## Am I a Safe Driver?

## Check the box if the statement applies to you.

□ I get lost while driving.	
☐ My friends or family members say they are worried about m	ıy driving.
Other cars seem to appear from nowhere.	
☐ I have trouble finding and reading signs in time to respond	to them.
☐ Other drivers drive too fast.	
☐ Other drivers often honk at me.	
☐ Driving stresses me out.	
☐ After driving, I feel tired.	
☐ I feel sleepy when I drive.	
☐ I have had more "near-misses" lately.	
☐ Busy intersections bother me.	
☐ Left-hand turns make me nervous.	
☐ The glare from oncoming headlights bothers me.	
☐ My medication makes me dizzy or drowsy.	
☐ I have trouble turning the steering wheel.	
☐ I have trouble pushing down the foot pedal.	
☐ I have trouble looking over my shoulder when I back up.	
☐ I have been stopped by the police for my driving.	
☐ People no longer will accept rides from me.	
☐ I have difficulty backing up.	If yo of th
☐ I have had accidents that were my fault in the past year.	may
☐ I am too cautious when driving.	driv
☐ I sometimes forget to use my mirrors or signals.	Talk
☐ I sometimes forget to check for oncoming traffic.	way
☐ I have more trouble parking lately.	safe

If you have checked any of the boxes, your safety may be at risk when you drive.

Talk to your doctor about ways to improve your safety when you drive.