulated driving. Regarding age, older respondents tended to engage in these behaviors more frequently than did younger respondents. As an illustration, only 7% of those aged 50 to 64 avoided driving alone "often" or "always," compared with 10% of those 65 and older. Gender patterns also were fairly consistent across the various behaviors, with women more likely than men to engage in them. For example, 38% of women reported avoiding driving at night "often" or "always," compared with only 17% of men. Differences between urban and rural residents were less striking than were the age and gender differences. However, we note that urban residents were somewhat less likely to avoid driving at night (29%) compared with rural residents (34%). In contrast, urban residents were more likely to avoid driving on trips lasting more than two hours one way (17%) than were rural residents (13%).

Table 19: How often do you avoid the following situations? (Q13) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Driving at night	29.16%	25.28%	30.42%	17.32%	38.03%	28.82%	33.67%
Driving in bad weather	25.63%	24.56%	25.97%	14.88%	33.64%	25.46%	27.61%
Driving on trips lasting more than 2 hours one way	17.48%	15.69%	18.07%	10.25%	22.89%	17.89%	12.79%
Driving on unfamiliar routes	12.02%	10.73%	12.44%	6.41%	16.24%	11.97%	12.79%
Driving on high-traffic roads	18.98%	18.27%	19.21%	14.83%	22.09%	18.81%	20.87%
Driving at peak hours	26.71%	25.39%	27.13%	20.91%	31.40%	26.74%	26.27%
Driving on two-lane highways	6.93%	6.50%	7.08%	6.77%	6.39%	6.85%	8.08%
Driving alone	9.58%	7.43%	10.28%	9.65%	8.73%	9.66%	8.76%

Notes: Number of respondents ranged from 3,934 to 3,937; Response of "often" or "always," by age group, gender, and urban/rural residence.

Table 20 reports the results of differences in self-regulated driving behaviors across FDOT districts. Overall, the differences are less noteworthy than are the results of analyses of age and gender differences. However, we make a couple of observations. First, we observe differences in the frequency of avoiding driving on two-lane highways, with the lowest frequency reported by respondents in NW Florida (4%) and highest frequency by those in South Florida (11%). Second, we note differences in the frequency of avoiding driving on unfamiliar routes, with the lowest frequency reported by respondents in SW Florida (9%) and the highest frequency reported by those in W Central Florida (15%).

Table 20: How often do you avoid the following situations? (Q13) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Driving at night	29.16%	26.76%	33.79%	33.19%	25.26%	27.07%	25.56%	30.05%
Driving in bad weather	25.63%	21.83%	27.51%	27.64%	22.08%	25.51%	27.35%	27.42%
Driving on trips lasting more than 2 hours one way	17.48%	15.52%	16.62%	16.44%	18.09%	15.45%	22.87%	22.14%
Driving on unfamiliar routes	12.02%	9.7%	12.26%	11.99%	11.45%	11.26%	13.45%	15.47%
Driving on high-traffic roads	18.98%	18.52%	19.89%	17.43%	18.9%	19.4%	18.39%	20.91%
Driving at peak hours	26.71%	24.16%	28.61%	26.53%	24.42%	24.19%	38.57%	29.17%
Driving on two-lane highways	6.93%	9.35%	7.9%	3.88%	5.73%	7.43%	11.21%	7.38%
Driving alone	9.58%	10.93%	10.9%	7.67%	8.92%	10.66%	9.42%	9.49%

Notes: Number of respondents ranged from 3,934 to 3,937; Response of "often" or "always," by FDOT District.

SELF-RATED DRIVING ABILITIES

The survey included items asking respondents to rate their ability to perform specific driving tasks. Results are reported in Table 21. The ratings were uniformly high, as indicated by the low percentages of respondents (less than 6%) rating their driving ability as "poor" on any of the driving skills. Across nearly all the driving skills, the most common responses were "very good" or "excellent." Providing an illustration, the most common rating for one's ability to drive in their local area was "excellent," which was the rating of 69% of respondents. An exception to this overall pattern, however, is found for driving at night, as the most common response was "good," which was the rating of 33% of respondents.

Similarly positive ratings of one's driving ability were reported in 2017, which included a single item assessing overall driving ability. The vast majority of respondents in 2017 rated their overall driving ability as either "excellent" (42%) or "very good" (45%).

Table 21: How would you rate your ability to do each of the following? (Q15 and Q16)

	Poor	Fair	Good	Very Good	Excellent
Drive in your local area	0.10%	0.76%	5.27%	25.95%	67.91%
Drive in unfamiliar areas	0.81%	6.95%	27.12%	43.16%	21.95%
Drive at night	5.70%	15.79%	32.67%	29.77%	16.07%
Drive with other people in the car	0.25%	2.65%	18.36%	38.02%	40.72%
Drive in heavy traffic	0.82%	5.43%	25.78%	37.04%	30.95%
Merge with traffic	0.69%	4.79%	22.34%	36.22%	35.97%
Turn left across oncoming traffic	0.94%	4.79%	21.35%	36.20%	36.71%
See signs at a distance	1.22%	7.54%	26.24%	38.88%	26.11%
See pavement lines at night	3.74%	11.87%	28.20%	31.81%	24.38%
Avoid hitting curbs and medians	0.26%	2.20%	12.26%	36.92%	48.36%
See vehicles coming up beside you	0.10%	1.92%	15.69%	43.20%	39.09%
Quickly spot pedestrians stepping out from between cars	0.15%	2.56%	22.08%	42.83%	32.38%
Move your foot quickly from the gas to the brake pedal	0.13%	0.59%	9.61%	34.69%	54.98%
Make an over-the-shoulder check	0.41%	4.04%	17.29%	37.81%	40.45%
Get in and out of your car	0.38%	3.35%	13.63%	30.43%	52.21%
Reverse or back up	0.33%	2.94%	14.70%	35.33%	46.70%
Make quick driving decisions	0.08%	1.51%	15.05%	38.26%	45.11%

Notes: Number of respondents ranged from 3,909 to 3,927.

Our analyses of variation in these patterns of driving ability by age, gender, and urban/rural residence indicated that differences in age and gender were the most noteworthy. These results are reported in Table 22. Regarding age, younger respondents tended to rate their abilities more highly than did older respondents. As an illustration, 76% of those aged 50 to 64 rated their ability to drive in heavy traffic as "very good" or "excellent," compared with only 65% of those 65 or older. Regarding gender, men tend to rate their abilities more positively than do women. As an illustration, 58% of men rated their ability to drive at night as "very good" or "excellent," while only 36% of women did. The urban/rural differences in self-rated driving ability were less noteworthy than were the differences by age and gender.

Table 22: How would you rate your ability to do each of the following? (Q15 and Q16) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Female	Urban	Rural
Drive in your local area	93.86%	94.01%	93.81%	93.90%	93.81%	93.78%	94.9%
Drive in unfamiliar areas	65.11%	73.35%	62.42%	71.16%	60.21%	65.05%	65.99%
Drive at night	45.84%	55.06%	42.82%	58.11%	35.88%	46.24%	40.82%
Drive with other people in the car	78.74%	84.40%	76.88%	84.80%	74.24%	78.9%	76.87%
Drive in heavy traffic	67.98%	75.83%	65.41%	76.16%	61.48%	68.51%	61.56%
Merge with traffic	72.19%	79.86%	69.67%	82.13%	64.55%	72.48%	68.71%
Turn left across oncoming traffic	72.92%	78.10%	71.22%	81.46%	66.24%	73.05%	71.43%
See signs at a distance	64.99%	68.6%	63.81%	71.14%	59.82%	65.00%	64.97%
See pavement lines at night	56.19%	60.64%	54.74%	65.79%	48.71%	56.31%	54.76%
Avoid hitting curbs and medians	85.28%	88.92%	84.09%	89.33%	81.76%	85.47%	82.94%
See vehicles coming up beside you	82.29%	86.23%	81.01%	84.27%	80.25%	82.56%	78.84%
Quickly spot pedestrians stepping out from between cars	75.21%	78.24%	74.22%	77.68%	73.12%	75.37%	73.04%
Move your foot quickly from the gas to the brake pedal	89.67%	91.41%	89.10%	91.51%	87.95%	89.77%	88.36%
Make an over-the-shoulder check	78.26%	84.58%	76.18%	77.83%	78.30%	78.84%	70.79%
Get in and out of your car	82.64%	87.27%	81.12%	82.00%	83.31%	82.88%	79.52%
Reverse or back up	82.03%	86.65%	80.51%	84.86%	79.67%	82.20%	79.86%
Make quick driving decisions	83.36%	88.72%	81.61%	87.07%	80.40%	83.39%	82.96%
Overall self-rated driving ability[a]	4.07 (0.66)	4.21 (0.62)	4.03 (.66)	4.19 (.64)	3.97 (.65)	4.08 (0.65)	4.01 (0.68)

Notes: Number of respondents ranged from 3,909 to 3,927; Response of "very good" or "excellent" by age group, gender, and urban/rural residence; [a]Mean scale using responses to all 17 items with responses ranging from one (poor) to five (excellent).

Figure 10 reports age differences in average self-rated driving ability, using a scale of all 17 items. The figure illustrates that older adults rate their driving less favorably than do younger adults. For example, the average rating of those 85 and older was 3.73, compared with 4.21 for those 50 to 64.

Figure 10: Self-rated driving ability mean scale (By age group)
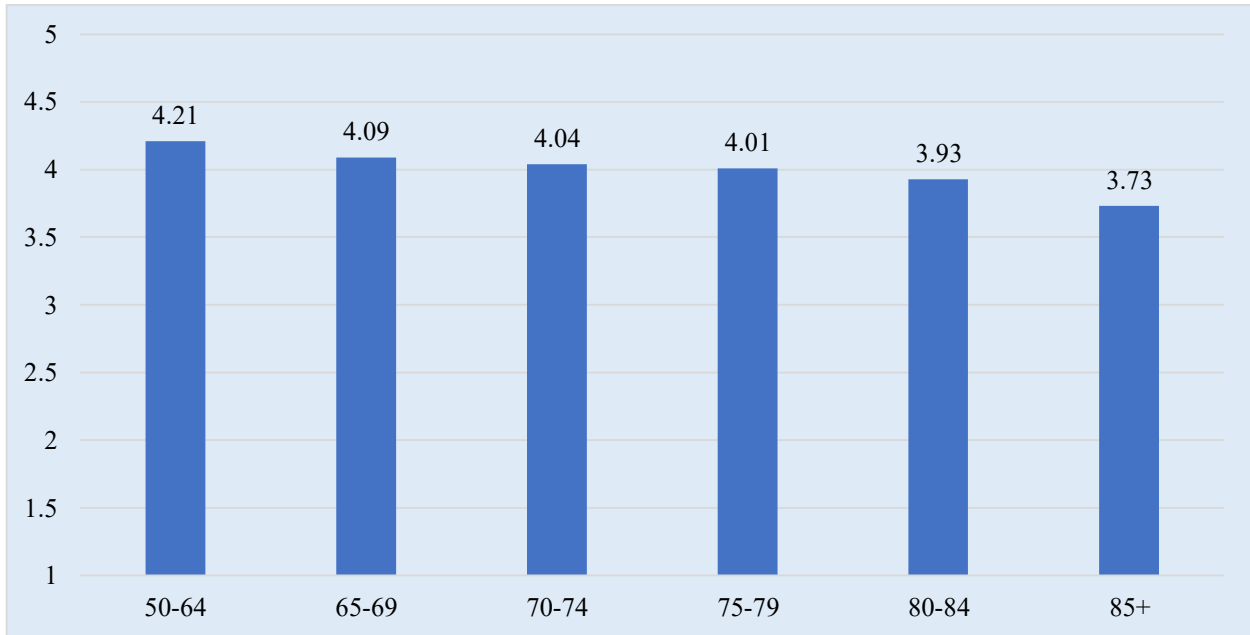
Table 23 reports the differences in self-rated driving ability across FDOT districts. Overall, the differences are modest. However, we observe that NW Florida respondents tend to report the lowest ability across the various driving behaviors. For example, 47% of respondents from this district described their ability to see the pavement lines at night as "very good" or "excellent," compared with 62% of respondents in South Florida.

Table 23: How would you rate your ability to do each of the following? (Q15 and Q16) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Drive in your local area	93.86%	94.53%	94.54%	93.77%	93.6%	93.87%	92.83%	93.50%
Drive in unfamiliar areas	65.11%	67.90%	63.66%	60.4%	69.72%	65.99%	65.02%	65.73%
Drive at night	45.84%	47.08%	43.72%	36.48%	53.70%	49.88%	50.22%	46.92%
Drive with other people in the car	78.74%	80.53%	80.05%	76.59%	78.63%	79.69%	79.82%	77.86%
Drive in heavy traffic	67.98%	61.08%	66.12%	60.91%	73.56%	71.39%	71.75%	66.24%
Merge with traffic	72.19%	74.43%	71.31%	66.48%	76.23%	75.12%	74.44%	71.00%
Turn left across oncoming traffic	72.92%	75.66%	73.22%	66.37%	77.19%	75.36%	75.23%	72.41%
See signs at a distance	64.99%	68.43%	64.93%	58.13%	71.22%	66.35%	66.37%	64.85%
See pavement lines at night	56.19%	61.38%	54.27%	47.33%	60.77%	59.29%	62.33%	56.94%
Avoid hitting curbs and medians	85.28%	90.12%	85.75%	80.00%	88.20%	86.82%	86.55%	83.3%
See vehicles coming up beside you	82.29%	87.30%	83.29%	76.76%	85.19%	82.83%	85.2%	81.02%
Quickly spot pedestrians	75.21%	75.66%	76.44%	71.62%	80.26%	75.21%	77.58%	74.47%
Foot from gas to brake pedal	89.67%	90.83%	90.66%	87.37%	91.83%	90.08%	91.03%	88.58%
Make an over-the-shoulder check	78.26%	78.62%	79.18%	73.04%	83.87%	78.78%	81.61%	78.73%
Get in and out of your car	82.64%	85.01%	83.29%	80.96%	84.52%	81.98%	87.44%	79.96%
Reverse or back up	82.03%	84.66%	82.97%	77.88%	84.09%	83.43%	86.10%	79.96%
Make quick driving decisions	83.36%	83.77%	85.48%	79.22%	87.31%	84.4%	85.65%	82.43%
Overall self-rated driving ability	4.07 (0.66)	4.14 (0.63)	4.09 (0.66)	3.94 (0.65)	4.16 (0.64)	4.11 (0.65)	4.16 (0.66)	4.06 (0.68)

Notes: Number of respondents ranged from 3,909 to 3,927; Response of "very good" or "excellent" by FDOT district; [a]Mean scale using responses to all 17 items with responses ranging from one (poor) to five (excellent).

Figure 11 illustrates the differences in average self-rated driving ability across the FDOT districts. As noted above, the districts vary little.

Figure 11: Self-rated driving ability mean scale (By FDOT district)
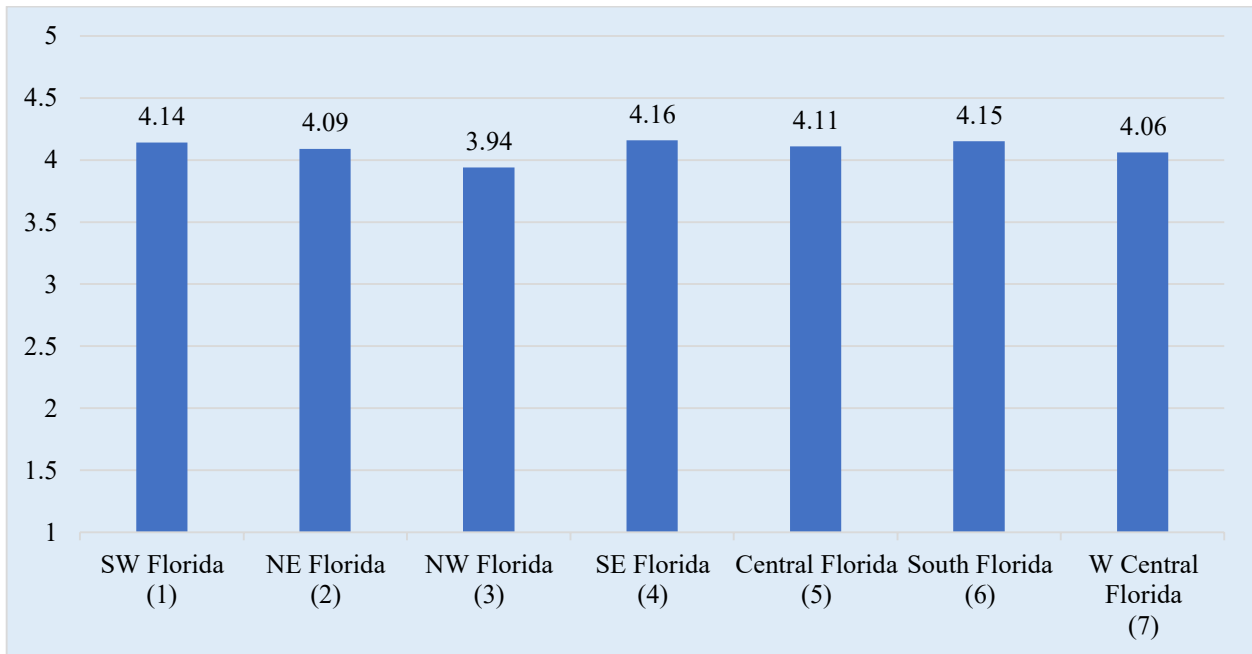
DRIVING INCIDENTS

The survey asked about driving-related incidents that respondents had experienced in the past year. Table 24 reports the results. The most common experience was a near crash or collision, reported by 22% of respondents.

Table 24: In the past year, have you experienced any of the following? (Q14)

	Percentage
Received a ticket for a moving violation	2.01%
Had a close call or near crash or collision	22.43%
Were in a minor crash or collision	4.57%
Were in a major crash or collision	1.24%

Notes: Number of respondents ranged from 3,935 to 3,936.

Table 25 summarizes differences in patterns of driving incidents by age, gender, and urban/rural residence. The analyses revealed group differences in the likelihood of having had a close call or near crash or collision. Regarding age, younger respondents were more likely than older respondents to have experienced this type of driving incident, as illustrated by the finding that it was reported by 32% of those aged 50 to 64 but only 19% of those 65 and older. Gender differences in this behavior were less striking; however, men were more likely to report it (26%) than were women (20%). Urban/rural differences in close calls or near collisions were not observed.

Table 25: In the past year, have you experienced any of the following? (Q14) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Received a ticket for a moving violation	2.01%	2.17%	1.96%	2.38%	1.66%	2.01%	2.02%
Had a close call or near crash or collision	22.45%	31.89%	19.36%	25.87%	20.00%	22.46%	22.22%
Were in a minor crash or collision	4.58%	5.78%	4.18%	4.21%	4.73%	4.67%	3.37%
Were in a major crash or collision	1.25%	1.34%	1.21%	1.16%	1.17%	1.35%	0.00%

Notes: Number of respondents ranged from 3,935 to 3,936; By age group, gender, and urban/rural residence.

Figure 12 reports the results of analyses that examine gender and age differences in driving incidents. As the figure illustrates, one of the groups – men aged 50 to 64 – are especially likely to have experienced near crashes in the past year. To illustrate, 40% of those in this group reported it, compared with only 17% of women aged 65 and older.

Figure 12: In the past year, have you experienced any of the following? (Q14) (By age group and gender)
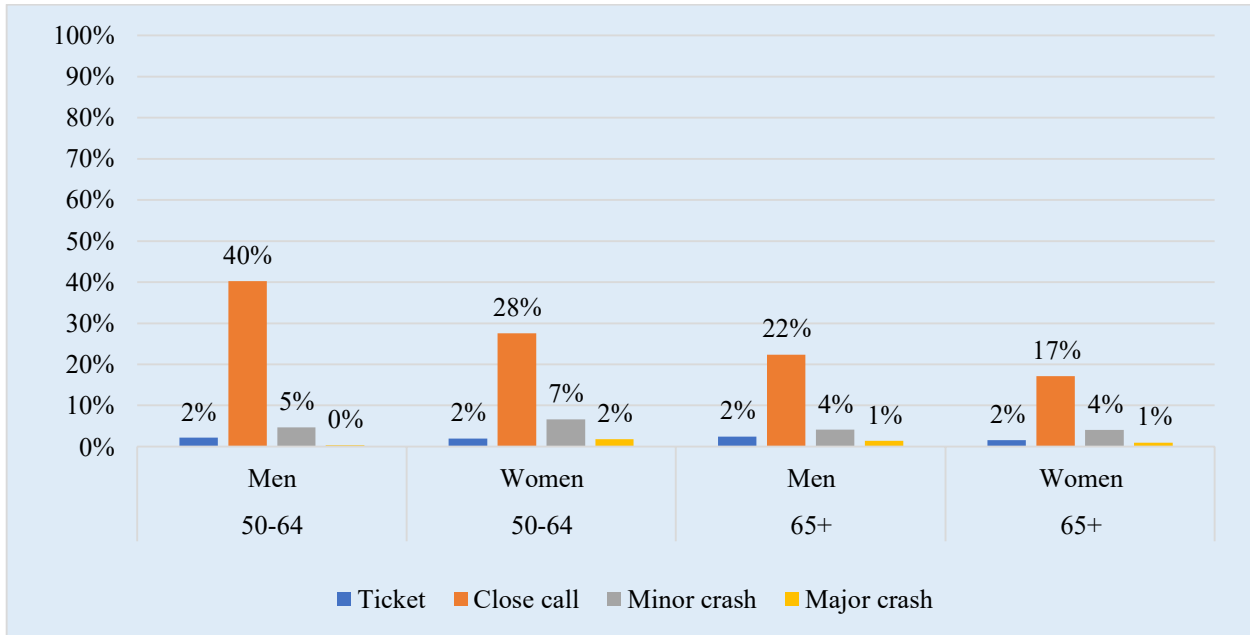
Table 26 reports the results of analyses examining differences in driving incidents by FDOT district. Although the differences are fairly modest, we do note that the highest percentage of respondents reporting near crashes were in Central Florida (26%), while the lowest was in NE Florida (19%).

Table 26: In the past year, have you experienced any of the following? (Q14) (By FDOT district)

	Total Sample	SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Received a ticket for a moving violation	2.01%	1.41%	1.63%	2.11%	3.19%	1.56%	4.91%	1.23%
Had a close call or near crash or collision	22.45%	22.01%	19.35%	19.76%	24.68%	26.35%	25.45%	20.39%
Were in a minor crash or collision	4.58%	4.05%	2.72%	6.22%	3.40%	3.71%	7.14%	4.92%
Were in a major crash or collision	1.25%	0.88%	1.09%	1.00%	1.49%	1.68%	1.34%	1.23%

Notes: Number of respondents ranged from 3,935 to 3,936; By FDOT district.

DRIVING ATTITUDES

The survey included statements about driving and respondents were asked to indicate their agreement or disagreement with each, ranging from strongly disagree to strongly agree. Table 27 reports the results. Overall, the results indicate driving's centrality to many respondents' social activities and sense of self. Illustrating this pattern, 83% of respondents strongly agree that being able to drive was important to them, and 72% strongly agreed that driving was central to their independence. Responses to many of the other statements were more evenly distributed across the response categories, though they still reflected driving's overall importance. For example, while 35% of respondents strongly agreed that they feared becoming isolated if they stopped driving, a similar percentage of respondents (31%) reported that they agreed with this statement. Another pattern observed in the table is respondents' disagreement with statement regarding concerns about their driving. As examples, 56% of respondents strongly disagreed that the physical demands of driving are becoming a challenging, and 43% strongly disagreed that they are experiencing increasing concerns about their driving.

The results from the 2020-2021 survey are similar to those reported in the 2017 survey. In particular, both surveys revealed that respondents tend to feel that driving is an important activity that is central to their social engagement. For example, 90% of respondents in the 2017 survey strongly agreed that being able to drive was important to them, compared with 83% of those in the 2020-2021 survey. Also similar to the 2020-2021 survey results, the 2017 survey indicated disagreement with statements about the demands of driving. As an illustration, 48% of respondents in the 2017 survey strongly disagreed that the physical demands of driving were becoming a challenge to them, compared with 56% in the 2020-2021 survey.

Table 27: How much do you agree or disagree with each of the following statements about driving? (Q17)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Being able to drive is important to me.	1.70%	0.15%	1.52%	13.43%	83.19%
Driving is central to my independence.	1.26%	1.44%	5.24%	20.43%	71.62%
I enjoy driving.	1.21%	3.66%	15.84%	30.90%	48.39%
If I stopped driving, I fear I would become isolated.	3.27%	10.75%	19.47%	31.15%	35.35%
I would hate to admit that I have to stop driving.	6.76%	13.03%	24.54%	31.68%	23.99%
If I stopped driving, I would lose my sense of freedom.	3.38%	9.77%	15.34%	34.32%	37.18%
If I stopped driving, it would be like losing a part of myself.	5.73%	14.50%	23.59%	28.85%	27.33%
I am experiencing increasing concern about driving.	43.59%	32.29%	15.97%	7.25%	0.90%
The physical demands of driving a vehicle are becoming a challenge.	56.42%	30.22%	8.54%	3.82%	1.01%
Others count on me being about to drive.	13.78%	13.31%	25.08%	26.99%	20.85%
Driving is necessary for me to spend time with friends and family.	5.73%	9.57%	19.22%	36.43%	29.05%
It is devastating for older people to have someone take away their car keys.	3.20%	5.91%	20.18%	38.86%	31.85%
I do not like to ask for ride.	5.08%	15.35%	30.61%	29.32%	19.64%

Notes: Number of respondents ranged from 3,875 to 3,978.

The analyses of group differences in patterns of driving attitudes indicated that the centrality of driving to respondents' identities and social connections is true across all the groups. However, we observed a few noteworthy patterns in age and urban/rural residence. Regarding age, the results for some of the items indicated greater concern about stopping driving among older than younger respondents. For example, 9% of those 65 and older, compared with only 6% of those aged 50 to 64 are feeling increasing concern about driving. Older respondents also are more likely to report that they would hate to admit they had to stop driving (i.e., 57% compared with 51% of those 50 to 64). Regarding urban/rural differences, responses to some of the items indicated greater concern about stopping driving among rural residents. For example, 77% of rural residents, but only 64% of urban residents, indicated that driving was necessary in order to spend time with friends and family.

Table 28: How much do you agree or disagree with each of the following statements about driving? (Q17) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Being able to drive is important to me.	96.62%	96.20%	96.76%	96.89%	96.64%	96.70%	95.55%
Driving is central to my independence.*	92.05%	91.87%	92.11%	91.57%	92.44%	91.94%	93.50%
I enjoy driving.	79.28%	76.45%	80.19%	84.19%	75.42%	78.98%	82.88%
If I stopped driving, I fear I would become isolated.*	66.49%	64.63%	67.09%	64.61%	67.95%	66.01%	72.26%
I would hate to admit that I have to stop driving.	55.65%	51.01%	57.16%	58.19%	53.61%	55.45%	58.21%
If I stopped driving, I would lose my sense of freedom.*	71.49%	67.69%	72.72%	68.58%	73.80%	71.32%	73.63%
If I stopped driving, it would be like losing a part of myself.*	56.16%	54.49%	56.69%	55.25%	56.58%	55.66%	62.33%
I am experiencing increasing concern about driving.	8.15%	6.45%	8.71%	8.66%	7.86%	7.98%	10.27%
The physical demands of driving a vehicle are becoming a challenge.	4.82%	3.59%	5.23%	5.49%	4.20%	4.55%	8.22%
Others count on me being about to drive.	47.83%	54.17%	45.78%	51.40%	45.46%	47.46%	52.40%
Driving is necessary for me to spend time with friends and family.	65.46%	66.52%	65.12%	64.23%	66.42%	64.49%	77.39%
It is devastating for older people to have someone take away their car keys.	70.69%	68.21%	71.49%	71.08%	70.37%	70.26%	76.02%
I do not like to ask for ride.	48.95%	54.07%	47.30%	51.01%	47.39%	48.90%	49.65%
Driving attitudes scale (independence)	3.98 (.87)	3.93 (.93)	4.00 (.84)	3.94 (.85)	4.01 (.87)	3.98 (.87)	4.10 (.83)

Notes: Number of respondents ranged from 3,875 to 3,978; Response of "agree" or "strongly agree" by age group, gender, and urban/rural residence; ªMean scale using responses to 4 items with response ranging from one (strongly disagree) to five (strongly agree), α=0.8354; *Items included in the driving attitudes scale.

Figure 13 reports average driving attitudes across age groups, using a scale of four items that center on issues of independence and sense of self. The differences are minor, with results indicate that older respondents are slightly more likely to view driving as central to their independence and sense of self, compared with younger respondents.

Figure 13: Driving attitudes scale (By age group)
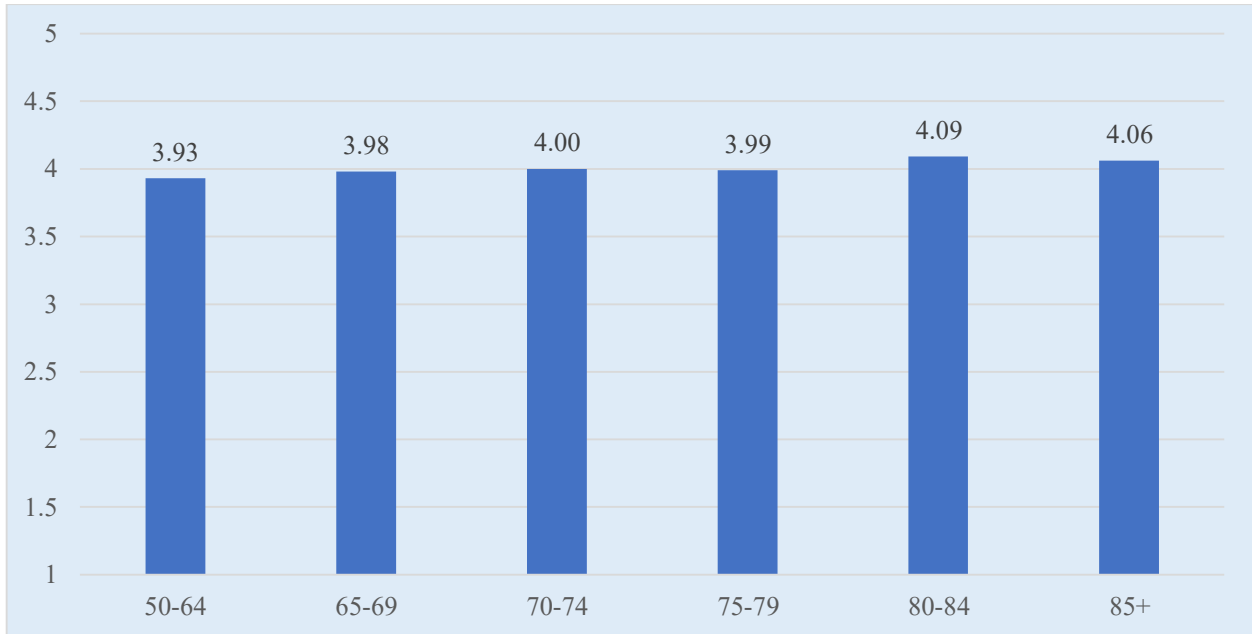
Table 29 reports driving attitudes by FDOT district. A noteworthy observation centers on South Florida, a district in which respondents tended to report less concern about stopping driving, compared with other districts. For example, only 42% of respondents in South Florida indicated that they would feel like they were losing a part of themselves if they had to stop driving, while 55% or more of the respondents in all the other districts reported feeling this way.

Table 29: How much do you agree or disagree with each of the following statements about driving? (Q17) (By FDOT district)

	Total Sample	SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Being able to drive is important to me.	96.62%	97.14%	96.39%	96.43%	95.88%	97.68%	94.01%	96.65%
Driving is central to my independence.*	92.05%	91.95%	91.39%	92.39%	91.32%	93.15%	88.94%	92.21%
I enjoy driving.	79.28%	81.04%	82.22%	79.22%	78.52%	79.46%	72.35%	78.76%
If I stopped driving, I fear becoming isolated.*	66.49%	64.22%	68.06%	66.71%	65.29%	70.05%	53.45%	68.20%
I would hate to admit that I have to stop driving.	55.65%	58.31%	58.34%	57.65%	51.95%	55.93%	45.62%	54.29%
If I stopped driving, I would lose my sense of freedom.*	71.49%	69.95%	73.06%	74.31%	69.85%	72.74%	58.53%	72.09%
If I stopped driving, it would be like losing a part of myself.*	56.16%	56.46%	58.89%	55.87%	56.83%	59.61%	41.94%	54.51%
I am experiencing increasing concern about driving.	8.15%	5.01%	10.00%	8.84%	9.33%	7.82%	9.67%	7.95%
The physical demands of driving are a challenge.	4.82%	3.4%	5.56%	4.80%	4.12%	5.62%	4.61%	5.30%
Others count on me being about to drive.	47.83%	48.03%	50.84%	47.82%	41.43%	50.42%	47.47%	47.35%
Driving is necessary for me to spend time with friends and family.	65.46%	64.40%	66.95%	68.23%	63.55%	64.42%	61.29%	65.84%
It is devastating for older people to lose their car.	70.69%	70.84%	72.50%	69.46%	71.36%	73.31%	65.90%	68.85%
I do not like to ask for ride.	48.95%	45.08%	51.39%	46.59%	50.11%	51.53%	47.46%	50.88%
Driving attitudes scale (independence)	3.98 (.87)	4.00 (.87)	4.06 (.85)	3.96 (.85)	3.99 (.86)	4.04 (.84)	3.68 (.96)	3.98 (.88)

Notes: Number of respondents ranged from 3,875 to 3,978; Response of "agree" or "strongly agree" by FDOT district; [a]Mean scale using responses to four items with response ranging from one (strongly disagree) to five (strongly agree), α=.84; *Items included in the driving attitudes scale.

The survey included items tapping respondents' perceptions about transitioning away from driving, including how easy they would find it, the transportation modes they anticipate using, the timing of the transition, and the extent to which they have planned for it. In general, the results revealed a view that it would be difficult to get from place to place without driving, an expectation of reliance on family members for rides, and a low level of planning for the transition.

As Figure 14 shows, 51% reported that it would be "not at all easy" to go places they want or need to go if they were no longer able to drive, while just 6% indicated it would be "very easy."

Figure 14: If you were no longer able to drive, how easy would it be for you to get places you need or want to go? (Q18)
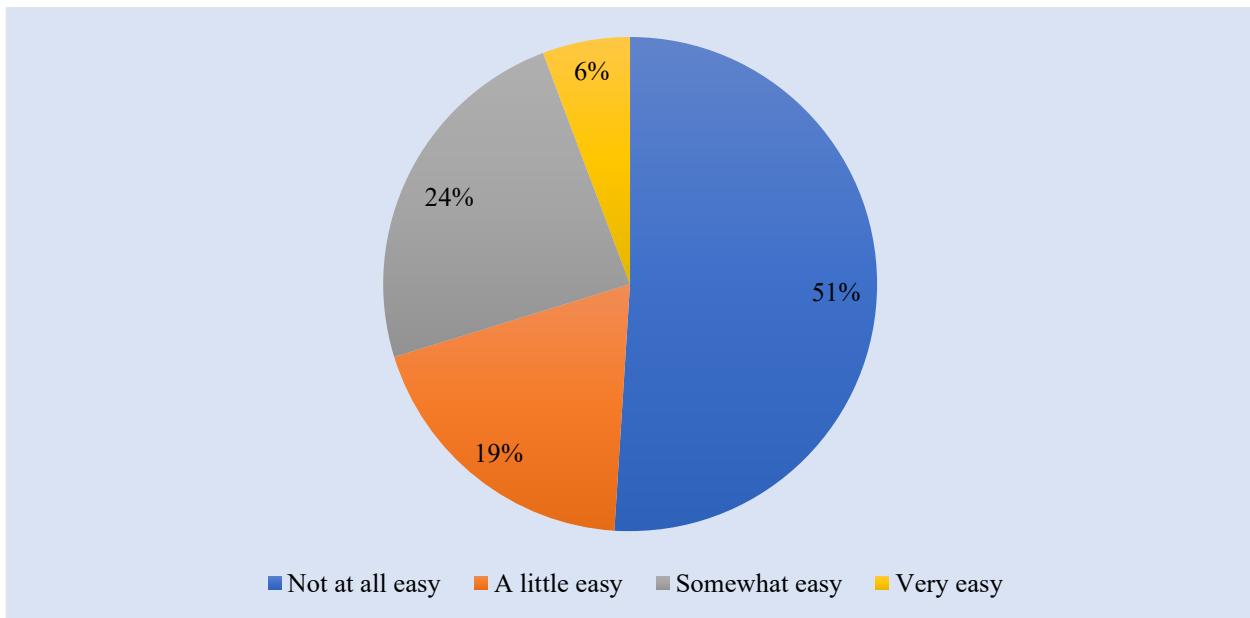
Table 30 reports variation in these patterns by age, gender, and urban/rural residence. The most striking difference is the greater difficulty that rural residents anticipated if they were no longer able to drive. Among rural residents, 68% reported it would be "not at all easy," compared with only 50% of urban residents.

Table 30: If you were no longer able to drive, how easy would it be for you to get places you need or want to go? (Q18) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Not easy to get places if not able to drive	51.03%	48.62%	51.81%	51.59%	50.44%	49.76%	66.67%

Notes: N=3,868; Response of "not at all easy" by age group, gender, and urban/rural residence.

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These patterns also vary across the six age groups, as illustrated in Figure 15. Older respondents are more likely to expect they'd find it difficult to get around without driving. For example, 59% of those 80-84 would find it "not at all easy," compared with only 49% of those 50 to 64.

Figure 15: If you were no longer able to drive, how easy would it be for you to get places you need or want to go? (Q18) (By age group)
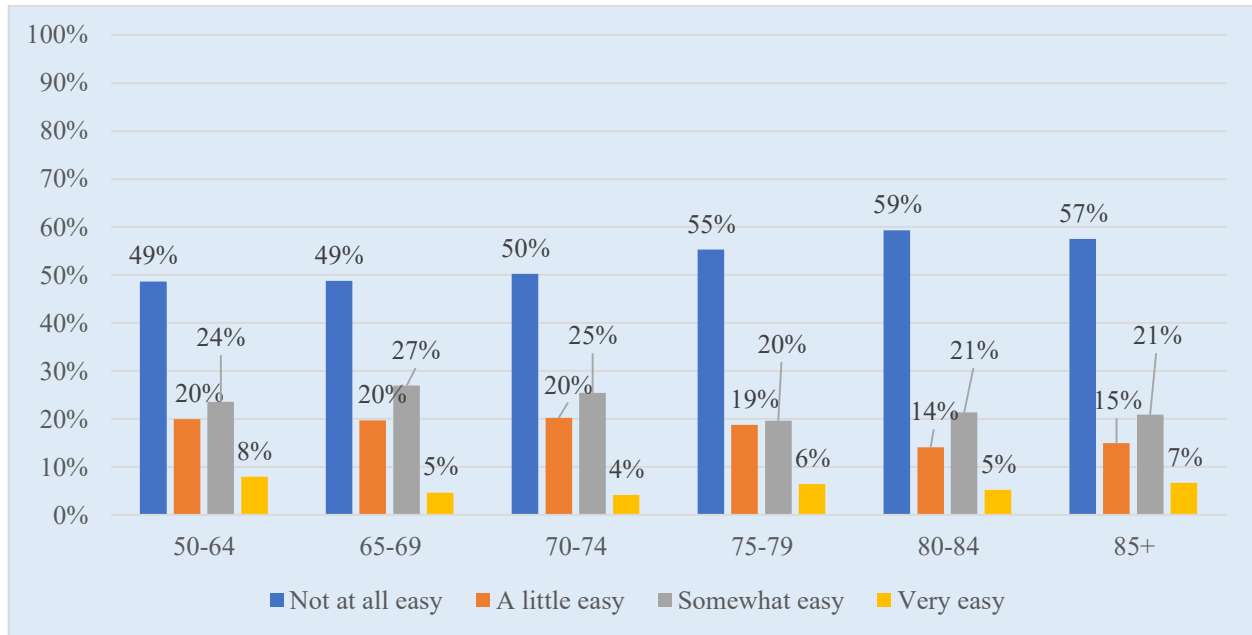
Further detail on age and urban/rural differences in these patterns is provided in Figure 16. By jointly considering age and urban/rural residence, we identified groups for whom transportation may be especially difficult when they can no longer drive. In particular, we observe that rural residents aged 65 and older are the most likely to report they would find it "not at all easy" (68%). This group is followed by rural residents aged 50 to 64 (62%).

Figure 16: If you were no longer able to drive, how easy would it be for you to get places you need or want to go? (Q18) (By age group and urban/rural residence)
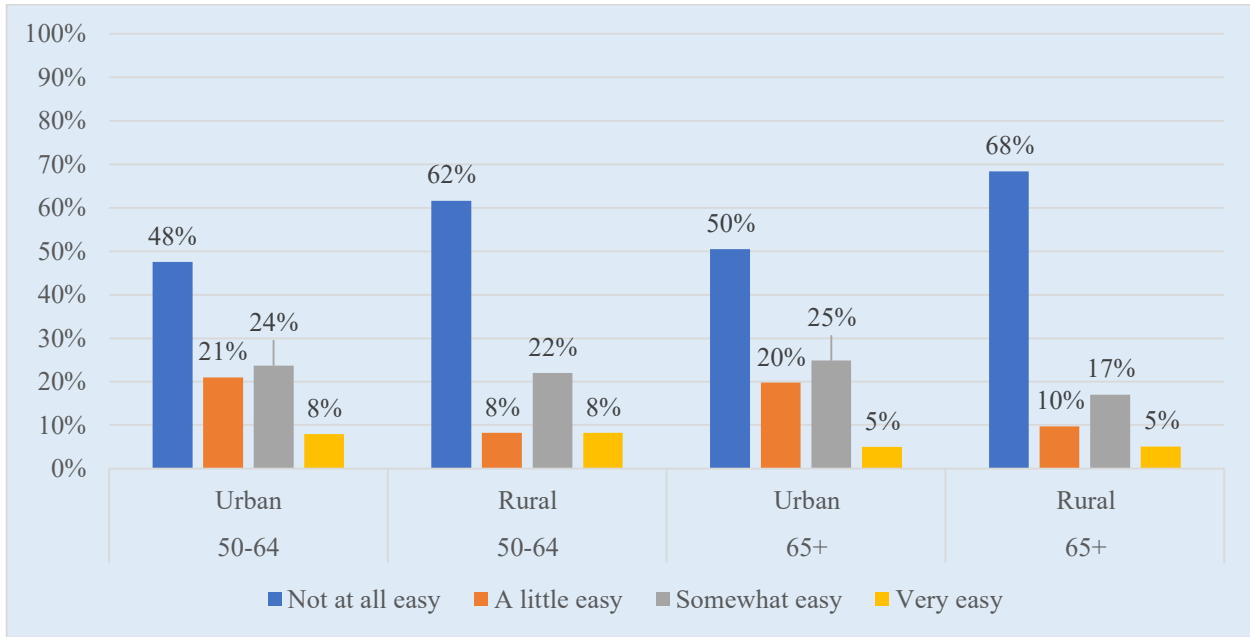
Table 31 reports the results of the analysis of this variable by FDOT district. Of particular note, we observe that the respondents in South Florida were the least likely of all the respondents to report that they would find it difficult. For example, only 34% of those in South Florida reported that they would find it "not at all easy" compared with 55% of those in NE Florida.

Table 31: If you were no longer able to drive, how easy would it be for you to get places you need or want to go? (Q18) (By FDOT district)

|		FDOT Districts						
	Total Sample	SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Not at all easy to get places if not able to drive	51.03%	52.78%	55.43%	50.50%	50.33%	55.02%	34.56%	48.50%

Notes: N=3,868; Response of "not at all easy" by FDOT district.

Table 32 reports the results of questions asking about the transportation modes that respondents predicted using if they were unable to drive. The most commonly reported one was getting rides from family, with 12% of respondents predicting they would always use this mode and 31% reporting they would often use it. Other commonly anticipated modes included getting rides from friends, walking, and using transportation network companies. Illustrating these patterns, the most common response for all these modes was "sometimes," with 42% anticipating they would sometimes get rides from friends, 32% anticipating they would walk sometimes, and 40% anticipating they would use transportation network companies sometimes. Another noteworthy

pattern found in Table 32 centers on other transportation modes, particularly those that were infrequently used either during or before the pandemic (as reported in Table 8 and Table 11). As illustrations, 24% of respondents predicted that they would sometimes use public transportation, and 21% predicted that they would sometimes use a transportation service in a community in which they live.

These results are consistent with the 2017 data, which also revealed an anticipated reliance on rides from family members. Comparisons, however, are complicated by the fact that the response categories in the two surveys differed. Rather than being asked about their anticipated frequency of use of various modes, respondents in the 2017 survey were simply asked to indicate the one mode that they would most likely use to get around their community if they could no longer safely drive. The most common response was rides with family members (30%), followed by rides with friends (16%), and transportation program where they live (9%).

Table 32: If you were no longer able to drive, how often do you think you would use each of the following ways of getting from place to place? (Q19)

	Never	Rarely	Sometimes	Often	Always
Rides from family members	18.70%	13.49%	24.97%	31.25%	11.59%
Rides from friends	9.20%	28.37%	42.30%	17.69%	2.45%
Walking	20.47%	18.47%	31.83%	23.31%	5.91%
Bicycling	55.23%	13.94%	16.11%	12.17%	2.55%
Public transit	39.49%	27.57%	23.68%	7.96%	1.30%
Golf cart	80.94%	6.57%	5.66%	4.80%	2.03%
Transportation network companies (for example, Uber or Lyft)	21.85%	19.21%	39.95%	20.72%	2.27%
Paratransit services (for people with disabilities)	61.78%	16.58%	16.45%	4.38%	0.81%
Ride-sharing services (for example, carpooling)	59.22%	21.76%	16.02%	2.56%	0.44%
Autonomous vehicles (self-driving shuttles or vans)	71.06%	12.07%	11.24%	4.14%	1.49%
Transportation service in the community where I live	51.98%	18.43%	21.43%	6.78%	1.38%

Notes: Number of respondents ranged from 3,833 to 3,840.

Table 33 summarizes the results of analyses comparing age, gender, and rural/urban residence groups on their transportation plans if they were no longer about to drive. Regarding age, all groups indicated that their most frequently used transportation mode would be getting rides from family members. Age differences were found, however, in some of the other modes, with younger respondents less likely to anticipate using them. Of particular note, older respondents were much less likely to anticipate biking. For example, 22% of those aged 50 to 64, compared with only 12% of those 65 and older, anticipated that they would bike "often" or "always." Similarly, a higher percentage of younger than older respondents anticipated using public transit (e.g., 13% of those aged 50 to 64 versus 8% of those 65 and older).

Gender and urban/rural differences also were observed. Regarding gender, a higher percentage of men than women anticipated using walking, biking, and golf carts, while the reverse was found for getting rides from friends. As illustrations, 20% of men, but only 10% of women, anticipated biking "often" or "always"; in contrast, 24% of women, but only 16% of men, anticipated getting rides from friends. Turning to urban/rural differences, rural residents were more likely than urban residents to anticipate frequently relying on rides from family members or friends or using golf carts. In contrast, urban residents were more likely anticipate using walking or using transportation network companies.

Table 33: If you were no longer able to drive, how often do you think you would use each of the following ways of getting from place to place? (Q19) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Rides from family members	42.84%	45.29%	42.05%	44.60%	41.80%	42.07%	52.25%
Rides from friends	20.41%	20.69%	19.96%	15.75%	23.58%	19.64%	25.95%
Walking	29.22%	33.96%	27.71%	32.60%	26.61%	29.75%	22.57%
Bicycling	14.73%	22.19%	12.33%	19.97%	10.55%	14.69%	15.28%
Public transit	9.26%	12.85%	8.11%	8.86%	9.62%	9.62%	4.50%
Golf cart	6.83%	5.90%	7.13%	8.98%	5.13%	6.43%	11.76%
Transportation network companies (for example, Uber or Lyft)	22.99%	29.15%	21.01%	21.21%	24.71%	24.14%	9.03%
Paratransit services (that is, door-to-door services for people with disabilities)	5.19%	6.65%	4.72%	4.10%	5.86%	5.05%	6.92%
Ride-sharing (for example, carpooling)	3.00%	4.39%	2.55%	1.16%	4.49%	2.85%	4.84%
Autonomous vehicles (for example, self-driving shuttles or vans)	5.63%	7.18%	5.13%	5.62%	5.57%	5.59%	6.23%
Transportation service in the community where I live (for example, community vans)	8.16%	7.29%	8.44%	7.09%	9.18%	7.98%	10.03%

Notes: Number of respondents ranged from 3,833 to 3,840; Response of "often" or "always," by age group, gender, and urban/rural residence.

Table 34 reports the results of respondents' anticipated transportation modes by FDOT district. Differences were observed that likely reflect the different transportation options currently available in different regions of the state. As an illustration, relatively high percentages of respondents in South Florida, compared with other districts, anticipated frequently using public transit (20%), walking (37%), biking (19%), and using transportation network companies (39%).

In contrast, relatively high percentages of respondents in Central Florida, compared with other districts, anticipated frequently relying on golf carts (14%).

Table 34: If you were no longer able to drive, how often do you think you would use each of the following ways of getting from place to place? (Q19) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Rides from family members	42.84%	42.09%	47.06%	48.65%	36.18%	42.20%	35.65%	40.72%
Rides from friends	20.41%	23.74%	19.89%	21.46%	17.76%	20.17%	14.89%	18.77%
Walking	29.22%	3.91%	28.01%	24.72%	30.48%	29.95%	37.04%	28.34%
Bicycling	14.73%	17.63%	15.45%	9.65%	13.63%	16.98%	18.98%	15.52%
Public transit	9.26%	8.14%	8.68%	7.19%	10.55%	10.16%	19.91%	7.40%
Golf cart	6.83%	10.79%	3.64%	3.37%	2.64%	14.00%	3.26%	4.87%
Transportation network companies (for example, Uber or Lyft)	22.99%	20.58%	16.89%	18.99%	30.92%	19.95%	39.35%	27.44%
Paratransit services (that is, door-to-door services for people with disabilities)	5.19%	4.15%	3.92%	4.38%	6.14%	6.08%	8.80%	4.87%
Ride-sharing (for example, carpooling)	3.00%	4.17%	3.08%	3.03%	1.97%	3.23%	2.78%	2.35%
Autonomous vehicles (for example, self-driving shuttles or vans)	5.63%	4.86%	4.21%	6.18%	4.82%	6.70%	5.09%	5.78%
Transportation service in the community where I live (for example, community vans)	8.16%	7.21%	6.44%	8.19%	10.11%	7.82%	14.35%	6.50%

Notes: Number of respondents ranged from 3,833 to 3,840; Response of "often" or "always," by FDOT district.

The survey also asked respondents to predict when they were likely to stop driving. As shown in the Figure 17, the most common prediction was that they would stop driving within the next 20 years (40%). The second most common response was within the next 10 years (27%).

Comparison with the 2017 survey results is complicated by the fact that the questions and responses were worded differently in the two surveys. In 2017, the question asked about ages when respondents would stop driving, while the 2020-2021 question asked about number of years from now. However, in both surveys, one of the responses indicated a reluctance to ever stop driving. A comparison of these responses revealed greater reluctance to stop driving in the earlier than current study – that is, 25% of respondents in 2017 predicted they would never stop driving, compared with only 4% in 2020-2021. While this difference may reflect greater awareness among the 2020-2021 respondents of the possible need to transition from driving at some point in the future, it also may reflect a greater willingness to estimate a time until this transition rather than an age at which it is likely to occur.

Figure 17: If you were to guess, when do you think you will stop driving completely? (Q23)
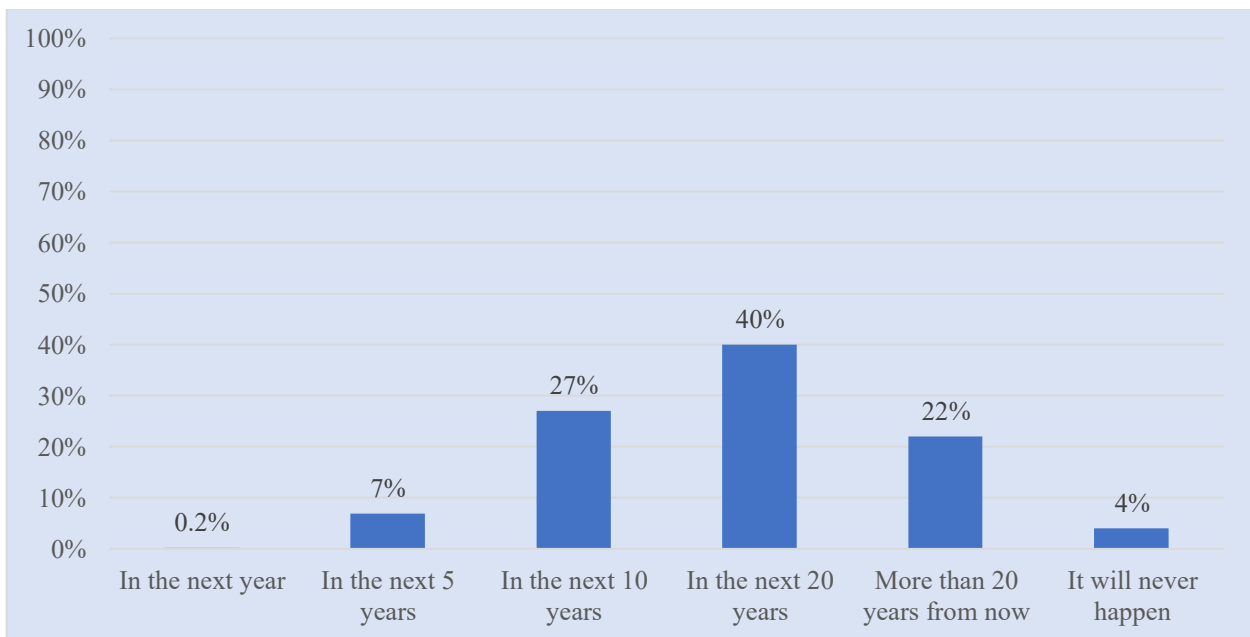
To better contextualize these predictions, the 2020-2021 survey also included an item measuring subjective life expectancy. As shown in Table 35, responses ranged from 53 to 150 years and averaged 89 years.

Table 35: If you were to guess, to what age do you think you'll live? (Q24)

Mean	Standard Deviation	Minimum	Maximum
89.30	(8.08)	53	150

The survey also contained items asking respondents about the extent to which they have planned for the transition from driving, as well as their planning for other aspects of later life. As shown in Figure 18, respondents were much less likely to report having planned for driving retirement than other aspects of later life. For example, 52% said they had not planned at all for a time when they can no longer drive – a figure that is five times higher than for any other type of planning.

Further illustrating this pattern, only 4% have planned a lot for driving retirement, while four to six times as many respondents have planned a lot for their healthcare needs (39%), financial situation (58%), living arrangements (45%), or end-of-life decisions (45%).

The limited planning for driving retirement is consistent with results from the 2017 survey, which included only a single item asking whether or not they had planned for their driving retirement. In 2017, 78% said they had not planned for this possibility.

Figure 18: Thinking about the future, how much have you planned for each of the following? (Q20)
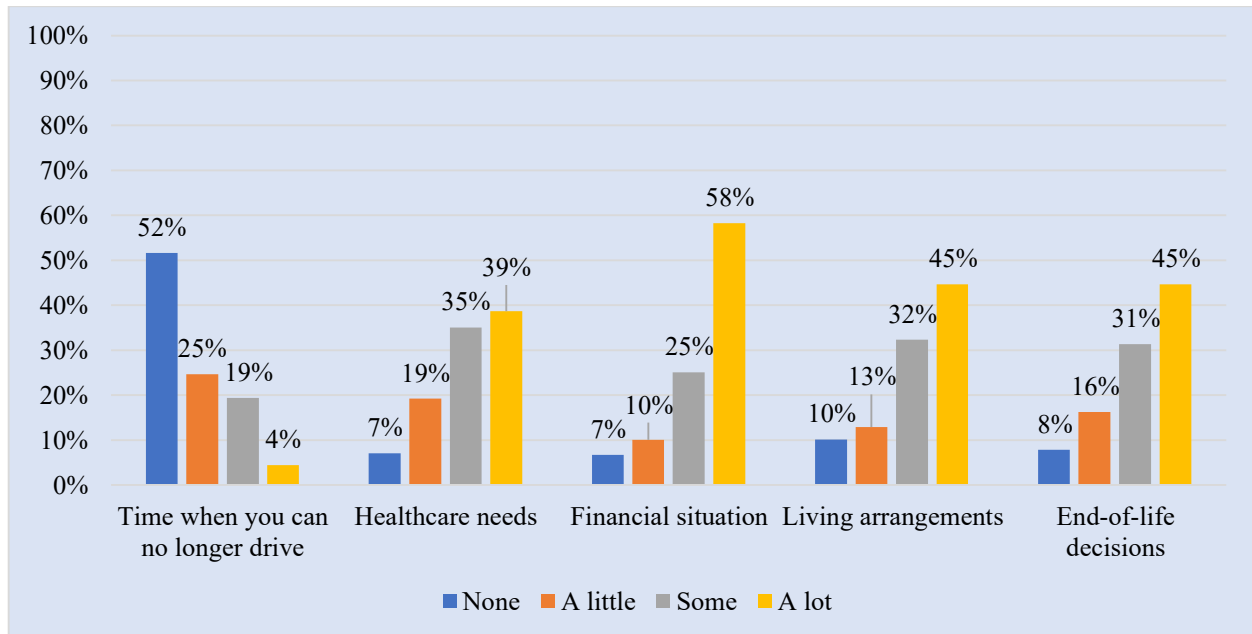
Table 36 reports the results of analyses of age, gender, and urban/rural differences in planning for driving retirement and other later life circumstances. It reports the percentage of respondents indicating that they have planned "a lot" for each situation. We observe age differences in all types of planning. In general, the oldest group is the most likely to say they have planned "a lot"; however, some differences are more striking than others. Older respondents are especially likely, compared with younger respondents, to have planned for health care and end-of-life issues. For example, 48% of those 65 and older have planned a lot for health care, only 35% of those 50-64 have done so. Turning to gender, we do not find a meaningful difference in planning for driving retirement; however, women and men do differ in their likelihood of other types of planning. For example, 50% of women but only 38% of men have planned for their end-of-life decisions. Across all types of later life planning, the urban/rural differences are much less striking than those observed for age and gender.

Table 36: Thinking about the future, how much have you planned for each of the following? (Q20) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Time when you can no longer drive	4.41%	3.32%	4.76%	3.72%	4.88%	4.46%	3.82%
Healthcare needs	38.66%	30.76%	41.21%	39.41%	38.85%	39.11%	33.22%
Financial situation	58.27%	57.56%	58.50%	56.99%	59.90%	58.45%	56.06%
Living arrangements	44.63%	44.05%	44.81%	41.85%	47.22%	44.57%	45.33%
End-of-life decisions	44.61%	34.51%	47.86%	38.13%	50.34%	44.92%	40.83%

Notes: Number of respondents ranged from 3,833 to 3,834. Response of "a lot" by age group, gender, and urban/rural residence.

Figure 19 provides more detailed results on age differences in planning for driving retirement. The figure illustrates the general pattern that older respondents have planned more than have younger respondents. For example, only 27% of those 85 and older have not planned at all for this transition, compared with 63% of respondents aged 50 to 64.

Figure 19: Thinking about the future, how much have you planned for a time when you can no longer drive (Q20) (By age group)
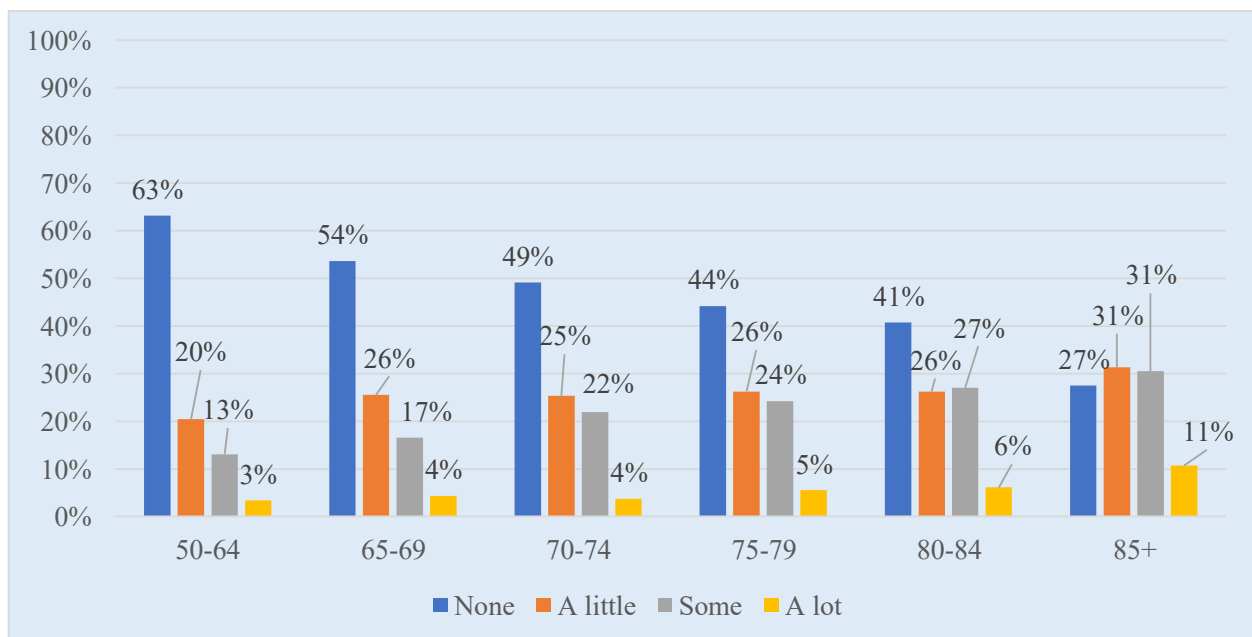
Figure 20 reports age differences in planning for driving retirement, along with other types of later life planning. It illustrates two patterns: the lower level of driving compared with all other types of planning and the lower level of planning among younger than older respondents.

**Figure 20: Thinking about the future, how much have you planned for each of the following? (Q20)
(Response of "a lot" by age group)**
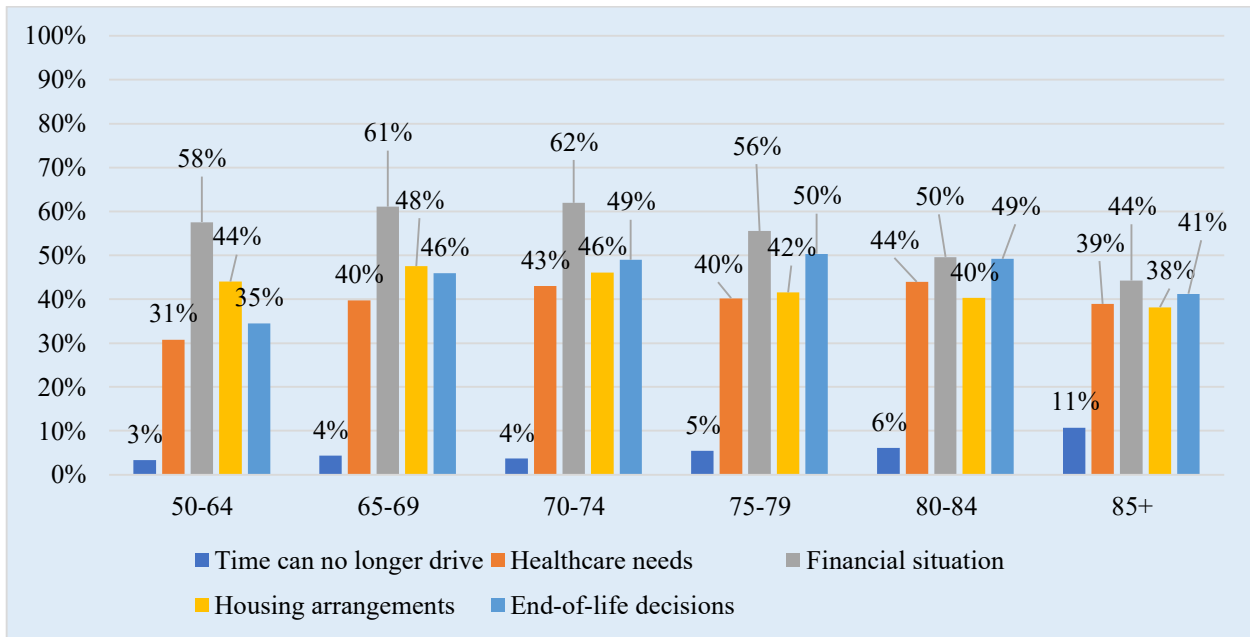
Figure 21 reports the results of analyses comparing women and men on their later life planning. Compared with men, women have planned more for their end-of-life decisions, housing arrangements, and financial situation. Gender differences are less striking with regard to planning for healthcare needs or driving retirement.

**Figure 21: Thinking about the future, how much have you planned for each of the following? (Q20)
(Response of "a lot" by gender)**
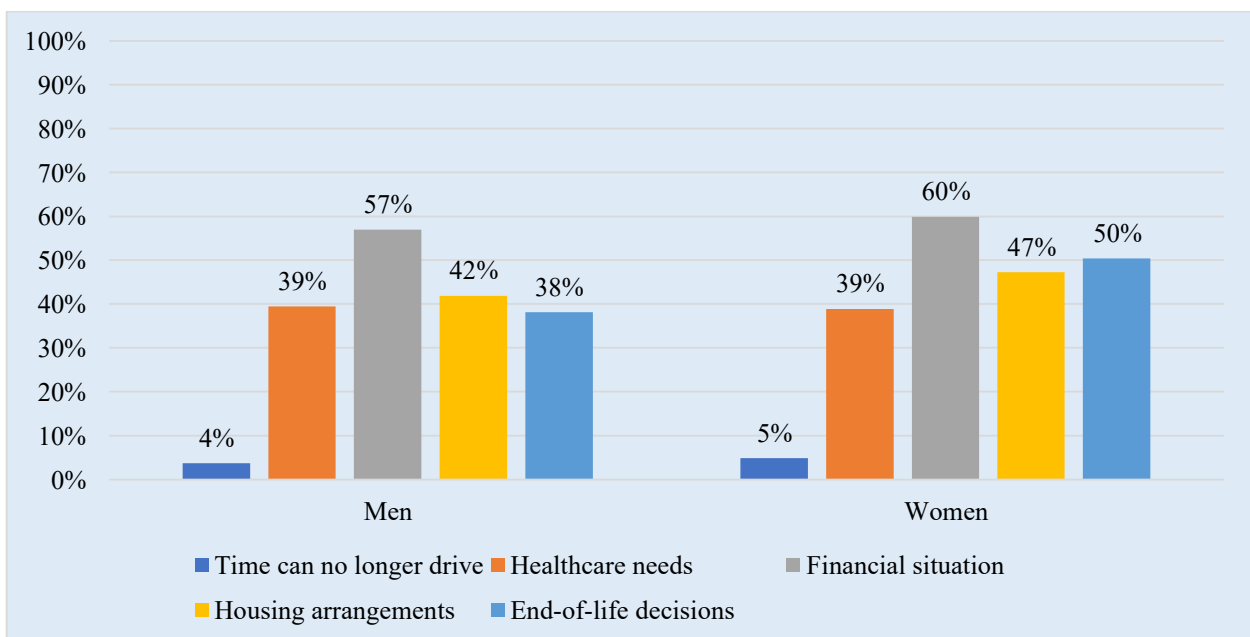
Table 37 reports the results of analyses by FDOT district. In general, the similarities across the districts are more striking than are the differences.

Table 37: Thinking about the future, how much have you planned for each of the following? (Q20) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Time when you can no longer drive	4.41%	3.42%	5.06%	3.37%	4.82%	4.71%	3.70%	6.16%
Healthcare needs	38.66%	42.45%	41.29%	32.70%	41.67%	39.41%	38.43%	39.31%
Financial situation	58.27%	60.61%	62.64%	57.87%	55.48%	57.00%	58.33%	57.87%
Living arrangements	44.63%	48.38%	48.60%	41.91%	42.11%	44.73%	43.06%	45.21%
End-of-life decisions	44.61%	46.22%	47.75%	46.18%	43.42%	42.80%	33.33%	46.47%

Notes: Number of respondents ranged from 3,833 to 3,834; Response of "a lot" by FDOT district.

HURRICANE PREPAREDNESS

The survey included items on hurricane preparedness, a topic that was not covered in the 2017 survey. As reported in Figure 22, the survey revealed a high level of preparedness, with over 90% having access to their vital information and documents (94%), access to $2,000 to cover evacuation expenses (93%), and enough reliable vehicles to carry all household members, pets, and a small amount of supplies (96%). A lower percentage of respondents – just 75% – reported having emergency supplies readily available to take in the case of evacuation.

Figure 22: Hurricane Preparedness (Q25-28)
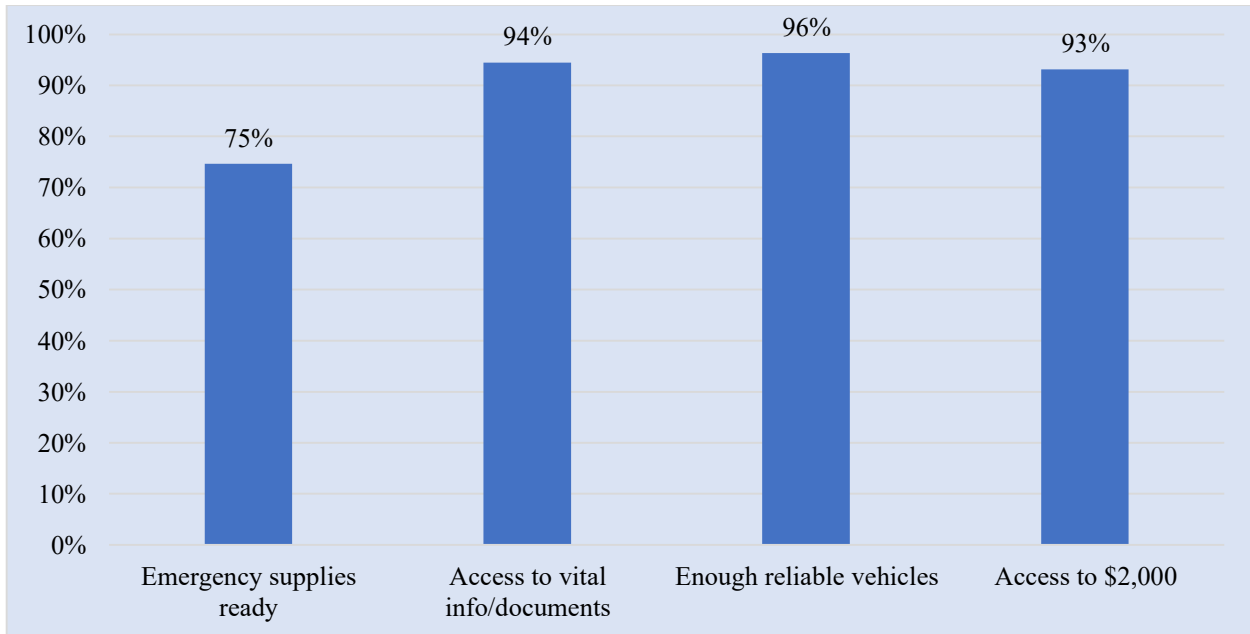
Figure 23 reports the results related to the need for assistance during evacuation. Results indicate that 12% of respondents say they or someone in their household would require assistance during a hurricane evacuation due to a medical problem or physical health condition.

Figure 23: Would you or someone else in your household require assistance with evacuation due to medical needs or physical abilities? (Q30)
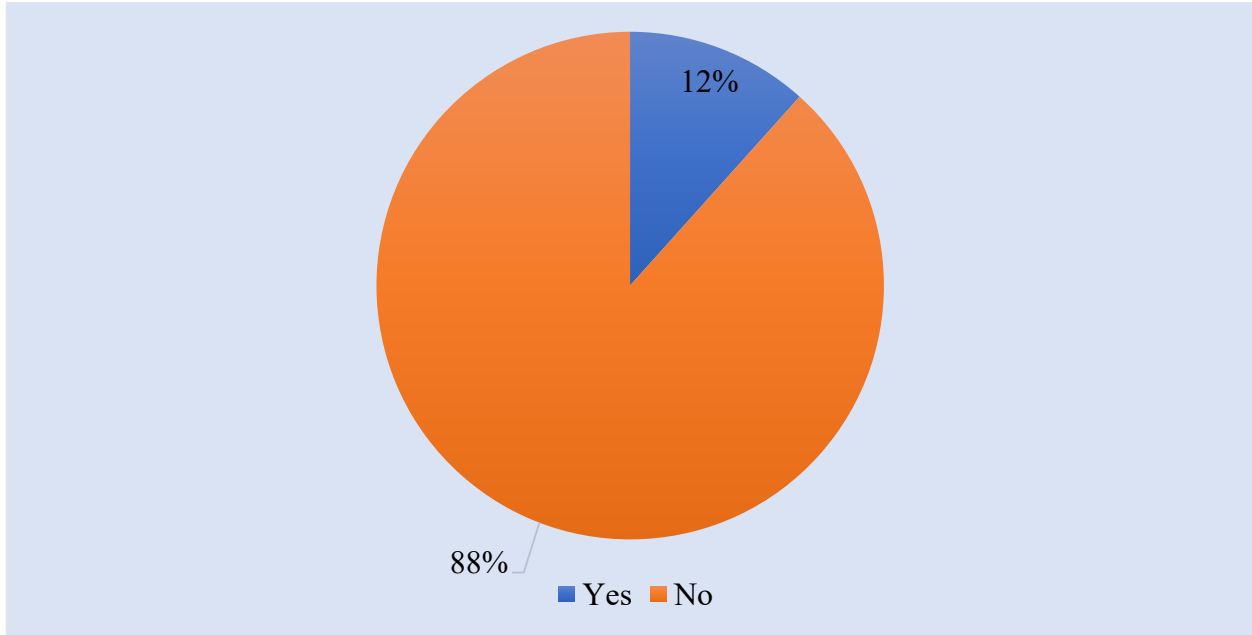
Table 38 reports group differences in hurricane preparedness and need for evacuation assistance. These analyses revealed relatively modest differences across age, gender, and urban/rural residence. Regarding age, we observe high levels of preparedness across all the groups; however, we do find an age difference in having access $2,000 to use during an emergency evacuation. In particular, while 95% of those age 65 and older would have this resource available, only 87% of those aged 50 to 64 would have it. Turning to gender, the similarities are more striking than differences. The same is true of urban/rural differences; however, we do observe that a slightly lower percentage of rural (89%) than urban (93%) residents would have access to $2,000.

Table 38: Hurricanes Preparedness (Q25-28) Assistance Required to Evacuate (Q30) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Emergency supplies	74.63%	75.66%	74.30%	73.24%	75.63%	74.30%	78.64%
Access to vital info/documents	94.45%	92.87%	94.95%	95.04%	94.19%	94.41%	94.93%
Enough reliable vehicles	96.32%	95.58%	96.55%	97.49%	95.73%	96.24%	97.30%
Access to $2,000	93.11%	87.14%	95.00%	95.34%	91.69%	93.40%	89.49%
Require assistance to evacuate	11.64%	13.31%	11.11%	9.80%	12.80%	11.49%	13.51%

Notes: Number of respondents ranged from 3,926 to 3,943; By age group, gender, and urban/rural residence.

Table 39 reports the results of analyses of differences in hurricane preparedness across FDOT districts. In general, few noteworthy differences are found. However, we do observe modest differences in the availability of $2,000 and in the need for assistance in the case of an evacuation. In particular, the respondents in South Florida were least likely to have access to $2,000 (i.e., 90%, compared with close to 95% in other districts). Another difference we note is the lower percentage of respondents in need of assistance with evacuation in NW Florida (9%), compared with Central Florida (15%), as an illustration.

Table 39: Hurricanes Preparedness (Q25-28) Assistance Required to Evacuate (Q30) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Emergency supplies	74.63%	75.57%	73.57%	73.87%	74.95%	74.82%	74.55%	75.04%
Access to vital info/documents	94.45%	96.13%	93.75%	94.60%	95.75%	93.34%	94.20%	93.59%
Enough reliable vehicles	96.32%	98.77%	96.73%	97.46%	94.88%	95.76%	91.93%	95.49%
Access to $2,000	93.11%	95.59%	92.35%	94.37%	94.46%	90.79%	90.13%	92.52%
Require assistance to evacuate	11.64%	9.38%	13.70%	8.60%	11.73%	14.67%	12.11%	12.76%

Notes: Number of respondents ranged from 3,926 to 3,943; By FDOT district.

Respondents also were asked where they would likely stay if they had to evacuate for two weeks to a safe place at least 50 miles away. As shown in Figure 24, 50% of respondents anticipated staying in a hotel or motel, while about 39% say they would stay with relatives or friends. Only 3% anticipated staying in a public shelter.

Figure 24: If you had to evacuate from your town or city to a safe place at least 50 miles away for at least two weeks, where would you most likely stay during those two weeks? (Q29)
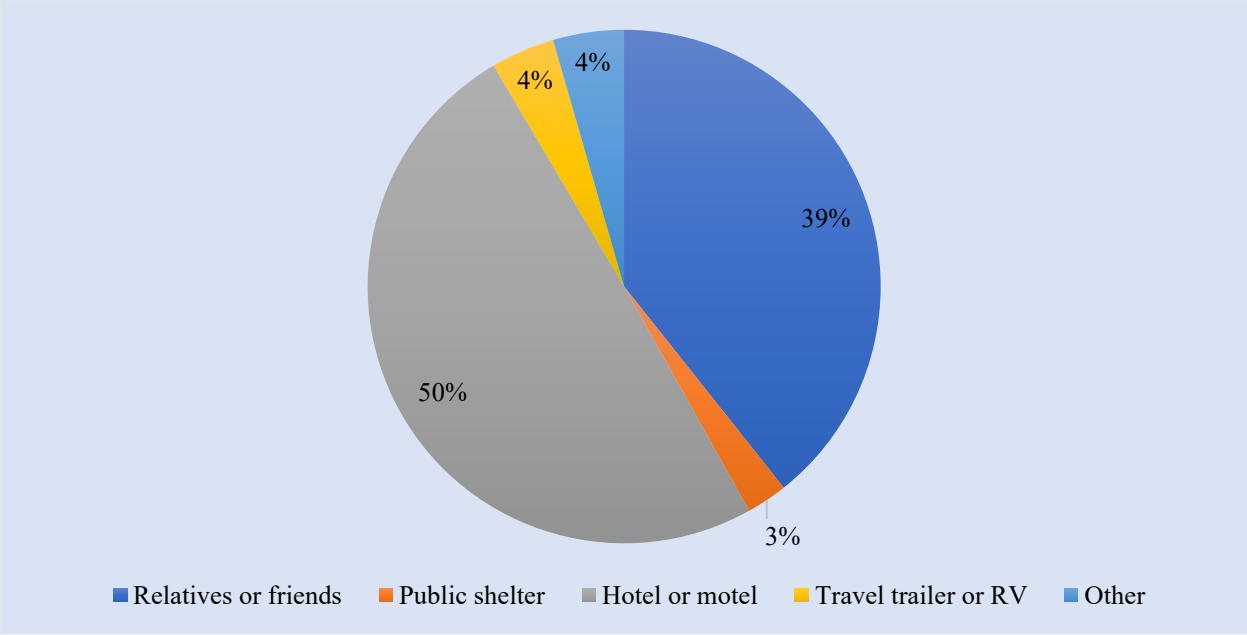
Table 40 reports the results of group differences in respondents' reports of their likely location in the case of an evacuation. We find age, gender, and urban/rural differences. Regarding age, we find that older respondents were less likely than younger ones to report that they would evacuate to relatives' or friends' homes – and more likely to evacuate to a hotel or motel. Regarding gender, women were more likely than men to report that they would evacuate to friends' or relatives' homes. In contrast, men were more likely than women to anticipate evacuating to a hotel or motel. Turning to urban/rural differences, the most noteworthy difference is the higher percentage of rural than urban residents anticipating evacuation to a trailer or RV.

Table 40: If you had to evacuate from your town or city to a safe place at least 50 miles away for at least two weeks, where would you most likely stay during those two weeks? (Q29) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Relatives or friends	39.32%	44.62%	37.63%	33.59%	43.60%	39.16%	41.22%
Public shelter	2.59%	3.59%	2.28%	2.69%	2.58%	2.59%	2.70%
Hotel or motel	49.57%	41.35%	52.18%	54.63%	45.90%	50.22%	41.55%
Travel trailer or RV	4.04%	5.17%	3.69%	4.24%	3.70%	3.63%	9.12%
Other	4.48%	5.27%	4.22%	4.84%	4.22%	4.40%	5.41%

Notes: N=3,932; By age group, gender, and urban/rural residence.

Table 41 reports the results of anticipated evacuation locations by FDOT district. Across all the districts, evacuation to a hotel or motel or friends' or relatives' home were the most common

responses. In general, the similarities across the districts are more striking than are the differences. An exception is the observation that respondents in W Central Florida have a lower likelihood of evacuation to friends' or relatives' home – and higher likelihood of evacuation to a hotel or motel, compared with the other districts.

Table 41: If you had to evacuate from your town or city to a safe place at least 50 miles away for at least two weeks, where would you most likely stay during those two weeks? (Q29) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Relatives or friends	39.32%	38.23%	41.96%	45.64%	39.02%	35.96%	36.32%	34.96%
Public shelter	2.59%	2.48%	3.54%	1.32%	1.71%	3.27%	3.59%	3.48%
Hotel or motel	49.57%	50.97%	44.14%	43.44%	53.52%	51.69%	53.36%	53.57%
Travel trailer or RV	4.04%	4.07%	4.90%	4.85%	2.13%	5.69%	1.35%	2.43%
Other	4.48%	4.25%	5.45%	4.74%	3.62%	3.39%	5.38%	5.57%

Notes: N=3,932.

The survey also asked about the likelihood that respondents would comply with an evacuation order. As shown in Figure 25, most people anticipated that they would comply, with 41% saying it was "very likely" and 39% saying it was "somewhat likely." However, 20% said they would not be likely to comply.

Figure 25: How likely are you to evacuate your home in the case of an evacuation order during a hurricane? (Q31)

Not at all likely   **Somewhat likely**   **Very likely**
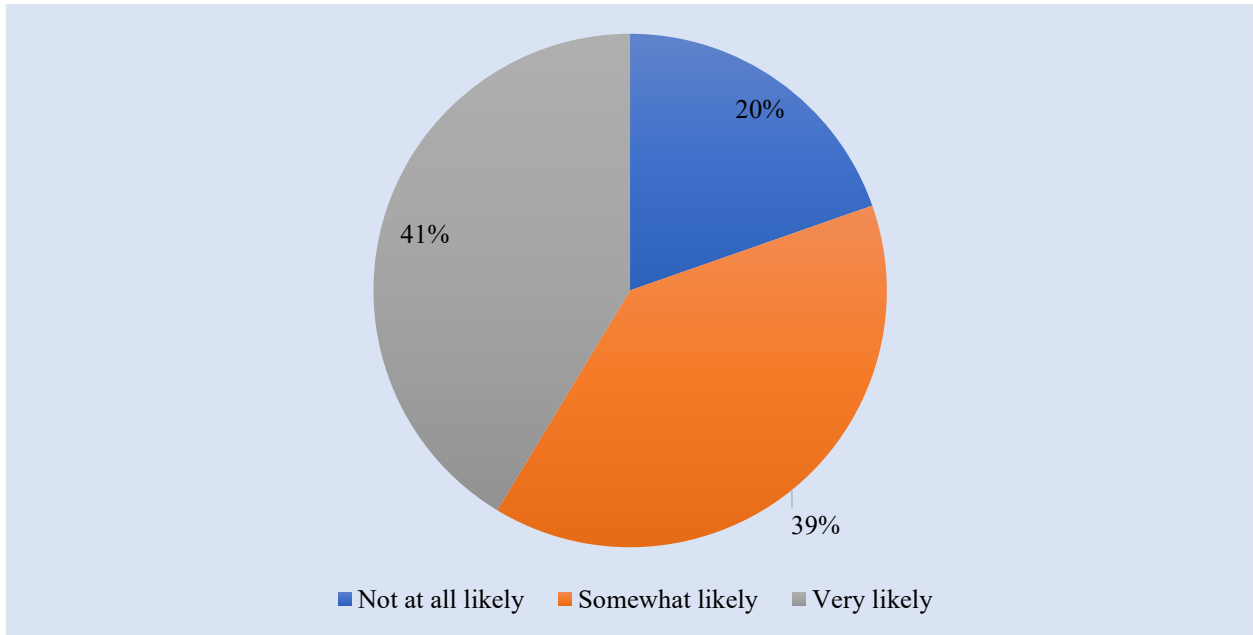
The survey included items on pet ownership to assess its association with the likelihood of compliance with an evacuation order. As indicated in Figure 26, 61% of respondents reported not having pet(s), while 39% of respondents did have pet(s).

Figure 26: Another concern during an emergency is pets. Do you have a pet? (Q32) Among those who have pets: What kind of pet(s) do you have? (Q33)

Dogs   **Cats**   **Fish**   **Birds**   **Other**   **No pets**
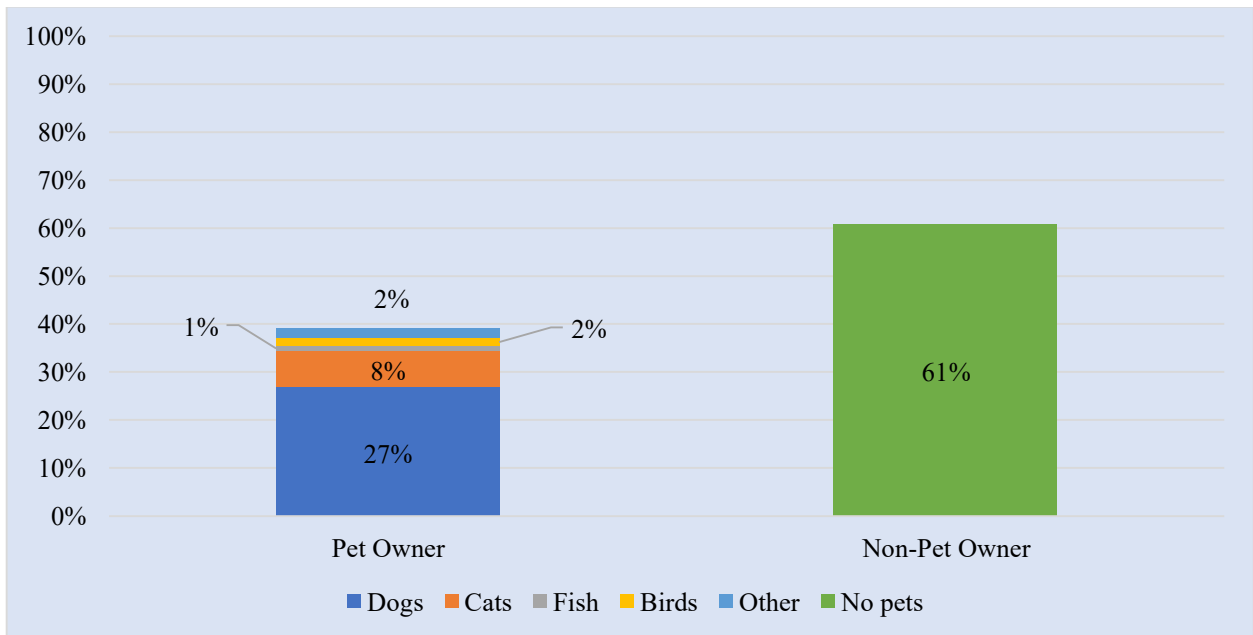
Figure 27 illustrates patterns in interaction with pets, which may influence compliance with evacuation orders. Overall, respondents reported high levels of interaction. As illustrations, 87% of pet owners consider their pet(s) a member of the family and 70% talk to their pet(s).

Figure 27: Among those who have pet(s): How often do you do the following with your pet(s)? (Q34)
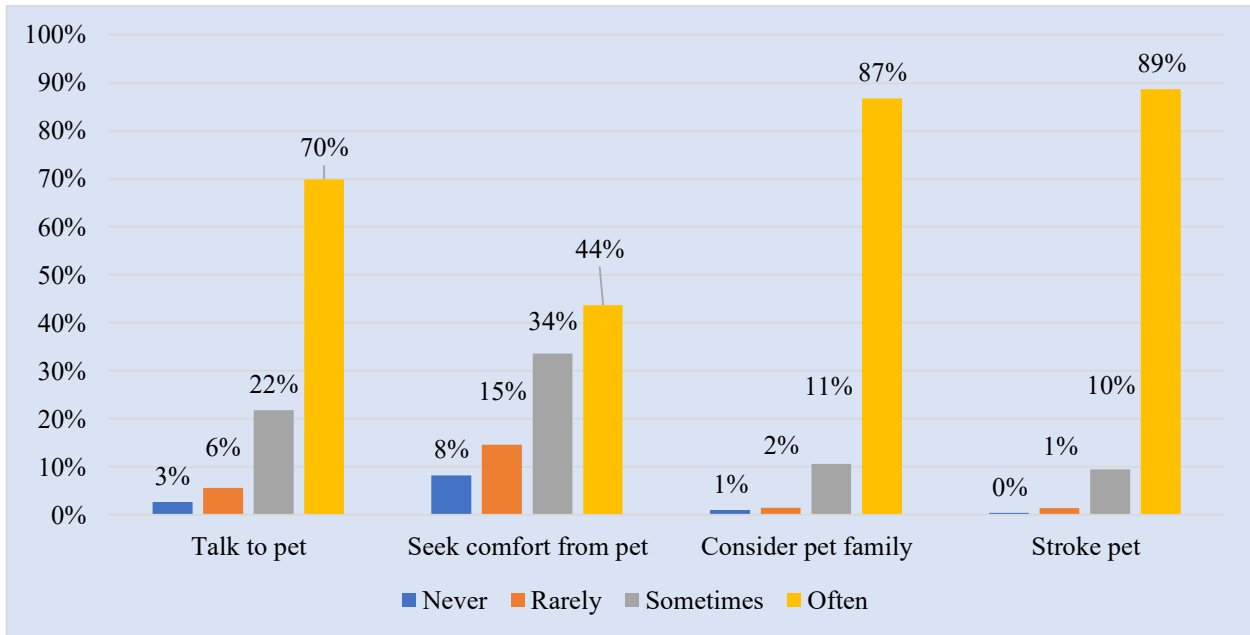
A survey item focused on anticipated need for assistance with pets during a hurricane. These results are shown in Figure 28. Results revealed that 69% of pet owners did not anticipate such need. However, others anticipated it, including 18% needing a pet-friendly public shelter, 3% needing help transporting their pets, and 10% needing another kind of help with their pets.

Figure 28: If you had to evacuate from your town or city to a safe place at least 50 miles away, would you need assistance evacuating or sheltering your pet(s)? (Q35)
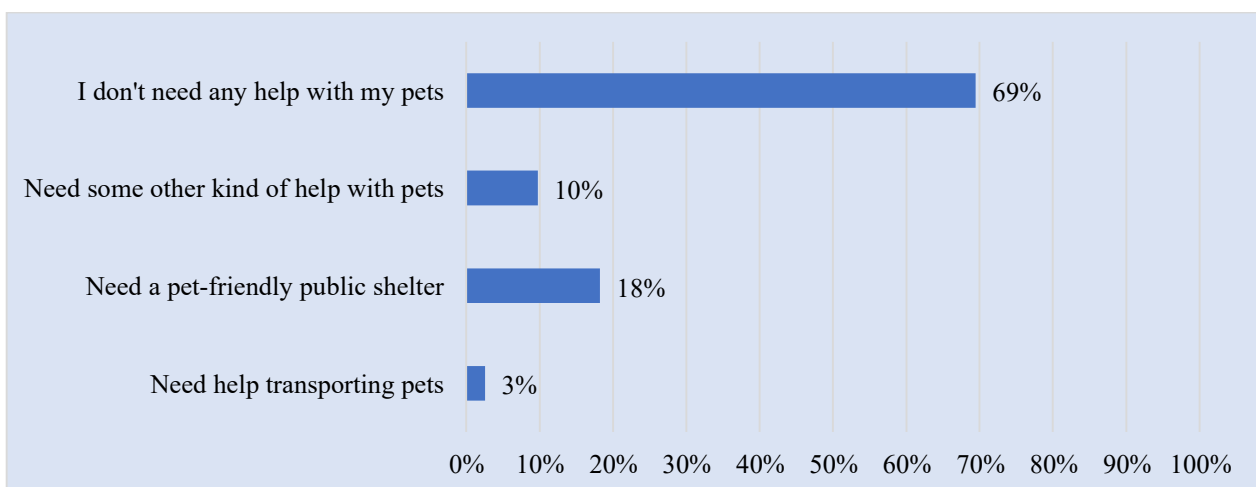
The survey included numerous questions about health, as it is a central determinant of driving behavior. Overall, respondents reported fairly high levels of physical health, physical abilities, and psychological health. The results for the question about self-rated health provide an illustration. As Figure 29 shows, the most common rating was "very good" (41%), followed by "good" (31%).

These results were similar to those found in the 2017 survey's only measure of health, which revealed that 44% rated their health as "very good," followed by 25% rating it "good."

Figure 29: In general, how would you rate your health? (Q36)
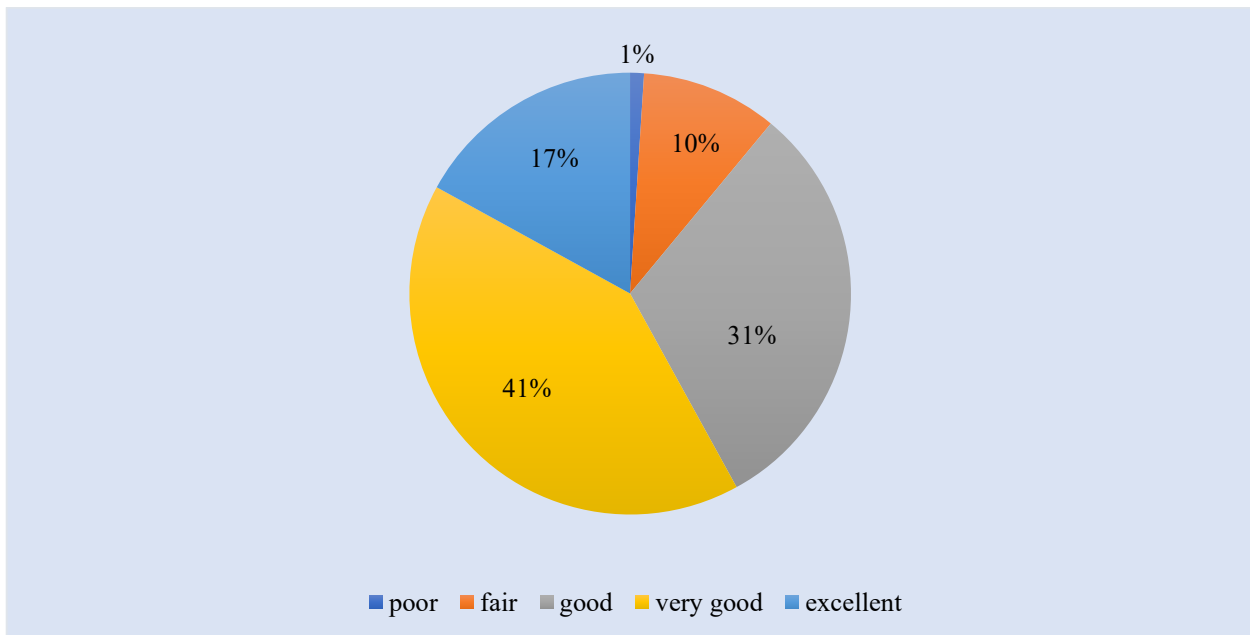
Consistent with the results for the self-rated health measure, the results for physical ability measures, which were added to the 2020-2021 survey, indicated high levels of ability. As shown in Figure 30, more than 75% of respondents reported having no difficulty doing any of the following physical tasks: walking a quarter of a mile (78%), walking up 10 stairs without resting (77%), lifting or carrying 10 pounds (80%), walking from one room to another (96%), standing up from an armless chair (80%), and getting in and out of bed (91%). In contrast, only 50% reported no difficulty with one of the tasks – stooping, crouching, or kneeling.

Figure 30: How much difficulty do you have with each of these activities? (Q37)
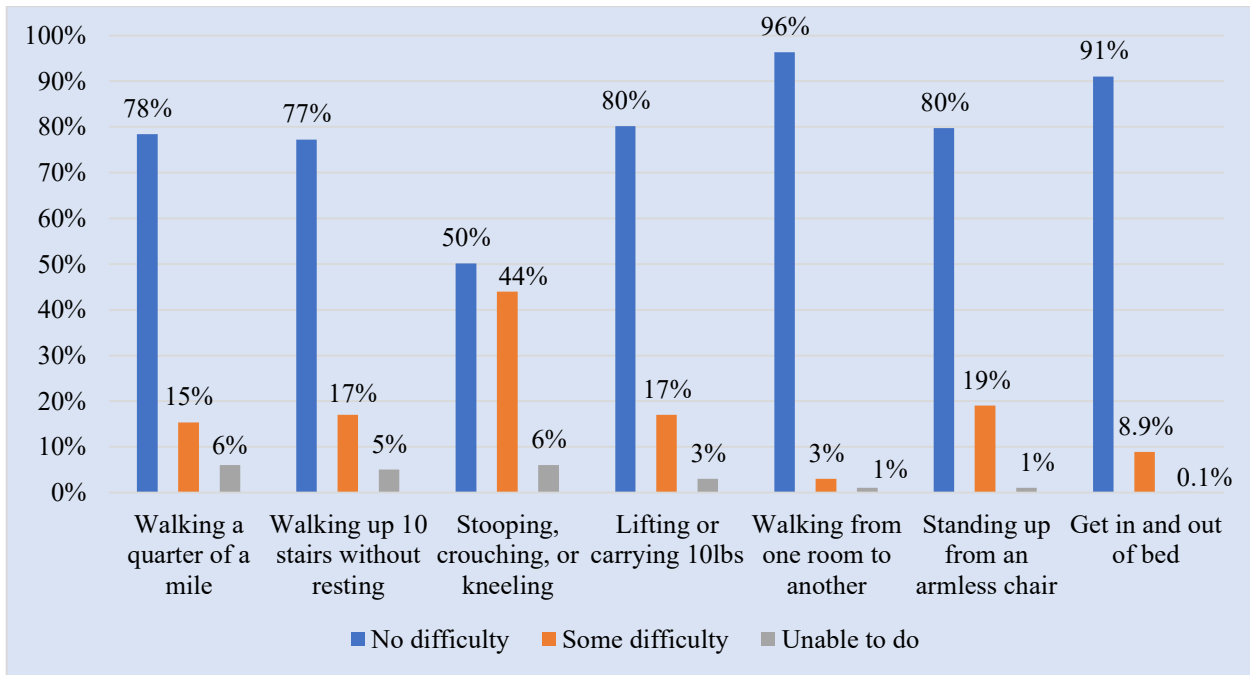
Table 42 reports group differences in functional limitations. In particular, it reports the average number of activities (of a list of 7) that the respondent is unable to do without difficulty. As expected, the average is higher for older than younger respondents (i.e., 1.53 for those 65 and older compared with 1.20 for those 50 to 64). We also find gender and urban/rural differences, with women having a higher average score than men (i.e., 1.55 compared with 1.29) and rural residents having a higher average score than urban residents (i.e., 1.56 compared with 1.44).

Table 42: Number of the following activities respondent is unable to do: Walking a quarter of a mile; Walking up 10 stairs without resting; Stooping, crouching, or kneeling; Lifting/carrying something as heavy as 10 lbs.; Walking from one room to another on same level; Standing up from armless chair; Getting in or out of bed. (Q37)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Mean	1.45	1.20	1.53	1.29	1.55	1.44	1.56
Standard Deviation	(1.84)	(1.83)	(1.83)	(1.73)	(1.89)	(1.83)	(1.93)

Notes: N=3,820; Mean differences by age group, gender, and urban/rural residence.

High levels of functionality also were revealed in results for assessments of eyesight and hearing, as reported in Table 43 (column 1). The questions on which these results are based asked respondents to rate their abilities using their glasses or contacts or hearing aids, if they used these devices. Overall, 63% of respondents rated their eyesight as "very good" or "excellent," while 59% rated their hearing similarly well.

Table 43 also reports group differences in reported eyesight and hearing. Differences in self-rated eyesight were less noteworthy than were the differences in self-rated hearing. In particular, a lower percentage of older than younger respondents describe their hearing as "very good" or "excellent" (e.g., 49% of those 75 or older compared with 67% of those 50-64). Gender and urban/rural differences also are noteworthy. Women are more likely than men to describe their hearing as "very good" or "excellent" (i.e., 67% versus 49%), while urban residents are more likely than rural residents to do the same (i.e., 60% versus 51%).

Table 43: How would you rate your eyesight? (Q38) How would you rate your hearing? (Q39)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Eyesight	63.25%	63.31%	63.24%	62.79%	64.40%	63.31%	62.71%
Hearing	59.12%	66.84%	56.66%	48.86%	66.70%	59.78%	50.85%

Notes: Number of respondents ranged from 3,897 to 3,908; Response of "very good" or "excellent," by age group, gender, and urban/rural residence.

The survey included two items asking about sleep. As shown in Figure 31, most respondents report having either "fairly good" (58%) or "very good" (26%) sleep quality in the past month.

Figure 31: During the past month, how would you rate your sleep quality overall? (Q40)
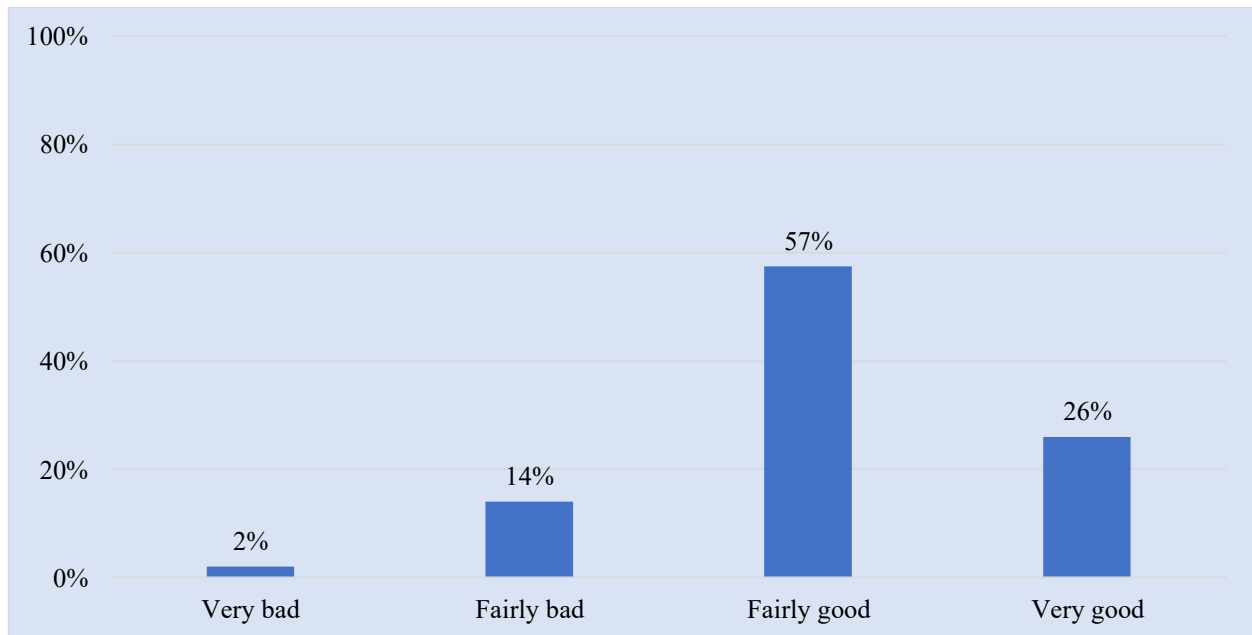
Table 44 reports group differences in sleep quality. The results indicate that younger respondents are less likely than older ones to report "very bad" or "fairly bad" sleep in the past month. In particular, 20% of those 50 to 64 described their sleep this way, compared with only 15% of those 65 and older. Gender and urban/rural differences are less noteworthy.

Table 44: During the past month, how would you rate your sleep quality overall? (Q40)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Bad sleep quality	16.55%	20.17%	15.39%	85.84%	81.72%	16.60%	15.93%

Notes: N=3,898; Response of "very bad" or "fairly bad" by age group, gender, and urban/rural residence.

Consistent with this observation, nearly all respondents (96%) reported "never or hardly ever" having trouble staying awake while driving in the past month, as shown in Figure 32.

Figure 32: During the past month, how often have you had trouble staying awake while driving? (Q41)
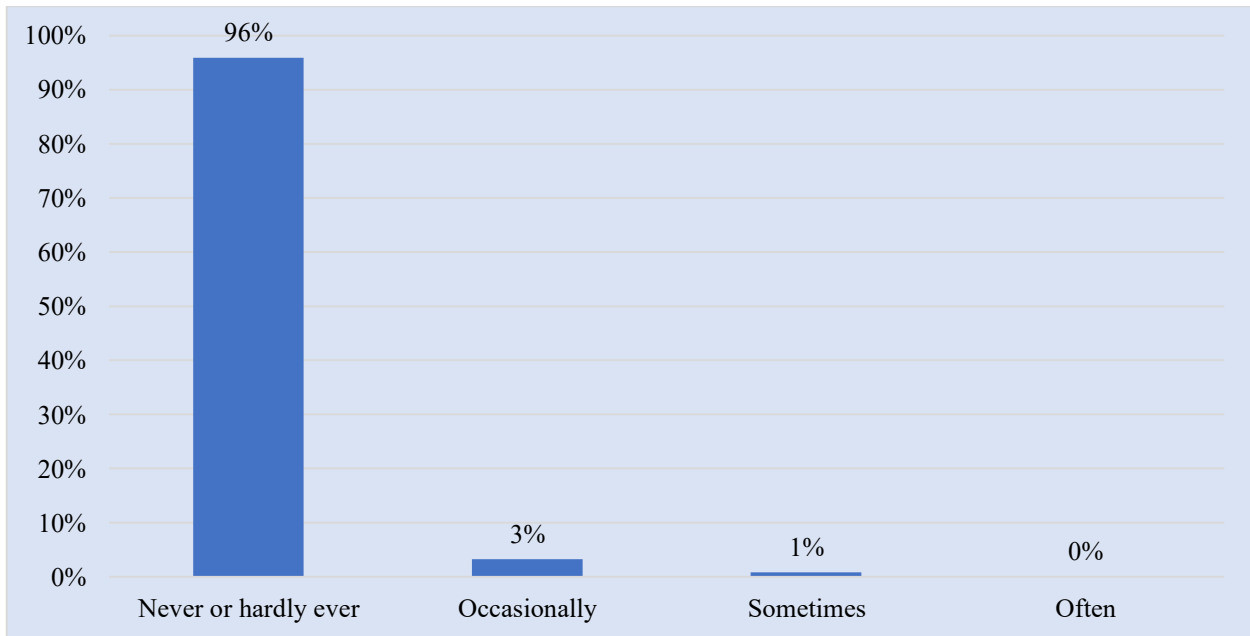
Table 45 reports group differences in reports of trouble staying awake while driving. Because this experience was very infrequently reported, we combined the responses of "occasionally," "sometimes," or "often" to report the percentages in the table below. Overall the similarities across age, gender, and urban/rural groups are more striking than are the differences. In other words, very few respondents reported difficulty staying away while driving and this pattern held across the groups.

Table 45: During the past month, how often have you had trouble staying awake while driving? (Q41)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Trouble staying awake while driving	4.13%	6.59%	3.33%	4.80%	3.36%	3.99%	5.92%

Notes: N=3,728; Response of "occasionally," "sometimes," or "often" by age group, gender, and urban/rural residence.

Compared with sleep problems, experiences of physical pain were more common. As shown in Figure 33, only 19% reported experiencing no physical pain in the past month. The most frequent response was "a little," with 44% of respondents describing their pain in this way.

Figure 33: In the past month, how much physical pain did you experience? (Q42)
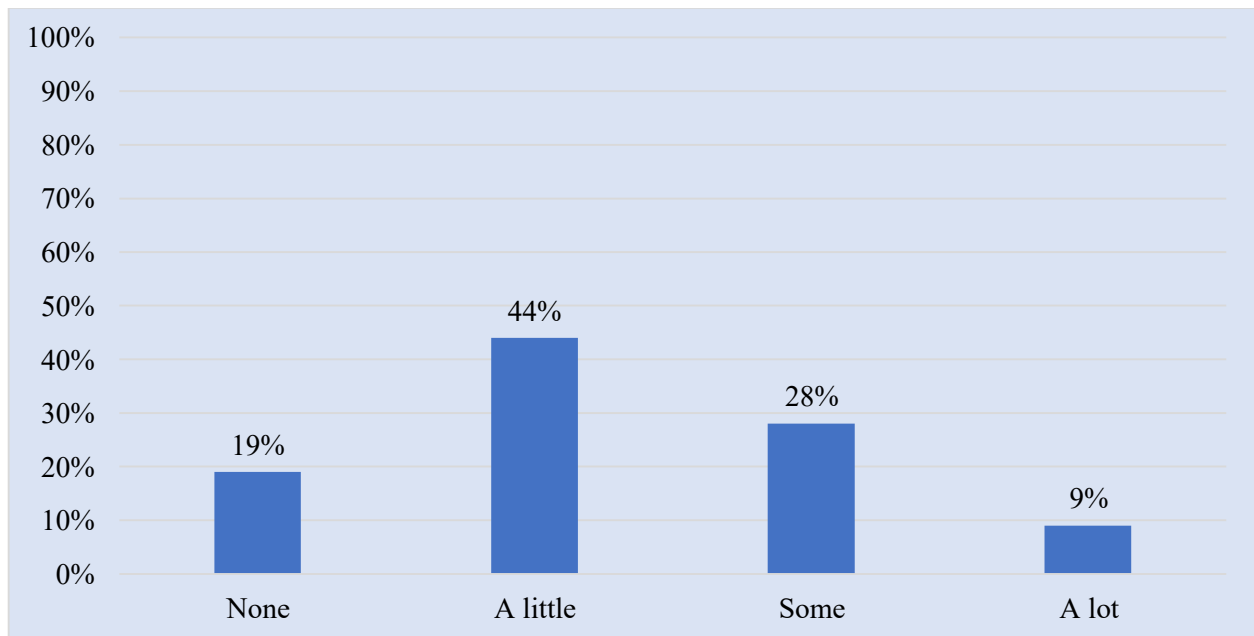
Table 46 reports group differences in pain. Overall, the similarities across the age, gender, and urban/rural groups are more noteworthy than are the differences.

Table 46: In the past month, how much physical pain did you experience? (Q42) In the past month, how much did physical pain interfere with your ability to drive? (Q43)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Pain in the past month	37.31%	38.69%	36.87%	34.51%	39.48%	36.89%	42.37%
How much physical pain affected driving	3.16%	5.61%	2.37%	2.89%	3.36%	3.08%	4.18%

Notes: Number of respondents ranged from 3,731 to 3,897; Response of "some" or "a lot," by age group, gender, and urban/rural residence.

Although pain was a fairly common experience, it was not described as affecting driving abilities, as shown in Figure 34. Overall, 91% respondents reported that pain had not affected their ability to drive at all.

Figure 34: In the past month, how much did physical pain interfere with your ability to drive? (Q43)
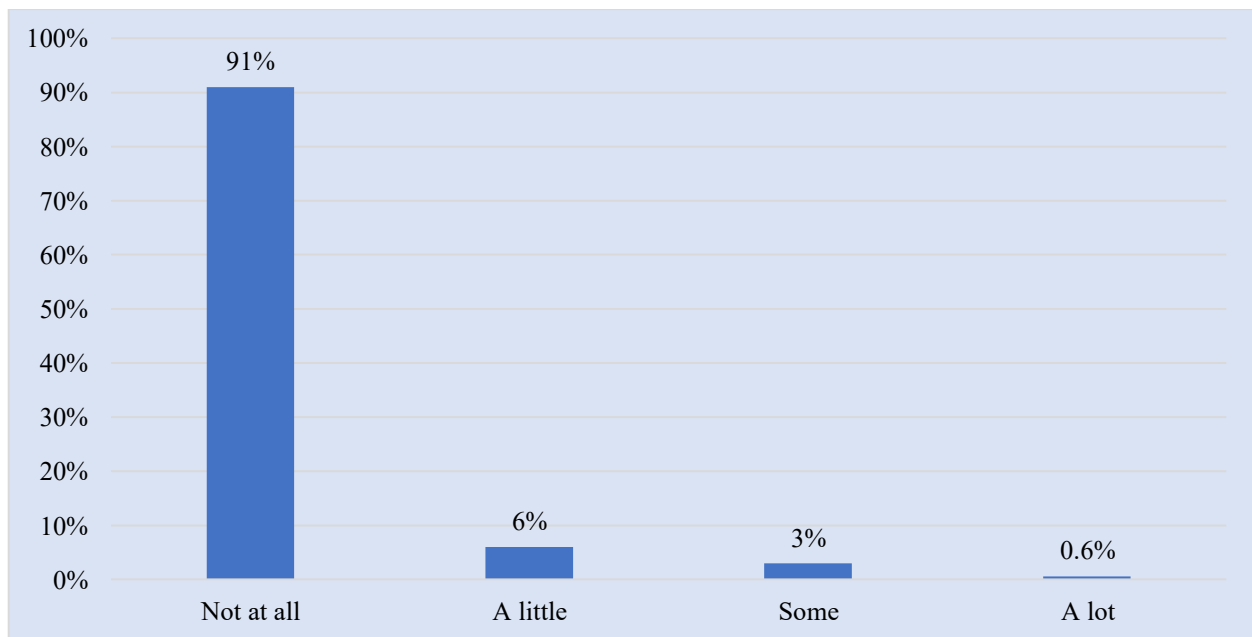
Measures of psychological health also indicated relatively high levels of health. As shown in Table 47, respondents reported low levels of loneliness, depression, and memory problems. On all of these items, the most common response was "never or hardly ever." In particular, 64% never lacked companionship, 69% never felt left out, 58% never felt isolated, 62% never felt sad or depressed, and 82% felt that memory problems never interfered with daily activities.

Table 47: In the past month, how often did you feel…? (Q45-Q47) In the past week, how often did memory problems interfere with your daily activities? (Q48)

	Never or hardly ever	Occasionally	Sometimes	Often
Loneliness questions				
Lacking companionship	64.10%	18.92%	9.35%	7.63%
Left out	68.95%	19.17%	7.71%	4.16%
Isolated	58.48%	24.72%	9.61%	7.19%
Sad or depressed	62.24%	24.59%	9.77%	3.40%
Memory problems interfere with daily activities	81.56%	14.58%	3.06%	0.80%

Notes: Number of respondents ranged from 3,888 to 3,892.

Consistent with the low levels of loneliness reported in the survey, respondents had fairly high levels of interaction with friends and family in the past month, though it tended to involve calls or contact via social media rather than in-person visits. These results are shown in Table 48. Illustrating respondents' high levels of interaction, 28% of respondents called or video chatted with family several times a week in the past month and a similar percentage – 24% – reported the same frequency of this type of interaction with friends. In contrast, in-person visits with family and friends were less frequent. For example, 9% visited in-person with family several times a week, and 14% visited in-person with friends several times a week.

Table 48: In the past month, how often did you communicate with friends and family? (Q49-54)

	Never	Once	2 or 3 times	About once a week	Several times a week	At least once a day
Visit in person with family	38.63%	16.67%	20.47%	12.92%	8.94%	2.38%
Call or video chat with family	7.21%	5.66%	21.19%	21.94%	28.30%	15.69%
Contact family via social media	7.74%	2.82%	16.27%	13.48%	35.48%	24.01%
Visit in person with friends	28.19%	14.32%	23.76%	16.36%	14.47%	2.90%
Call or video chat with friends	13.71%	8.09%	25.66%	17.73%	24.13%	10.68%
Contact friends via social media	7.03%	3.61%	19.10%	13.86%	33.73%	22.68%

Notes: Number of respondents ranged from 3,854 to 3,870.

Several questions asked respondents to assess how various aspects of their lives have changed since the COVID-19 pandemic began. The results, shown in Table 49, revealed stability in financial situation and physical health, with 58% and 69% of respondents, respectively, indicating no change at all. More change was reported in assessments of peace of mind and trust in the government, with over 58% and 67%, respectively, reporting declines.

Table 49: During the COVID-19 pandemic, how has each of the following things changed? (Q49)

	Gotten a lot worse	Gotten somewhat worse	Not changed at all	Gotten somewhat better	Gotten a lot better
Your financial situation?	3.75%	15.04%	57.73%	18.58%	4.89%
Your peace of mind?	9.47%	48.43%	36.48%	4.09%	1.54%
Your trust in the government?	34.43%	32.70%	26.00%	4.46%	2.42%
Your physical health?	1.20%	18.94%	68.52%	9.34%	2.00%

Notes: Number of respondents ranged from 3,838 to 4,381.

The survey concluded with items asking respondents about their use in the past year of various resources produced by Florida's Safe Mobility for Life Coalition. Across all the resources, relatively few respondents (less than 3%) had used them. As shown in Figure 35, the top three resources used by respondents included visiting the SafeMobilityFL.com website, looking at the Florida's Guide to Safe Mobility for Life, and attending a CarFit safety event.

These results are similar to those of the 2017 survey, in which less than 4% of respondents had used any of the resources and the top three resources were visiting the website, looking at the guide, and attending a CarFit event.

Figure 35: Use of Safe Mobility for Life Materials (Q63)
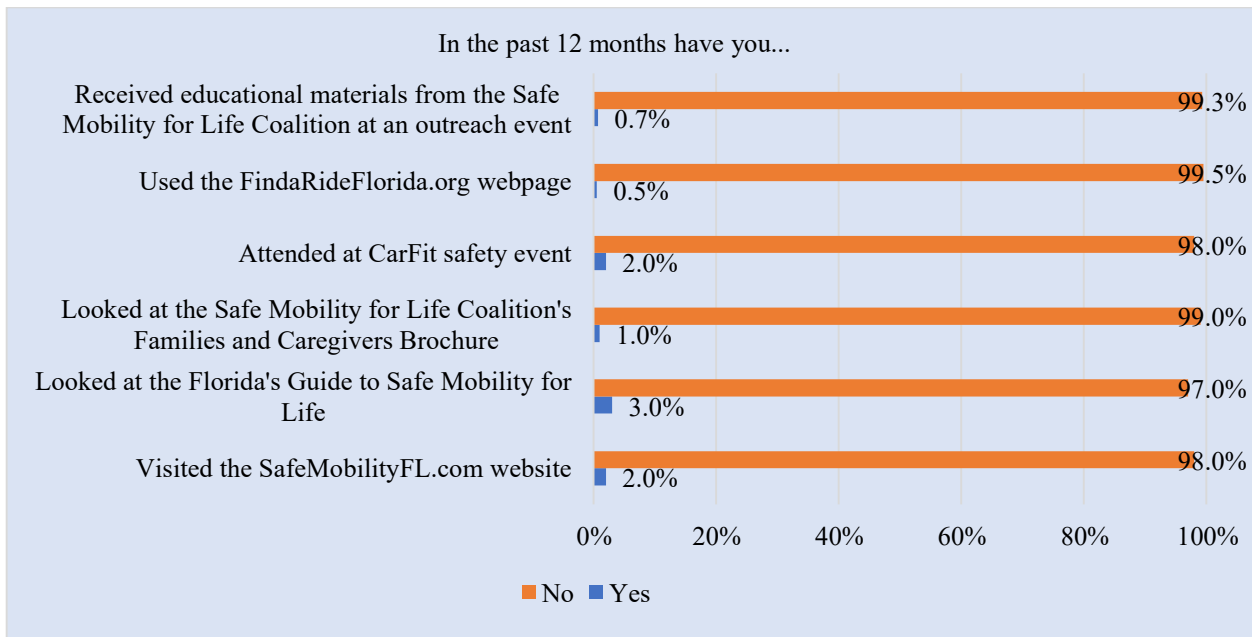
Table 50 reports the results of group differences in use of Safe Mobility for Life materials. In general, very few report having used the materials, and this pattern is consistent across all the age, gender, and urban/rural groups.

Table 50: In the past 12 months, have you used any of the Coalition's materials? (Q63)

	Total Sample	Age Categories		Gender		Urban & Rural Counties	
		50-64	65+	Men	Women	Urban	Rural
Use of any Safe Mobility Coalition materials	4.99%	5.49%	4.83%	4.57%	5.35%	5.00%	4.84%

Notes: N=3,810; Respondent's use of any Safe Mobility Coalition materials/resources, by age group, gender, and urban/rural residence.

Figure 36 provides more detailed results on age patterns in use of Coalition materials.

Figure 36: In the past 12 months have you used any of the Coalition's materials? (Q63) (By age group)
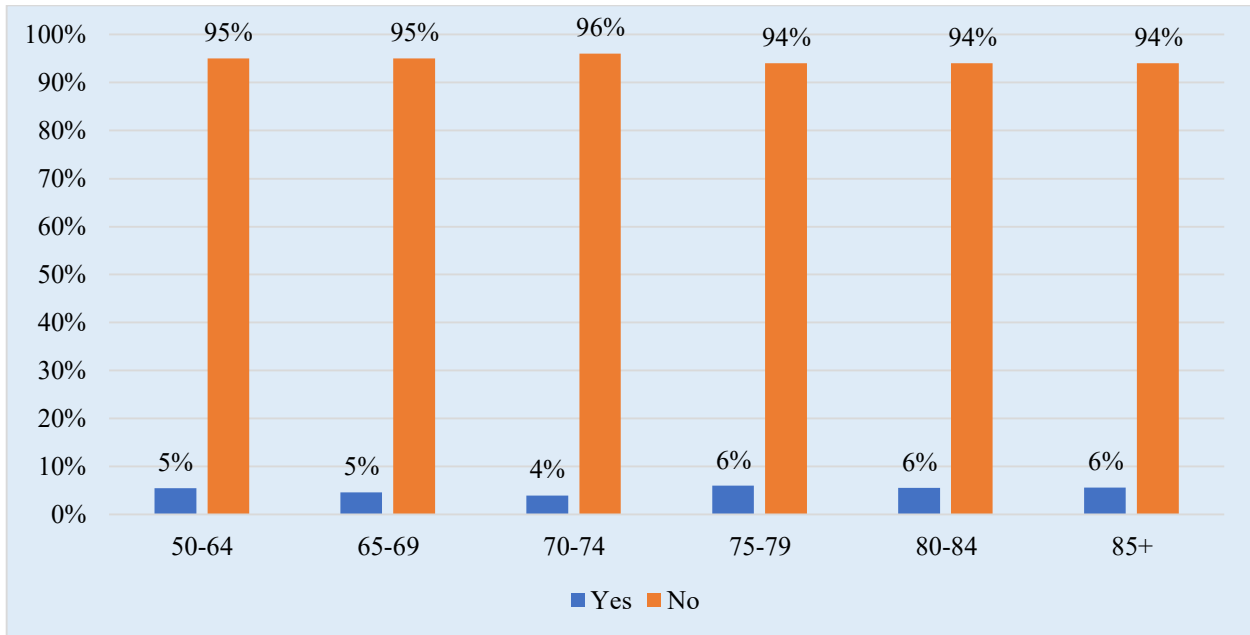
Table 51 reports the results of the analysis of differences in this variable across FDOT districts. In general, the results indicate that relatively few respondents in any of the districts have used the materials. However, we note that the highest percentage was found in South Florida (7%).

Table 51: In the past 12 months have you used any Safe Mobility Coalition materials? (Q63) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
Use of any Safe Mobility Coalition materials	4.99%	3.87%	3.64%	5.13%	6.90%	5.06%	7.01%	4.30%

Notes: N=3,810; Respondent's knowledge or use of any Safe Mobility Coalition materials/resources, by FDOT district.

Consistent with the limited use of resources noted above, respondents indicated a low level of awareness of Florida's Safe Mobility for Life Coalition. As the Figure 37 illustrates, 88% were "not at all" aware of the coalition.

While the results are not directly comparable because the 2017 survey asked a dichotomous (yes/no) rather than ordinal question, the patterns are similar, as 91% of respondents in 2017 reported no awareness of the coalition.

Figure 37: Awareness of Florida's Safe Mobility for Life Coalition (Q64)
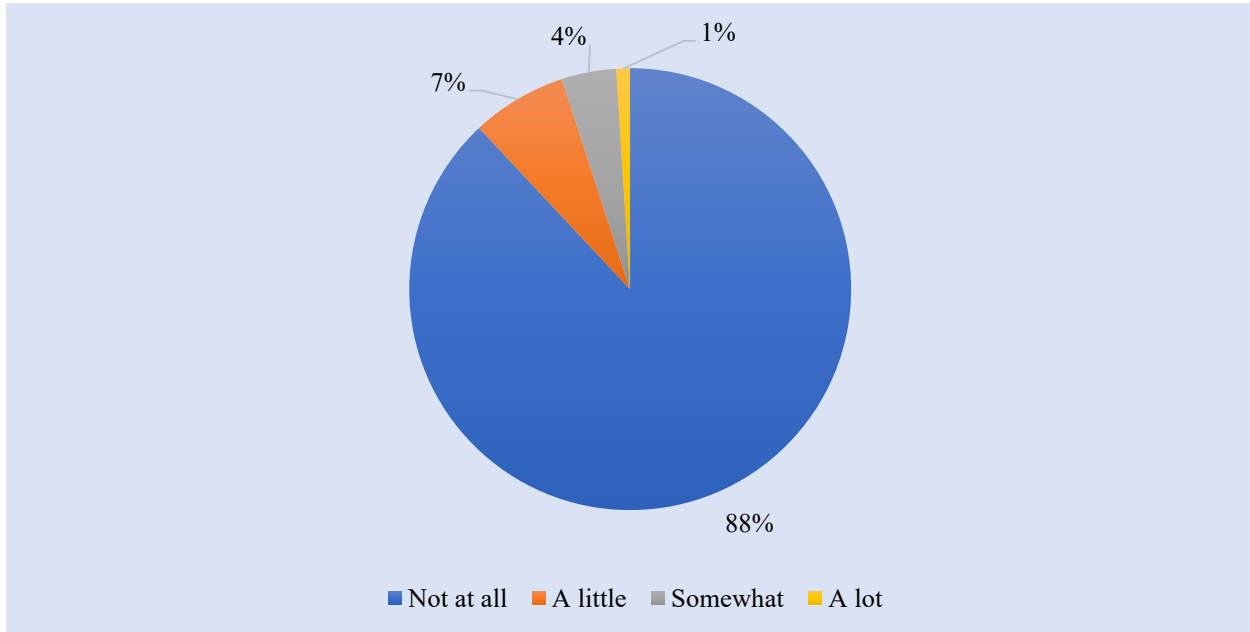
Table 52 reports the results of analyses of group differences in awareness of Florida's statewide Safe Mobility for Life Coalition. In particular, it reports the percentage of respondents indicating that they were "not at all aware" of it before taking this survey. In general, the similarities across the groups are more striking than the differences; however, we note that a lower percentage of rural than urban residents were "not at all aware" of the coalition (i.e., 83% rural versus 88% urban).

Table 52: Before taking this survey, how aware were you of Florida's statewide Safe Mobility for Life Coalition and their efforts to improve the safety, access, and mobility of adults 65 and older? (Q64) (By age, gender, and urban/rural residence)

	Total Sample	Age Categories		Urban & Rural Counties	
		50-64	65+	Urban	Rural
A lot	1.31%	2.08%	1.07%	1.25%	2.08%
Somewhat	3.64%	4.82%	3.27%	3.57%	4.50%
A little	7.23%	7.13%	7.27%	6.92%	10.73%
Not at all	87.81%	85.96%	88.40%	88.26%	82.70%

Notes: N=3,816; By age group, gender, and urban/rural residence.

Table 53 reports the results of differences in this variable across FDOT districts. We note that the highest percentage of respondents who are "not at all aware" of the coalition was found in W Central Florida (93%), while the lowest was found in NW Florida (82%).

Table 53: Before taking this survey, how aware were you of Florida's statewide Safe Mobility for Life Coalition and their efforts to improve the safety, access, and mobility of adults 65 and older? (Q64) (By FDOT district)

	Total Sample	FDOT Districts						
		SW Florida (1)	NE Florida (2)	NW Florida (3)	SE Florida (4)	Central Florida (5)	South Florida (6)	W Central Florida (7)
A lot	1.31%	0.92%	1.40%	1.67%	1.11%	1.01%	1.87%	1.43%
Somewhat	3.64%	3.13%	3.92%	4.12%	3.33%	4.80%	4.21%	1.61%
A little	7.21%	4.23%	3.92%	12.58%	5.54%	7.95%	5.14%	4.66%
Not at all	87.81%	91.73%	90.76%	81.63%	90.02%	86.24%	88.79%	92.29%

Notes: N=3,816; By FDOT district.

CHAPTER 5: DISCUSSION

The 2020-2021 Safe Mobility for Life Survey provides an overview of Florida's aging road users that can inform the Coalition's efforts to improve the safety and mobility of this population. The results raise five key issues that are especially relevant to the Coalition's work: (1) few transportation options, outside of driving; (2) centrality of driving to individuals' social integration and their sense of self; (3) limited planning for transition away from driving; (4) gaps in hurricane preparedness; and (5) limited knowledge of Safe Mobility for Life Coalition. Each is discussed below, followed by a summary of study limitations and future directions for research.

Few transportation options, outside of driving: The survey revealed respondents' overwhelming reliance on driving and limited use of other transportation modes. On one hand, this observation is perhaps not problematic, particularly in light of the finding that the majority of respondents reported little difficulty getting to the places they need and want to go. On the other hand, limited use of other modes suggests that many individuals may lack experience with and perhaps knowledge of options on which they could rely if driving were no longer a safe option for them. The results, including those of the qualitative data, also revealed that having few transportation options other than driving was an especially salient issue for rural residents and those of more advanced ages. Taken together, these findings underscore the importance of the Coalition's efforts not only to increase Floridians' knowledge of various transportation modes but also promote improvements that would make non-driving options, such as public transit, walking, and biking, more accessible to all segments of the population.

Centrality of driving to individuals' social integration and their sense of self: The survey results revealed evidence that many individuals view driving as an activity essential to maintaining their social connections and exerting agency in their everyday lives. The survey questions that tapped attitudes about driving revealed, for example, that the vast majority of respondents viewed driving as important to their independence. Results also suggested that these views may become more salient at older ages, when the transition away from driving looms larger. These findings point to the importance of recognizing how the centrality of driving may act as a barrier that prevents some individuals from considering other transportation options, particularly as the need to consider them increases. Messaging about these other options could be framed in ways that not only recognize the centrality of driving across people's lives and the losses that can come with driving retirement – but also address non-driving options' ability to provide agency in one's everyday life and to maintain social connections. In addition, the results point to the importance of enhancing non-driving options in ways that expand individuals' agency, in particular, by providing a wider range of attractive options from which to choose.

Limited planning for transition away from driving: The most striking pattern revealed by the survey centered on the extent to which individuals have planned for driving, particularly compared with other types of planning. Respondents were substantially less likely to have planned for driving retirement than any other type of planning examined, namely healthcare needs, finances, housing arrangements, and end-of-life decisions. This observation suggests the possible utility of Coalition messaging and distribution strategies that link with these other types

of planning with later life transportation planning. This approach could encourage people to think about driving transitions at the same time they consider other later life issues.

The survey also shed light on people's expectations regarding transportation modes they anticipate using if they become unable to safely drive. Of particular note, we observed that these expectations, which centered on receiving rides from family and friends, walking, and using transportation network companies, involve some modes that respondents are not currently using with great frequency. The results point to the potential utility of increasing individuals' experience and comfort with these modes, which may ease later driving transitions.

Gaps in hurricane preparedness: The survey revealed a high level of hurricane preparedness, with the majority of respondents having access to the resources needed for evacuation, such as adequate transportation. However, the results pointed to some gaps in preparedness. In particular, the resource that was least likely to be available was having access to emergency supplies. The results also indicated some group differences in preparedness; for example, rural residents and younger people were somewhat less likely than urban residents and older people, respectively, to have $2,000 to use in an emergency evacuation. The survey also revealed that a significant minority (12%) of people lived in households in which at least one member would need evacuation assistance. In addition, 20% of respondents indicated that they were not likely to comply with an emergency evacuation order. Taken together, these patterns point to segments of Florida's aging population that may be especially vulnerable to the effects of hurricanes. More research on these groups is needed to determine, for example, the type of evacuation assistance that would be needed and the factors shaping anticipated non-compliance. Such information would aid in the development of transportation-related public messaging about hurricane preparedness and compliance with evacuation orders.

Limited knowledge of Safe Mobility for Life Coalition: The survey revealed that respondents' awareness of the Coalition was low, which points to opportunities to expand its outreach. We note that highest levels of awareness were found among respondents in NW Florida (District 3). Although this result may not be particularly surprising given the district's inclusion of Tallahassee, where the Program and Coalition are based in FDOT Central Office and Florida State University, it does suggest that the strategies employed in this district may be effective in others. However, given that awareness and use of materials was low in all the districts, more attention to Coalition's outreach strategies may be warranted. Possible directions to pursue were suggested by the observation that the most frequently used resources were visiting the website, looking at the guide, and attending a CarFit event. Focused promotion of these resources may increase Floridians' awareness of the Coalition.

Study limitations and future research directions: The study was conducted during the COVID-19 pandemic, which limited our ability to reach some segments of the population for whom transportation issues are likely to be especially salient. In particular, the pandemic limited the survey to online distribution, thus omitting the voices of older Floridians who do not have access to computers or comfort using them. A priority for future research would be conducting pen-and-paper surveys or qualitative interviews with this segment of the population. Another

priority would be increasing the representativeness of the sample by expanding the number of respondents in counties (many of them rural) in which the current survey received relatively few. The survey results revealing some differences in the transportation experiences of urban and rural residents highlight the importance of further expanding the coverage of rural Florida in future research. In addition to these directions, which involve subsequent data collection efforts, numerous critical research questions can be addressed using the data we have collected. As an illustration, further analyses could examine other sources of potential variation in transportation experiences, including race, socioeconomic status, and various dimensions of health. Such analyses could provide additional insight that aids the Coalition in achieving its goal of enhancing the safety and mobility of all Floridians as they age.

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APPENDIX A: ANNOTATED BIBLIOGRAPHY

LITERATURE AIMED AT IDENTIFYING TRANSPORTATION-RELATED ITEMS

Barrett, A.E., Gumber, C., & Douglas, R. (2017). Explaining gender differences in self-regulated driving: what roles do health limitations and driving alternatives play? *Ageing &* Society, 38(10), 2122-45.

> Used 2011 National Health and Aging Trends Study (NHATS; nhats.org), a widely used, nationally representative study of over 8,000 Medicare recipients. Four self-regulated driving items were drawn from the NHATS module on driving. The items asked how often in the past month they had avoided driving at night, in bad weather, on highways or other busy roads, or alone. Some of the predictors included single-item self-rated health, single-item self-rated memory, a six-item paired task measure of physical functioning, and 0/1 measure of vision impairment.

Betz, M.E., & Lowenstein, S.R. (2010). Driving patterns of older adults: results from the second Injury Control and Risk Survey. *Journal of the American Geriatrics Society*, 58(10), 1931-35.

> Used the Second Injury Control and Risk Survey (ICARIS-2), a national telephone survey conducted by the CDC from 2001 to 2003. The motor vehicle module includes the following items: Frequency of seat belt use when driving a motor vehicle, past 30 days; Frequency of seat belt use when riding as a passenger in a motor vehicle, past 30 days; Tend to avoid driving at night? driving in bad weather? driving on highways/high speed roads? driving on long trips? driving in congested traffic?; Involved in a motor vehicle crash as either a passenger or a driver, past 12 months?; Seek medical treatment for motor vehicle crash injury, past 12 months?; Miles driven during the past 12 months, in thousands (continuous).

Charlton, J.L., Oxley, J., Fildes, B., Oxley, P., Newstead, S., Koppel, S., & O'Hare, M. (2006). Characteristics of older drivers who adopt self-regulatory driving behaviours. *Transportation Research Part F: Traffic Psychology and Behaviour*, 9(5), 363-73.

> This is an Australian study on the self-regulatory driving practices of about 650 drivers ages 55+. This telephone survey asked respondents to rate (excellent; good; fair; poor) their overall health, functional abilities for safe driving "including vision for daytime driving, vision for night driving, speed of decision-making, upper and lower body strength and head/neck movement" (p. 365). They also ask a question about whether respondents drove less than, the same amount, or more than compared with five years ago. Similarly, they were asked if they drove about the same speed, slower, or faster compared to five years ago, and whether their quality of driving was about the same, not as good, or better than five years ago. They were also asked if they were driving "about as much as they would like to" (p. 366).

Harmon, A., Babulal, G., Vivoda, J., Zikmund-Fisher, B., & Carr, D. (2018). Planning for a nondriving future: behaviors and beliefs among middle-aged and older drivers. *Geriatrics*, 3(2), 19.

>This study investigates preparations for a non-driving future among older adult drivers. Few studies investigate these anticipated circumstances despite the fact that arrangements might be inevitable for many. The topics quantified include the extent of drivers' planning, specific planning behaviors, beliefs about benefits of planning, drivers' intention to plan more for future transportation needs, and group differences associated with planning.

>Results show that fewer than half have planned at all for a non-driving future; however, over 80 percent expressed that planning would help them meet their needs. The following scale is taken from this survey regarding the forms of transportation currently used and how often each are use:

>How much are your <u>current transportation</u> needs being met using each of the following transportation methods?

>Driving yourself, Rides with other drivers (family, friends, etc.), Buses, Taxis/Cabs, Mass Transport (Light rail, trains, etc.), Specialized Transport (medical transport, disabled senior shuttles, etc.), Walking (for transportation <u>NOT</u> for enjoyment or exercise exclusively), "E-HAIL" APPS (Such as Uber or Lyft on a smartphone or tablet), Other Please specify_____.

D'Ambrosio, L.A, Donorfio, L.K., Coughlin, J.F., Mohyde, M., & Meyer, J. (2008). Gender differences in self-regulation patterns and attitudes toward driving among older adults. *Journal of Women & Aging*, 20(3-4), 265-82.

>This research uses data from the "Safe Driving for a Lifetime Project" from the MIT AgeLab and finds gender differences in self-regulatory driving behavior as well as attitudes about driving. They include a couple measures for expectations about driving and aging. For example: "How much does driving decline as people grow older?" (Not at all; A little bit; Quite a bit).

Lucidi, F., Girelli, L., Chirico, A., Alivernini, F., Cozzolino, M., Violani, C., & Mallia, L. (2019). Personality traits and attitudes toward traffic safety predict risky behavior across young, adult, and older drivers. *Frontiers in Psychology*, 10, 536.

>This was a study using the Italian version of the 28-item Driver Behavior Questionnaire (DBQ, Lawton et al., 1997). About 1,300 participants were asked to rate how often, in the last year, they committed specific driving violations (12 items, e.g., "Disregard the speed limit on a residential road"), errors (8 items, e.g., "Underestimate the speed of an oncoming vehicle when overtaking"), and lapses (8 items, e.g., "Misread the signs and

exit from a roundabout on the wrong road"), with responses given on a six-point Likert-type scale from never (0) to nearly all the time (5).

George, S., Clark. M., & Crotty, M. (2007). Development of the Adelaide driving self-efficacy scale. *Clin Rehabil*, 21(1), 56-61.

This scale was originally designed to study differences in stroke and non-stroke patients at a rehabilitation center in Australia. This scale includes a set of 12 driving behaviors using a Likert scale. Scale shows high internal consistency (even with the small number of participants) with alpha score of 0.98. The items are as follows:

How confident do you feel doing the following activities? Please allocate a number from 0-10, where 0 is not confident and 10 is completely confident, for the 12 questions below.

Driving in your local area; Driving in heavy traffic; Driving in unfamiliar areas; Driving at night; Driving with people in the car; Responding to road signs/traffic signals; Driving around a roundabout; Attempting to merge with traffic; Turning right across oncoming traffic; Planning travel to a new destination; Driving in high speed areas; Parallel parking

MacDonald, L., Myers, A.M., & Blanchard, R.A. (2008). Correspondence among older drivers' perceptions, abilities, and behaviors. *Topics in Geriatric Rehabilitation*, 24(3), 239-52.

Uses the driving comfort scales listed below:

Situational Frequency (14 items)

Response options: never, rarely (less than once a month), occasionally (at least once a month, but not weekly), often (1–3 days a week or more), very often (4–7 days a week)

Based on your present lifestyle, on average how often do you drive…In the winter?; At night?; On 2-lane highways?; In rural areas?; On highways with 3 or more lanes?; Over the posted speed limit?; On 1-way trips lasting 2 hours?; In heavy traffic or rush hour traffic in town?; In heavy traffic or rush hour on the highway?; With passengers?; Outside your village, town or city?; In new or unfamiliar areas?; Making left-hand turns at intersections?; In parking lots with tight spaces?;

Scoring: 0 (never); 1 (rarely); 2 (occasionally); 3 (often); 4 (very often). Possible range 0 to 56.

Situational Avoidance (20 items)

If possible, do you try to avoid any of these driving situations? (Check all that apply)

Night; Dawn or dusk; Bad weather conditions (in general); Heavy rain; Fog; Nighttime driving in bad weather (e.g., heavy rain); Winter; First snow storm of the season; Trips lasting more than 2 hours (one way); Unfamiliar routes (different areas) or detours;

Heavy traffic or rush hour in town; Heavy traffic or rush hour on the highway (or expressway); Making left-hand turns with traffic lights; Making left-hand turns with no lights or stop signs; Parking lots with tight spaces; Highways with 3 or more lanes and speed limits of 100 km/h or more; Changing lanes on a highway with 3 or more lanes; Two-lane highways; Rural areas at night; Driving with passengers who may distract you;

No, I don't try to avoid any of these situations;

Scoring: 1 for each item checked (# 21 used only to verify completion). Possible range 0 to 20.

Perceived Abilities (15 items)

How would you rate your current ability to…? (Response options: poor; fair; good; or very good)

See road signs at a distance; See road signs at a distance (night); See your speedometer and controls; See pavement lines (at night); Avoid hitting curbs and medians; See vehicles coming up beside you; See objects on the road (at night) with glare from lights or wet roads; Quickly spot pedestrians stepping out from between parked cars; Move your foot quickly from the gas to the brake pedal; Make an over-the-shoulder check; Quickly find a street or exit in an unfamiliar area and heavy traffic; Get in and out of your car; Reverse or back up; Make quick driving decisions;

Drive safely (avoid accidents); Scoring: 0 (poor); 1 (fair); 2 (good); 3 (very good). Possible range 0 to 45.

Perceived Changes in Abilities (15 items same as above)

Compared to 10 years ago, how would you rate your own ability to…?

(Response options: a lot worse; a little worse; same; better)

Scoring: 0 (a lot worse); 1 (a little worse); 2 (same); 3 (better). Possible range 0 to 45.

Myers, A.M., Paradis, J.A., & Blanchard, R.A. (2008). Conceptualizing and measuring confidence in older drivers: development of the day and night driving comfort scales. *Arch Phys Med Rehabil*, 89(4), 630-40.

These researchers developed a driving comfort scales for older drivers using a convenience sample of 143 from retirement centers and senior living complexes in Canada; they had adequately high alpha values to justify their use.

How comfortable are you driving in the daytime?; 1. In light rain?; 2. In heavy rain?; 3. In winter conditions (snow, ice)?; 4. When there is glare or reflection from the sun?; 5. Caught in an unexpected or sudden storm?; 6. In unfamiliar routes (different areas),

detours or sign changes?; 7. Making a left hand turn with no lights or stop signs?; 8. Completing a left hand turn on a yellow or red light when already at mid-intersection?; 9. Pulling in or backing up from tight spots in parking lots with large vehicles on either side? 10. Seeing street or exit signs with little warning?; 11. On 2-lane highways?; 12. Keeping up with the flow of highway traffic when the flow is over the posted speed limit of 100 km/h (60 miles/h)?; 13. With multiple transport trucks around you?; 14. Merging with traffic and changing lanes?; 15. Other drivers tailgate or drive too close behind you?; 16. Other drivers pass on a nonpassing lane?; 17. Other drivers do not signal or seem distracted?

They then ask, "How comfortable are you driving at night?" with the same sub questions except for the addition of, "In good weather and traffic conditions?"

Owsley, C., Stalvey, B., Wells, J., & Sloane, M.E. (1999). Older drivers and cataract: driving habits and crash risk. *The Journals of Gerontology: Medical Sciences*, 54A, M203-M211.

This is a smaller study of about 400 adults, 55+, designed to study the impact having cataracts can have on driving. They developed a "Driving Habits Questionnaire" to compare the driving behaviors of people with cataracts to those without cataracts. The questionnaire appears somewhat popular and has a lot of relevant measures for us. A few select questions follow:

"How fast do you usually drive compared to the general flow of traffic?" (Much faster; Somewhat faster; About the same; Somewhat slower; Much slower).

"If you had to go somewhere and didn't want to drive yourself, what would you do?" (Ask a friend or relative to drive you; Call a taxi or take the bus; Drive yourself regardless of how you feel; Cancel or postpone your plans and stay home; Other (specify): _____).

"Please pause for a moment and consider all the places you drive in a typical week. Now tell me those places." (Store; Church; Work; Relative's house; Friend's house; Out to eat; Appointments)

Sukhawathanakul, P., Tuokko, H., Rhodes, R.E., Marshall, S.C., Charlton, J., Koppel, S., Gelinas, I., Naglie, G., Mazer, B., Vrkljan, B., Myers, A., Man-Son-Hing, M., Bedard, M., Rapoport, M., Korner-Bitsensky, N., & Porter, M.M. (2015). Measuring driving-related attitudes among older adults: psychometric evidence for the decisional balance scale across time and gender. *The Gerontologist*, 55(6), 1068-78.

A total of 28 driving attitude items are used to create a Decisional Balance Scale. The 28-items are divided into four categories: pro-self (e.g., I would hate to admit that I have to stop driving), pro-other (e.g., By driving I can visit with others), con-self (e.g., Parking is becoming more difficult for me), and con-other (e.g., Some people think I should stop

driving). A few items were included in the 2017 Aging Road User Survey conducted by the SMFLC (e.g., If I stopped driving, I fear I would become isolated).

Sullivan, K.A, Smith, S.S., Horswill, M.S., & Lurie-Beck, J.K. (2011). Older adults' safety perceptions of driving situations: towards a new driving self-regulation scale. *Accident Analysis and Prevention*, 43(3), 1003-9.

> Created a survey to identify situations in which older adults limit their driving. They used a sample of 75 adults aged 65 and older and suggested that a new item pool for driving avoidance is needed. The also pulled items from the Driving Behavior Questionnaire (DBQ) – a widely used set of questions. Cited by Wong et al. (2016) as the source of their driving self-regulation scale.

> The DBQ used a 6-point Likert scale ranging from "never" to "almost all the time," and included the following items: Lapses; Forget where you left your car; Get into the wrong lane approaching a roundabout or a junction; Switch on one thing, meaning the other; Misread the signs, exit from a roundabout on wrong road; Have no clear recollection of the road; Hit something when reversing; Intending to drive to destination A, instead drive to B; Attempt to drive away in third gear; Errors; Miss "Give Way" signs; Underestimate the speed of an oncoming vehicle; Fail to see pedestrians crossing; Fail to check your rear-view mirror; Queuing, nearly hit car in front; Brake too quickly on a slippery road; Turning right nearly hit cyclist; Attempt to overtake someone turning left; Violations; Disregard the speed limit on a motorway; Aversion, indicate hostility; Disregard the speed limit on a residential road; Sound horn to indicate your annoyance; Overtake a slow driver on the inside; Shooting lights; Push in at last minute; Race from lights; Drink and drive; Pull out, force your way out; Close following; Get angry, give chase

> The new Driving Avoidance item pool they suggest uses a 5-point Likert scale (Never; Rarely; Sometime; Often; Always) and includes the following items:

> How often do you avoid driving….? In the rain, when alone, parallel parking, left turns, freeways, high traffic roads, peak hour, at night, at night in the rain, when sun is in my eyes, long distance driving, at the start/end of school times, at the start/end of major events (e.g., sporting events), roundabouts, tunnels, in foggy conditions, roadworks, with distracting passengers, in other peoples' cars, if it is snowing, snow or ice on the road, making lane changes, towing, if other drivers might endanger me, if I think other drivers will put me at risk

Schroeder, P., Meyers, M., & Kostyniuk, L. (2013). *National Survey on Distracted Driving Attitudes and Behaviors – 2012*. Report No. DOT HS 811 729. Washington, DC: National Highway Traffic Safety Administration.

> The 2012 National Survey on Distracted Driving Attitudes and Behaviors (NSDDAB) is the second in a series of surveys on distracted driving. This has been used to provide data

to aid in the understanding of driving behavior and develop interventions and countermeasures to reduce distracted driving on roadways nationwide. This survey "yields national estimates of behavior and attitudes toward distracted driving in the United States." A scale of 10 measures for distracted driving was extracted from this survey as a convenient tool to measure how often participants engage in distracted behavior.

The scale asks "How often do you.." with "always, almost always, sometimes, rarely, never" as the five options to choose from for the following behaviors:

Talk to other passengers in the vehicle; Eat or drink; Make or accept phone calls; Read, such as a book, newspaper, ipad, or Kindle; Read e-mails or text messages; Send text messages or e-mails; Talk or interact with children in the back seat; Do personal grooming, such as put on make-up, shave, or look at yourself in the mirror; Adjust the car radio; Change CDs, DVDs, or Tapes.

Tuokko, H.A., McGee, P.D., & Rhodes, R.E. (2006). Decisional balance and readiness to change driving behavior in older adults: a pilot study. *Physical & Occupational Therapy in Geriatrics*, 24(3), 1-12.

This is a study of close to 1,000 older adults focused on the relationship between changes in cognitive performance and changes in driving attitudes and self-regulatory driving behaviors. It contains four subscales assessing positive and negative aspects of driving in relation to the respondent and others. Some of the other articles (like Sukhawathanakul et al.) mentioned using this scale to measure driving attitudes.

United States Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 1994: Second Supplement on Aging. Inter-university Consortium for Political and Social Research [distributor].

This is a large, national survey conducted every year by the CDC. It includes a driving frequency measure: "How frequently do you drive a car or other motor vehicle?" (Everyday or almost everyday; occasionally; seldom; never; not ascertained; DK or refused)

Wong, I.Y., Smith, S.S., & Sullivan, K.A. (2016). Psychosocial factors significantly predict driving self-regulation in Australian older adults. *Australasian Journal on Ageing*, 35(2),133-38.

Used a driving self-regulation subscale based on an expanded version of the avoidance subscale of the Driver Mobility Questionnaire (DMQ-A) developed by Sullivan et al., (2011). Participants were asked to rate on a 5-point Likert scale from 1 (never) to 5 (always), the extent to which they avoid driving in 21 potentially risky driving situations.

Zanjani, F., Allen, H.K., & Beck, K.H. (2019). Alcohol, driving, and health among community-dwelling older adults. *Health Behavior & Policy Review*, 6(4), 315-26.

This survey included some measures of risky driving that could be helpful. About 800 participants aged 65 and older indicated whether they had done any of the following in the past year (yes/no): drove after having a few alcoholic drinks; drove when they had too much alcohol to drink; ran a stop sign or red light; received a ticket or citation for a moving violation; had a close call or near crash or collision; were in a minor car crash or collision; or were in a major car crash or collision.

Schryer, E., Boerner, K., Horowitz, A., Reinhardt, J.P., & Mock, S.E. (2017). The social context of driving cessation: understanding the effects of cessation on the life satisfaction of older drivers and their social partners. *Journal of Applied Gerontology*, 38(12), 1661-86.

Older adult drivers were asked to report the frequency with which they used public buses, subways, and paratransit on a 4-point scale with response options that included never (1), less than once per month (2), at least once a month (3), and at least once a week (4).

They also were asked the following questions:

- How experienced do you feel you are as a driver? (5 options from "Not at all experienced" to "very experienced")
- Have you talked to family, friends, or others about how they plan to get around if they stop driving? (5 options from "not at all" to "a lot")
- Are you responsible for anyone else's transportation? (yes; no)
- How many drivers live with you (not including yourself, if you currently drive)?
- Are you currently able to drive? (yes; no)
- Do you have a car available to use when you need one? (yes;no)
- Do you limit your driving to nearby places? (yes; no)
- Do you drive on longer trips? (yes; no)
- In the past year, how many days (on average) did you drive each week?
- How difficult is it for you to believe that you may become a nondriver someday? (5 options from "not at all difficult" to "very difficult")
- How much would thinking now about a time when you're no longer driving help you meet future transportation needs? (5 options from "not at all" to "a lot")
- How much would thinking now about a time when you're no longer driving help to make a future transition to nondriver easier emotionally? (5 options from "not at all" to "a lot")
- When do you think you will stop driving completely? _____
- In the past year, have you experienced any events that made you consider changing your driving? (yes; no)

- How easy do you believe it would be for you to meet your transportation needs if you were no longer driving yourself? (5 options from "not at all easy" to "very easy")
- How long do you expect to continue driving? _____ years
- Have you driven in the last 30 days? (yes; no)

Haan, M., Aiello, A., Gonzalez, H., Hinton, L., Jagust, B., Miller, J., Moore, K., Blythe, L., Mungus, D., & Seavey, W. (2009). Sacramento Area Latino Study on Aging (SALSA Study), 1996-2008. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].

Includes a few measures about driving. "Have you given up driving or still drive sometimes?" (Gave it up; Still drive; refused; skip); "Can you see well enough to drive? (yes; no); "Do you presently drive at night?" (yes;no); "If you gave up driving completely during the day or even just at night, what were the reasons you gave it up? (Check as many as apply)" (I felt unsafe driving; other; My license was taken away; I thought my eyesight wasn't good enough; A doctor said I should stop driving; My children or spouse said I should stop driving); "How many hours per week are you driving a car?" ; "How many of your X (children; grandchildren; great grandchildren; brothers; sisters) live within 2 hours drive?

Kenny, R.A. (2011). The Irish Longitudinal Study on Ageing (TILDA), 2009-2011. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].

This is a large Irish study using about 8,500 participants 50 and older as well as their partners. It includes a measure for why people have stopped or limited driving. If respondents indicated that they used to drive in the past but not now, they were asked, "What was it that caused you to stop driving?" If they indicated they drive less than five years ago they were asked, "What was it that caused you to reduce the amount you drive?" They were asked to tick the boxes of all that apply. Responses included: Problems with eyesight/visual impairment; Physical incapacity; Memory problems; Do not want to anymore; Told by doctor; Told by family; It became too expensive; Other reason not related to health/capacity; Don't know; Refused.

Nordbakke, S.T.D. (2019). Mobility, out-of-home activity participation and needs fulfillment in later life. *International Journal of Environmental Research and Public Health*, 16(24), 5109.

This study was based in Norway, but they had a measure assessing frequency of out-of-home activities that could be useful for measuring mobility. Activities included the following: grocery shopping, shopping for other goods, doing errands (bank, post office, pharmacy), health care (doctor, dentist, physiotherapist), recreational outdoor walking, doing (organized) exercise (indoors), visiting friends and family, attending meetings in organizations or clubs, and attending the cinema, theatre, concerts and/or restaurants and

cafés. The respondents were asked: How often do you do activity X? (almost every day; at least once a week; at least once a month; less than once a month; never/not relevant)

LITERATURE AIMED AT IDENTIFYING OTHER ITEMS FOR POSSIBLE INCLUSION

Blendon, R.J., Benson, J.M., DesRoches, K.M., Lyon-Daniel, K., Mitchell, E.W., & Pollard, W.E. (2007). The public's preparedness for hurricanes in four affected regions. *Public Health Reports*, 122(2), 167-76.

> This study looked at hurricane preparedness of people in Louisiana, Texas, Mississippi and Alabama and factors that were associated with decisions not to evacuate. Uses data from Harvard School of Public Health. "Disaster preparedness after Hurricanes Katrina and Rita: regional survey." Storrs (CT): Roper Center for Public Opinion Research; 2005.

They used location data (homes within 20 miles of the Gulf Coast) to determine those who would have been affected by Hurricanes Katrina and Rita.

> Also asked respondents if they would hypothetically evacuate if told to do so by government officials, and if not, why they would not leave. Respondents in locations where evacuations orders were given for Katrina and Irma were then asked if they had actually evacuated and if not, why. Some of these options included: that they thought they would be safe at home, they thought the hurricane would not be as bad as it turned out to be, they were worried their property would be stolen or damaged, they were not able to get gas, and they didn't know where to go.

Bourque, L.B. (2008). National Survey of Disaster Experiences and Preparedness (NSDEP), 2007-2008. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].

> This national survey asks several questions about experience with previous disasters (natural disasters, as well as terrorism and others), and how they were affected by each of them (financially, peace of mind, trust in government, health, etc.).

> Some of the questions related to terrorism could be used to ask about COVID-19. For example, the survey asks, "Do you know anyone who has done any of the following things because of terrorism since September 11th, 2001?" and then follows up with a series of questions related to stockpiling supplies, creating emergency plans, buying things to protect their belongings, information seeking, reducing travel, duplicating important documents, changing mail-handling procedures, avoiding travel to certain cities, and so forth. Here's an example: "Do you know anyone, not including yourself, who has stockpiled supplies (food, water, antibiotics, etc.)?" The survey then goes on to ask how effective the respondent thinks each of these things are for reducing risk. Similarly, the survey asks where respondents are getting their information about protecting themselves from terrorism (official sources, etc.), how consistent the

information is, how it was communicated (print media, newspapers, TV, etc.), how frequently they've heard information, and how much of it they believe.

Cox, K., & Kim, B. (2018). Race and income disparities in disaster preparedness in old age. *Journal of Gerontological Social Work*, 61(7), 719-34.

The following 13 items were used to create a disaster preparedness score:

- Do you have a smoke or fire detector in your residence?
- In the past few years, have you or other members of your household participated in any educational program such as a lecture or discussion, or read materials on how to prepare for disasters?
- Has anyone either in your household or someone close to you prepared a specific plan written or otherwise on what to do in case of a disaster, such as a fire, flood, tornado or earthquake?
- Do you know the specific location of a shelter in your community in case you have to leave your residence in a disaster?
- Suppose a disaster occurred, and water, electricity, heat and air conditioning were not available. Do you have a set of supplies or a kit in your residence that could supply food, water and medical treatments so you could live in your home for at least 3 days?
- Are you or other members of your household registered with any community program or medical or other organization that would offer help to you in the event of a disaster?
- Are you aware of any program or organized community organization that works to help prepare people for the possibility of disasters?
- If there were no power or telephones, would you have a way to receive communications about disasters in your residence, such as with a battery-operated radio?
- If there were a fire in your residence, could you and each of the other members of your household exit the building immediately – that is, within 30 seconds –without the help of another person?
- In the event of a disaster, if the main entrance door to your building were blocked, is there another way for you to exit your residence immediately?
- Are there persons whom you know who live within 50 miles of your residence, who would help you and provide transportation and shelter in the event of a disaster that prevented you from living in your house?
- Has a doctor or other health professional talked to you about what to in the event of a natural disaster?
- Does a hearing impairment make it difficult for you to hear warning sirens while you are in your house?

Whitney, E., Visker, J., Haithcox-Dennis, M.J., & DeWeese, A. (2012). Independently living rural seniors and emergency preparedness: a pilot study in southern Illinois. *The Health Educator*, 44(1), 21-27.

> This is a pilot study examining emergency preparedness of rural adults. They used a five-point Likert scale, ranging from "strongly agree" to "strongly disagree."
>
> - I believe a major natural disaster could happen in my country
> - I believe a major man-made disaster could happen in my country.
> - I believe storing food, water, and medicine would make my family and me safer if an emergency were to arise.
> - I have a plan of what to do in case of a major disaster.
> - I have spoken with my friends and/or family about my emergency plans.
> - In the last 12 months, I have seen information related to personal emergency preparedness.
> - I would evacuate my home in case of an evacuation order during a major natural disaster.
> - I would evacuate my home in case of an evacuation order during a major man-made disaster.
> - If I had to evacuate to a public shelter I could do so unassisted.
> - There is someone in my household who would require assistance for evacuation due to medical needs.
> - It would not be difficult for me to store 72 hours' worth of food and water in my home without electricity or a refrigerator/freezer.
> - It would not be difficult for me to store 72 hours' worth of medication in my home.
> - I can quickly access my emergency supplies and/or medications in an emergency.

Bonnan-White, J. (2017). Independent-living senior communities in disaster: self-efficacy and trust in responding agencies. *Journal of Homeland Security and Emergency Management*, 14(2), 20160064.

> Discusses willingness to follow mandatory and voluntary evacuation orders based on a scale developed by Gray-Graves, Turner, and Swan (2011). Found that previous disaster experience is associated with a greater likelihood to follow voluntary evacuation from military, law enforcement, and/or fire officials.

Cox, Katherine, and BoRin Kim. 2018. "Race and Income Disparities in Disaster Preparedness in Old Age." *Journal of Gerontological Social Work* 61(7):719–34.

> Used data from the 2010 Health and Retirement Study (HRS) – a nationally representative sample of older Americans over 51. Low income defined as 300% below the poverty line. Disaster preparedness scores as the outcome variable measured through

questions listed below. Results showed that older adults with low income had lower preparedness scores in comparison to older adults in higher income statues. Hispanic participants tended to be less prepared than white or black Participants.

- Do you have a smoke or fire detector in your residence?
- In the past few years, have you or other members of your household participated in any educational program such as a lecture or discussion, or read materials on how to prepare for disasters?
- Has anyone either in your household or someone close to you prepared a specific plan written or otherwise on what to do in case of a disaster, such as a fire, flood, tornado or earthquake?
- Do you know the specific location of a shelter in your community in case you have to leave your residence in a disaster?
- Suppose a disaster occurred, and water, electricity, heat and air conditioning were not available. Do you have a set of supplies or a kit in your residence that could supply food, water and medical treatments so you could live in your home for at least 3 days?
- Are you or other members of your household registered with any community program or medical or other organization that would offer help to you in the event of a disaster?
- Are you aware of any program or organized community organization that works to help prepare people for the possibility of disasters?
- If there were no power or telephones, would you have a way to receive communications about disasters in your residence, such as with a battery-operated radio?
- If there were a fire in your residence, could you and each of the other members of your household exit the building immediately – that is, within 30 seconds – without the help of another person?
- In the event of a disaster, if the main entrance door to your building were blocked, is there another way for you to exit your residence immediately?
- Are there persons whom you know who live within 50 miles of your residence, who would help you and provide transportation and shelter in the event of a disaster that prevented you from living in your house?
- Has a doctor or other health professional talked to you about what to in the event of a natural disaster?
- Does a hearing impairment make it difficult for you to hear warning sirens while you are in your house?

Goodie, A.S., Sankar, A.R., & Doshi, P. (2019). Experience, risk, warnings, and eemographics: predictors of evacuation decisions in Hurricanes Harvey and Irma. *International Journal of Disaster Risk Reduction*, 41, 101320.

A survey of approximately 800 people in 2017 asked about past preparedness and experience with evacuation. Most of these questions are specific to Hurricanes Irma and Harvey. They do ask for respondents' zip code and ask, "Have you experienced a Hurricane previously?" (Yes/no).

Gray-Graves, A.M., Turner, K.W., & Swan, J.H. (2011). The willingness to evacuate among older adults. *Gerontology & geriatrics education, 32*(2), 107-21.

765 participants 60+ living in community centers were asked the following questions about voluntary and mandatory evacuation on agree/disagree scale (5 choices):

I would comply with a (voluntary/mandatory) evacuation request from:

Law enforcement official, TV/news alerts, Military/national guard, radio news alerts, neighbors, fire department, mayor/governor, American Red Cross, church officials, local emergency management

Lieberman-Cribbin, W., Gillezeau, C., Schwartz, R.M., & Taioli, E. (2020). Unequal social vulnerability to Hurricane Sandy flood exposure. *Journal of Exposure Science & Environmental Epidemiology,* 30(3),1-6.

Outcome variable was flood exposure (yes/no) from self-report and FEMA. Lowest income and education levels most likely to report flood exposure (both self-reported and FEMA); non-whites also more likely; older adults were especially likely to have had flood exposure under both measures.

Lieberman-Cribbin, W., Liu, B., Schneider, S., Schwartz, R., Taioli, E. (2017). Self-reported and FEMA flood exposure assessment after Hurricane Sandy: association with mental health outcomes. *PLOS ONE*, 12(1), 1-15.

This research is based on surveys of residents of Rockaway peninsula in Queens, NY. In addition to demographic data, the survey administered included measures of mental health including anxiety, depression, and PTSD (various surveys/materials referenced). 17-item standardized self-report measure reflecting PTSD tailored to be specific to the trauma regarding Hurricane Sandy.

Reininger, B.M., Raja, S.A., Carrasco, A.S., Chen, Z., Adams, B., Steele, J.H., & Rahbar, M.H. (2013). Intention to comply with mandatory hurricane evacuation orders among Hispanics living along a coastal area. *Disaster Medicine and Public Health Preparedness*, 7(1), 46-54.

This study used a door-to-door questionnaire. They used a dichotomous (yes/no) question to measure intention to comply with future mandatory hurricane evacuation orders, but the exact language of this question is not available in the article.

Rosenkoetter, M.M., Covan, E.K., Cobb, B.K., Bunting, S., & Weinrich, M. (2007). Perceptions of older adults regarding evacuation in the event of a natural disaster. *Public Health Nursing* 24(2), 160-68.

> This was a highly cited preliminary study. The results may be helpful for considering which variables we may expect to be associated with willingness to evacuate (ability to drive car, gender, race, heart problems, living alone, confidence in county officials, confidence in TV/radio, trusted source decided to leave, having pets).

United States. Bureau of the Census. (2009). American Community Survey (ACS): Public Use Microdata Sample (PUMS). Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].

> The race-ethnicity items from the American Community Survey are phrased as follows:

> Is Person 1 of Hispanic, Latino, or Spanish origin? [No, not of Hispanic, Latino, or Spanish origin; Yes, Mexican Am., Chicano; Yes, Puerto Rican; Yes, Cuban; Yes, other Hispanic, Latino, or Spanish origin – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*]

> What is Person 1's race? *Mark (X) one or more boxes* [White, Black or African Am., American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander]

Battle, J., Pastrana, A.J., & Daniels, J. (2010). Social Justice Sexuality Project: 2010 National Survey, including Puerto Rico. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].

> This is the largest study of LGBTQ people of color in the United States with over 5,000 participants. It's designed to record sociopolitical experiences of respondents and also includes questions about health, family, religion, identity and community engagement.

> What is your current gender identity [male; female; transgender (male to female); transgender (female to male); other]

> What was the sex on your original birth certificate? (Male; female; I don't know)

> Which one label comes closest to how you describe your sexual identity? (Gay; lesbian; bisexual; two spirit; queer; in the life; same gender loving; straight/homosexual; other)

> What is your zip code? (respondents type in answer)

Dash, Nicole, and Hugh Gladwin. 2007. "Evacuation Decision Making and Behavioral Responses: Individual and Household." *Natural Hazards Review* 8(3):69–77.

Might be good to consider asking if people live in single-family homes or not. This study found that people who live in multiple family homes are much more likely to evacuate than those in single-family homes.

Smith, T.W., Hout, M., & Marsden, P.V. (2016). General Social Survey, 1972-2014 [Cumulative File]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].

This survey included a couple questions about trust and confidence in various social institutions (e.g., courts, major private companies, congress, churches and religious organizations) and sources relied on for information, which could predict evaluation. They also include questions about pets (another predictor of likelihood to evacuate).

Ryff, C., Almeida, D., Ayanian, J., Binkley, N., Carr, D.S., et al. (2019). Midlife in the United States (MIDUS 3), 2013-2014. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].

MIDUS is a nationally representative study of Americans aged 25-74 that includes a wide range of social and psychological variables that could be useful, such as subjective health, financial well-being, and social network measures. The first wave was collected in 1995-1996. Any questions gleaned from this survey would have sufficient reliability and validity.

- Using a scale from 0 to 10 where 0 means "the worst possible health" and 10 means "the best possible health," how would you rate your health these days?
- Looking back ten years ago, how would you rate your health at that time using the same 0-to-10 scale?
- Looking ahead 10 years into the future, what do you expect your health will be like at that time?
- Using a 0-to-10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your health these days?
- Using a 0-to-10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your health these days?
- Compared to five years ago, how would you rate yourself today on… (using a 5-point scale from 1 "improved a lot" to 5 "gotten a lot worse"): energy level? physical fitness? physique/figure? weight? memory?
- Compared to other people your age, how would you rate… (from 1 "excellent" to 5 "poor"): your overall health? your memory? your overall vision? your overall hearing?

Bourque, L.B. (2014). National Survey of Disaster Experiences and Preparedness (NSDEP), 2007-2008. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].

This survey measured the public's preparedness, avoidance behaviors, and perceptions of dangers related to terrorism. Many of these questions could be repurposed to ask about COVID-19. A few select questions follow:

In the next questions, I am going to ask you what you think about some different groups and individuals (e.g., Governor, State Office of Emergency Services, State Health Department, Mayor, Fire Department, Police Department, County or City Health Department, President of the US, CDC, FEMA).

- Using a scale of 1 to 5, when the _____ gives information to the public about terrorism, how often do you think the information is complete?
  - Would you say it is 1 never complete, 5 always complete, or you may use any number in between?
- In your opinion, how honest with the public would you say the _____ is about terrorism?
  - Would you say 1 never honest, 5 always honest, or you may use any number in between?

Papacostas, A. (2013). Eurobarometer 69.2: National and European Identity, European Elections, European Values, and Climate Change, March-May 2008. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].

The Eurobarometer is a large survey of residents of EU member states. It includes some measures of climate change that could be useful for proxies of political affiliation/orientation:

"How serious a problem do you think global warming is at this moment? Please use a scale from 1 to 10. 1 would mean that it is not a serious problem at all and 10 would mean that it is extremely serious."

"In your opinion, which of the following do you consider to be the most serious problem currently facing the world as a whole? Firstly?" (Climate change; international terrorism; poverty, lack of food and drinking water; the spread of an infectious disease; A major global economic downturn; The proliferation of nuclear weapons; armed conflicts; the increasing word population, other; dk)

Chen, V., Banerjee, D., & Liu, L. (2012). Do people become better prepared in the aftermath of a natural disaster? the Hurricane Ike experience in Houston, Texas. *Journal of Public Health Management and Practice*, 18(3), 241-49.

"If you are told today that you have to evacuate, do you already have a plan for your family to do this?" (evacuation planning)

"Are you aware of what to do in an emergency because of a natural disaster event such as hurricane, tornado, flooding or an earthquake?" (awareness of what to do)

"In an emergency scenario, do you have access to information and organizations that can help?" (information access)

"In an emergency, if you needed extra help financially, could you count on anyone to help you – for example, by paying any bills, housing costs, hospital visits, or providing you with food or clothes?" (financial resources)

"In the event of an emergency, can you count on someone to provide you with emotional support such as talking over problems or helping you make a difficult decision?" (mental support)

Ehrlich, M., Harville, E., Xiong, X., Buekens, P., Pidjian, G., & Elkind-Hirsch, K. (2010). Loss of resources and hurricane experience as predictors of postpartum depression among women in southern Louisiana. *Journal of Women's Health*, 19(5), 877-84.

Discusses financial and psychosocial loss of resources on the outcome of depression. This study focused on postpartum depression related to loss of resources related to Hurricane Katrina. A few of these questions could be used about past experiences with hurricane preparedness and how this experience may help respondents to better anticipate future concerns.

Rabin, R., & de Charro, F. (2001). EQ-SD: a measure of health status from the EuroQol Group. *Annals of Medicine*, 33(5), 337-43.

This survey measured health using the following measures:

- By placing a tick in one box in each group below, please indicate which statements best describe your own health status today.
    - Mobility: I have no problems in walking about; I have some problems in walking about; I am confined to bed
    - Self-Care: I have no problems with self-care; I have some problems washing or dressing myself; I am unable to wash or dress myself
    - Usual activities (e.g., work, study, housework, family or leisure activities): I have no problems with performing my usual activities; I have some problems with performing my usual activities; I am unable to perform my usual activities
    - Pain/discomfort: I have no pain or discomfort; I have moderate pain or discomfort; I have extreme pain or discomfort
    - Anxiety/depression: I am not anxious or depressed; I am moderately anxious or depressed; I am extremely anxious or depressed

LITERATURE REVIEWED TO IDENTIFY BEST SURVEY PRACTICES

CAPI – Computer Assisted Personal Interviewing

PAPI – Pen and Paper Interviews

EDC – Electronic Data Capture

PPDC - Paper and Pen Data Capture

Auster, J., & Janda, M. (2009). Recruiting older adults to health research studies: a systematic review. *Australasian Journal on Ageing*, 28(3), 149-51.

> This paper provides a review of 12 studies' recruitment methods for older adults in health research and compares their effectiveness. A few methods that were found to be effective for increasing response rates were sending an introductory postcard with a short message to invite respondents to fill out a questionnaire coming in the mail, sending respondents who did not respond to the first mailing of the survey a reminder postcard with a second copy of the survey, using follow-up telephone calls after an invitation letter was posted, using questionnaires with colored ink, and including a pencil with a postal questionnaire.

Clemson, L., Taylor, K., Kendig, H., Cumming, R.G., & Swann, M. (2007). Recruiting older participants to a randomised trial of a community-based fall prevention program. *Australasian Journal on Ageing*, 26(1), 35-9.

> This study compared the effectiveness of recruitment strategies (including distributing promotion materials, media advertisements, presentations to community groups, referrals from health providers, and mail outs) of adults aged 70+ for a study on fall prevention. Over 26 months they received 732 responses and 310 were ultimately recruited into the study. They generally found that mail outs were the most effective of the methods they used followed by the media advertisements.

Dibartolo, M.C., & McCrone, S. (2003). Recruitment of rural community-dwelling older adults: barriers, challenges, and strategies. *Aging & Mental Health*, 7(2), 75-82.

> This study identifies a few factors to consider when designing questionnaires for rural, older adults including their lower literacy rates, less formal education, difficulties with hearing, greater likelihood to be suspicious about researchers' motives, and potential difficulties with transportation. Some of the factors that increase participation in research include using plain language in written surveys, being clear about the time commitment required and the risks and benefits of participation, getting an endorsement by a cultural or social group, and emphasizing the altruistic nature of participation.

Dillman, D.A., Smyth, J.D., & Christian, L.M. (2014). *Internet, Phone, Mail, and Mixed-mode Surveys: The Tailored Design Method*. 4th ed. Wiley.

> Dillman and colleagues' evidence-based advice on survey design is the go-to for survey creation in the social sciences. The book provides research-based suggestions for how to increase response rates and survey completion, and it includes discussions of how factors like formatting and the order of questions influence survey answers. Chapters that are particularly useful for this project include the following:

"How to Write Open- and Closed-ended Questions"

This chapter outlines some of the possible outcomes that can be the result of the inclusion or omission of different features of questions and also provides guidance for how to decide which is the best way to ask seemingly the same question. The chapter identifies several guidelines specific to closed-ended questions – the type most utilized in this survey (e.g. Mention both the positive and negative side of a question in the question stem, include a both exhaustive and mutually exclusive list of answer categories, use the question stem to indicate how many responses are required, use a random order of response options to reduce order effects, limit "check-all-that-apply" questions if they must be used – use forced-choice questions instead, limit scales to four or five categories, verbally label all categories – avoid polar-point labeled scales).

"Web Questionnaires and Implementation"

This chapter provides an overview of factors to consider when creating a web-based questionnaire including: how to maximize responses from older and rural population and those with less access to the internet and slower internet speeds, how many questions is best to put on each page, guidance on maximizing response rates using the opening and closing screens, survey layout, error messages, forced responses, and availability of "back" buttons.

Bush, S.S, & Prather, L. (2019). Do electronic devices in face-to-face interviews change survey behavior? evidence from a developing country. *Research & Politics*, 6(2),1-7.

Wealth effect and surveillance effect hypotheses discussed in using electronic devices in face-to-face interviews. Compared PAPI with computer tablet interviews. Using the same individual to collect responses for both waves helped (per individual). More than half of lowest income respondents reported a higher income (Wealth effect) in the second wave when tablets were used. Little evidence about surveillance changing survey behavior. Tablets assigned to leaders of interview teams – more experienced and knowledgeable of how to assist participants with use of tablets. Difference-in-difference analysis balance tests to ensure participants are relatively the same between waves. Asking a similar question about politics between waves to see if there is any difference (satisfaction with ruling the party and newly elected president).

Edelman, L.S., Yang, G., Guymon, M., & Olson, L.M. (2013). Survey methods and response rates among rural community dwelling older adults. *Nursing Research*, 62(4), 286-91.

Older adult recipients of home-delivered meals were randomized to either receiving a survey through postal service or hand delivered by the home delivery meals driver. Overall survey response rate was 44% with a greater response rate for the group receiving the survey personally (57%) compared to those receiving the surveys in the mail (31%).

Although it is unlikely that we can tie a service to the survey, this study details the methods used for postal service surveys. These methods included a prenotice letter, a survey packet containing a description of the survey, a stamped and addressed return envelope, and a reminder/thank you card. In our case, we may be including a small "gift" or token that may encourage them to complete the survey.

Finger, J.D., Tafforeau, J., Gisle, L., Oja, L., Ziese, T., Thelen, J., Mensink, G.B.M., & Lange, C. (2015). Development of the European Health Interview Survey - Physical Activity Questionnaire (EHIS-PAQ) to monitor physical activity in the European Union. *Archives of Public Health*, 73(1), 1-11.

Pilot study included both PAPI and CAPI methods to test feasibility of administering EHIS-PAQ in different cultural settings. A total of 167 participants were included in the pilot study. Both methods of collection worked as expected in the results from the pilot.

APPENDIX B: 2020-2021 SAFE MOBILITY FOR LIFE SURVEY

Below is the text used in the 2020-2021 Safe Mobility for Life Survey, including the introduction to the survey that appears on the first screen, following by all survey items and the closing screen.

Welcome to Florida's Safe Mobility for Life Survey!

This survey focuses on how Floridians aged 50 and older get from place to place in their daily lives. It is being conducted by Florida Department of Transportation's Safe Mobility for Life Coalition and Florida State University Pepper Institute on Aging and Public Policy. The survey asks about your driving habits and use of other types of transportation, as well as various factors that may affect them. The survey should take about 15 minutes. Participation is voluntary and we will not record your name or any information that shows your identity. Your participation in this study will help us understand the transportation needs of Floridians.

If you have any questions about this study, please contact Anne Barrett at FSU Pepper Institute on Aging and Public Policy, 636 W. Call St., Tallahassee, FL, 32306-1121; 850-644-8825; abarrett@fsu.edu. If you have any questions or concerns about your rights as a research participant, you are encouraged to contact the FSU Office for Human Subjects Protection at 850-644-7900 or humansubjects@fsu.edu.

Q1 Do you agree to participate in this study? (Full message above shown on screen with the Below consent question)

Yes, I agree to participate
No, I do not want to participate (Takes participant to end of survey with "thank you" message)

Q2 What is your current age?
_____

If the answer is below 50 the following message is given:

Thank you for your interest, but we are only surveying people who are 50 or older.

To get more information on Florida's Safe Mobility for Life Coalition and its resources, click [SafeMobilityFl.com].

If age is 50 or older:

Q3 In which Florida county do you live? (Drop down list of all 67 Florida counties plus "I don't know" at the bottom)

▼ Alachua ... I don't know

Q4 In the past month, how often did you use each of the following ways of getting from place to place?

	Never	Once	2 or 3 times	About once a week	Several times a week	At least once a day
Driving yourself						
Rides from family members						
Rides from friends						
Walking						
Bicycling						
Public transit						
Golf cart						
Ridesourcing (for example, Uber or Lyft)						
Paratransit services (that is, door-to-door services for people with disabilities)						
Ride-sharing (for example, carpooling)						
Autonomous vehicles (for example, self-driving shuttles or vans)						
Transportation service in the community where I live (for example, community vans)						

Q5 Now think about before the COVID-19 pandemic began in March, 2020. How often did you use each of the following ways of getting from place to place in a typical month?

	Never	Once	2 or 3 times	About once a week	Several times a week	At least once a day
Driving yourself						
Rides from family members						
Rides from friends						
Walking						
Bicycling						
Public transit						
Golf cart						
Ridesourcing (for example, Uber or Lyft)						
Paratransit services (that is, door-to-door services for people with disabilities)						
Ride-sharing (for example, carpooling)						
Autonomous vehicles (for example, self-driving shuttles or vans)						
Transportation service in the community where I live (for example, community vans)						

Q6 Since the COVID-19 pandemic began in March, 2020, many people have changed how they get places and where they go. How have these things changed for you? How do you feel about these changes?

_____
_____
_____
_____

Q7 Overall, how easy is it for you to get where you need or want to go?
Not at all easy
A little easy
Somewhat easy
Very easy

Q8 Do you currently have a driver's license?
No, I don't.
Yes, I do.

Q9 Did you get your current license in Florida? (Shown if answer to Q8 about having a license is yes)
Yes, I did.
No, I did not.

Q10 You reported that you have not driven in the past month. Have you stopped driving completely? (Shown if answer to question about driving yourself in past month [Q5] is "never")
Yes, I have stopped driving completely. (Skips to later question about having a driver in the household [Q21])
No, sometimes I drive.

Q11 Is there at least one person in your household who is a driver besides yourself?
Yes
No

Q12 How often do you do each of the following while you are driving?

	Never	Rarely	Sometimes	Often	Always
Use your seatbelt					
Eat or drink					
Make or accept phone calls					
Read something like a book, newspaper, iPad, or Kindle					
Read emails or text messages					
Send emails or text messages					
Do personal grooming, such as put on make-up or look at yourself in the mirror					
Indicate hostility, such as "flipping off" other motorists or sounding horn to show annoyance					
Disregard the speed limit					
Drive after having an alcoholic drink					
Drive after taking medication that could affect driving ability					

Q13 How often do you avoid driving...

	Never	Rarely	Sometimes	Often	Always
...at night?					
…in bad weather?					
...on trips lasting more than 2 hours (one-way)?					
...on unfamiliar routes?					
…on high-traffic roads?					
...at peak hours?					
...on two-lane highways?					
...alone?					

Q14 In the past year, have you experienced any of the following?

	Yes	No
Received a ticket or citation for a moving violation		
Had a close call or near crash/collision		
Were in a minor car crash/collision		
Were in a major car crash/collision		

Q15 How would you rate your ability to do each of the following?

	Poor	Fair	Good	Very good	Excellent
Drive in your local area					
Drive in unfamiliar areas					
Drive at night					
Drive with other people in the car					
Drive in heavy traffic					

Merge with traffic

Turn left across oncoming
traffic

See signs at a distance
See pavement lines at night

Q16 How would you rate your ability to do each of the following?

	Poor	Fair	Good	Very good	Excellent
Avoid hitting curbs and medians					
See vehicles coming up beside you					
Quickly spot pedestrians stepping out from between parked cars					
Move your foot quickly from the gas to the brake pedal					
Make an over-the-shoulder check					
Get in and out of your car					
Reverse or back up					
Make quick driving decisions					

Q17 How much do you agree or disagree with each of the following statements about driving?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Being able to drive is important to me.					
Driving is central to my independence.					
I enjoy driving.					

If I stopped driving, I fear I would become isolated.

I would hate to admit that I have to stop driving.

If I stopped driving, I would lose my sense of freedom.

If I stopped driving, it would be like losing a part of myself.

I am experiencing increasing concern about driving.

The physical demands of driving a vehicle are becoming a challenge.

Others count on me being able to drive.

Driving is necessary for me to spend time with friends and family.

It is devastating for older people to have someone take away their car keys.

I do not like to ask for a ride.

Q18 If you were no longer able to drive, how easy would it be for you to get to the places you need or want to go?
Not at all easy
A little easy
Somewhat easy
Very easy

Q19 If you were no longer able to drive, how often do you think you would use each of the following ways of getting from place to place?

	Never	Rarely	Sometimes	Often	Always
Rides from family members					
Rides from friends					
Walking					

Bicycling
Public transit
Golf cart
Ridesourcing (for example,
Uber or Lyft)

Paratransit services (that is,
door-to-door services for
people with disabilities)

Ride-sharing services (for
example, carpooling)

Autonomous vehicles (for
example, self-driving shuttles
or vans)

Transportation service in the
community where I live (for
example, community vans)

Q20 Thinking about the future, how much have you planned for each of the following? *(Shown if respondent reports that they still drive)*

	None	A little	Some	A lot
A time when you can no longer drive safely				
Your health care needs				
Your financial situation				
Your housing or living arrangements				
Your end-of-life decisions				

Q21 Is there at least one person in your household who is a driver? (Shown if participant reports that they have stopped driving completely [Q10])
Yes
No

Q22 Thinking about the future, how much have you planned for each of the following? *(Shown if participant reports that they have stopped driving completely [Q10])*

	None	A little	Some	A lot
Your health care needs				
Your financial situation				
Your housing or living arrangements				
Your end-of-life decisions				

Q23 If you were to guess, when do you think you will stop driving completely? *(Shown if respondent reports that they still drive)*
In the next year
In the next 5 years
In the next 10 years
In the next 20 years
More than 20 years from now
It will never happen

Q24 If you were to guess, to what age do you think you'll live?

_____

Q25 The next few questions focus on planning for hurricanes.

Does your household have emergency supplies readily available to take with you if you have to evacuate your home?
Yes
No

Q26 Would you have access to your vital financial information, identification documents, and contact numbers if you had to evacuate your home?
Yes
No

Q27 If you had to evacuate from your town or city to a safe place at least 50 miles away, do you have enough reliable vehicles to carry all of your household members, pets, and a small amount of supplies, such as clothes and food?
Yes
No

Q28 If you had to evacuate from your town or city to a safe place at least 50 miles away, do you have the financial resources, in terms of savings or available credit card balances, to meet expenses of up to $2,000?
Yes
No

Q29 If you had to evacuate from your town or city to a safe place at least 50 miles away for at least two weeks, where would you most likely stay during those two weeks?
Relatives or friends
In a public shelter
In a room in a hotel or motel
In a travel trailer or RV
Other

Q30 Would you or someone else in your household require assistance with evacuation due to medical needs or physical abilities?
Yes
No

Q31 How likely are you to evacuate your home in the case of an evacuation order during a hurricane?
Not at all likely
Somewhat likely
Very likely

Q32 Another concern during an emergency is pets. Do you have a pet?
Yes
No (Skips to questions about health Q36)

Q33 What kind of pet(s) do you have? *Check all that apply.*
Dog (1)
Cat (2)
Fish (3)
Bird (4)
Other pet(s) (5)

Q34 How often do you...

	Never	Rarely	Sometimes	Often
...talk to your pet like a friend.				
...seek your pet for comfort when you feel bad.				
...consider your pet to be a member of your family.				

...stroke or hold your pet.

Q35 If you had to evacuate from your town or city to a safe place at least 50 miles away, would

you need assistance evacuating or sheltering your pet(s)? *Please mark all that apply*.
Yes, I would need help transporting my pet(s) to where I will be staying.
Yes, I need a pet-friendly public shelter.
Yes, I would need some other kind of help.
No, I would not need any help with my pet(s).

Q36 The next few questions are about your health. In general, how would you rate your health?
Poor
Fair
Good
Very good
Excellent

Q37 How much difficulty do you have...

	No difficulty	Some difficulty	Unable to do	Don't know
Walking a quarter of a mile (that is, about 2 or 3 blocks)?				
Walking up 10 stairs without resting?				
Stooping, crouching, or kneeling?				
Lifting or carrying something as heavy as 10 pounds?				
Walking from one room to another on the same level?				
Standing up from an armless chair?				
Getting in or out of bed?				

Q38 How would you rate your eyesight? If you wear eyeglasses or contacts, please consider your
vision when you are wearing them.
Poor
Fair
Good
Very good
Excellent

Q39 How would you rate your hearing? If you wear a hearing aid, please consider your hearing while wearing it.
Poor
Fair
Good
Very good
Excellent

Q40 During the past month, how would you rate your sleep quality overall?
Very bad
Fairly bad
Fairly good
Very good

Q41 During the past month, how often have you had trouble staying awake while driving? *(Shown if the respondent reports that they still drive)*
Never or hardly ever
Occasionally
Sometimes
Often

Q42 In the past month, how much physical pain did you experience?
None
A little
Some
A lot

Q43 In the past month, how much did physical pain interfere with your ability to drive? *(Shown if the respondent reports that they still drive)*
Not at all
A little
Some
A lot

Q44 In the past month, how often did you feel that you lacked companionship?
Never or hardly ever
Occasionally
Sometimes
Often

Q45 In the past month, how often did you feel left out?
Never or hardly ever
Occasionally
Sometimes
Often

Q46 In the past month, how often did you feel isolated from others?
Never or hardly ever
Occasionally
Sometimes
Often

Q47 In the past week, how often did you feel sad or depressed?
Never or hardly ever
Occasionally
Sometimes
Often

Q48 In the past week, how often did memory problems interfere with your daily activities?
Never or hardly ever
Occasionally
Sometimes
Often

Q49 The next few questions ask about your interactions with your family and friends.

In the past month, how often did you visit in person with any members of your family who do not live with you?
Never
Once
2 or 3 times
About once a week
Several times a week
At least once a day

Q50 In the past month, how often were you in contact through phone calls or video chat technology (for example, Skype or Facetime) with any members of your family who do not live with you ?
Never
Once
2 or 3 times
About once a week
Several times a week
At least once a day

Q51 In the past month, how often were you in contact using emails or social media (for example, Facebook, Twitter, or text messages) with any members of your family who do not live with you?
Never
Once
2 or 3 times
About once a week

Several times a week
At least once a day

Q52 In the past month, how often did you visit in person with any of your friends?
Never
Once
2 or 3 times
About once a week
Several times a week
At least once a day

Q53 In the past month, how often were you in contact through phone calls or video chat technology (for example, Skype or Facetime) with any of your friends?
Never
Once
2 or 3 times
About once a week
Several times a week
At least once a day

Q54 In the past month, how often were you in contact using emails or social media (for example, Facebook, Twitter, or text messages) with any of your friends?
Never
Once
2 or 3 times
About once a week
Several times a week
At least once a day

Q55 During the COVID-19 pandemic, how has each of the following things changed?

	Gotten a lot worse	Gotten somewhat worse	Not changed at all	Gotten somewhat better	Gotten a lot better
Your financial situation?					
Your peace of mind?					
Your trust in the government?					
Your physical health?					

Q56 Now we just have a few questions about your background.

What is your gender?
Male
Female
Non-binary
Prefer not to say

Q57 How do you think of yourself?
Straight or heterosexual
Lesbian or gay
Bisexual
Something else
Prefer not to say

Q58 Sometimes people feel younger or older than their actual age. How old do you feel? *Please type the age you feel in years*.

_____

Q59 Are you of Hispanic, Latino, or Spanish origin?
No
Yes
Prefer not to say

Q60 What race do you consider yourself to be? Select all that apply.
White
Black or African American
American Indian
Alaska Native
Native Hawaiian
Pacific Islander
Other
Prefer not to say

Q61 What is the highest level of school you have completed or the highest degree you have received? *If currently enrolled, mark the previous grade or highest degree received.*
Did not graduate from High School
High school graduate
Attended college but did not graduate
Associate degree
Bachelor's degree (for example, BA, AB, BS, or BBA)
Post-graduate or professional degree (for example, MBA, MD, or PhD)

Q62 Are you currently employed?
Yes
No

Q63 In which of the following ranges does your total annual household income fall, before taxes?
Below $20,000
$20,000-$29,999
$30,000-$39,999
$40,000 - $49,999
$50,000 - $74,999
$75,000 - $99,999
$100,000 - $149,999
$150,000 - $200,000
Over $200,000
Not sure
Prefer not to say

Q64 Do you own your home, rent it, or have some other arrangement?
I own my home. (This can include making mortgage payments.)
I rent.
I have some other arrangement.
I prefer not to say

Q65 What is your current marital status?
Married (skips to asking about living arrangements [Q67])
Separated
Divorced
Widowed
Never–married

Q66 Are you currently living with a partner?
Yes
No

Q67 What kind of place are you living in now?
Private residence, like a house, apartment, condo, or trailer
Assisted living facility or continuing care retirement community
Nursing home
A group home, board and care, or supervised housing

Q68 Do you live in a traditional neighborhood or in an active adult community (also called a 55+ community)? (shown if "Private residence, like a house, apartment, condo, or trailer" is selected for the previous question [Q67])
Traditional neighborhood
Active adult community

Q69 What is your zip code?
_____

Q70 Our last questions are to find out what you know about Florida's Safe Mobility for Life Coalition.

In the past 12 months have you…

	Yes	No
...Visited the SafeMobilityFL.com website?		
...Looked at the Florida's Guide to Safe Mobility for Life?		
...Looked at the Safe Mobility for Life Coalition's Families and Caregivers brochure?		
...Attended a CarFit safety event (either in online or in person)?		
...Used the FindaRideFlorida.org webpage?		
...Ordered educational materials from the Safe Mobility for Life Resource Center?		

Q71 Before taking this survey, how aware were you of Florida's statewide Safe Mobility for Life Coalition and their efforts to improve the safety, access, and mobility of adults 65 and older?
Not at all
A little
Somewhat
A lot

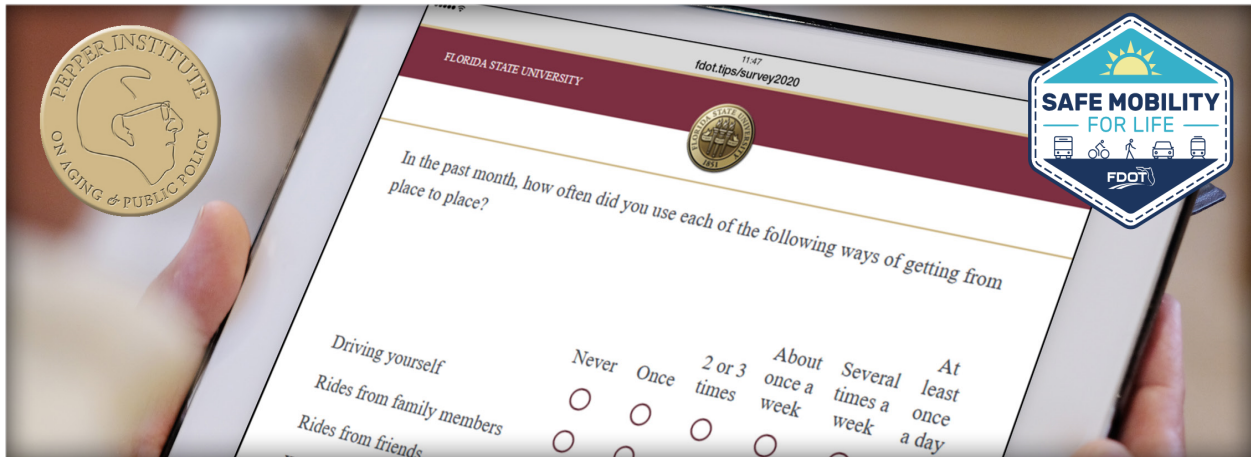Thank you message at the end of the survey:

On behalf of Florida's Safe Mobility for Life Coalition, thank you for your time!

For more information on Florida's Safe Mobility for Life Coalition and access to available resources, click the link below:

http://safemobilityfl.com/ResourceCenter.htm

Have a nice day!

We Want to Hear from You!

Are you a Florida resident aged 50 or older? If so, we would like to learn more about how you get from place to place in your daily life.

The survey, which takes about 15 minutes, asks about your driving habits and use of other types of transportation, as well as various factors that may affect them. We will not record your name or any other information that shows your identity. Your participation in this study will help us better understand the transportation needs of Floridians.

To take the survey, visit FDOT.tips/survey2020 or scan the QR code below with your Android or Apple device.

1 Open the Camera App from your device's Home Screen, Control Center, or Lock Screen.

2 Hold your device so that the QR code appears in the viewfinder and you see a notification with a link.

3 Click on the notification to open the link associated with the QR code

If you have any questions about this study, please contact: Dr. Anne Barrett at FSU Pepper Institute on Aging and Public Policy (abarrett@fsu.edu).