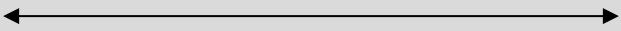


Additional file 1. Survey Instrument

Thank you for completing this anonymous survey. Your participation is completely voluntary. You may skip any questions you do not want to answer.

DRIVING

The following questions are about your thoughts and preparation surrounding **driving** decisions.

	Not at all Very 				
How confident are you in your transportation options (besides driving yourself)?	1	2	3	4	5
How open are you to:					
Discussing with your family how you will decide when to stop driving?	1	2	3	4	5
Having a family member decide when you should stop driving?	1	2	3	4	5
Having a physician decide when you should stop driving?	1	2	3	4	5

Has a family member or friend talked with you about your driving (about safety concerns or future plans to stop driving)? Yes No

Where have you learned about driving safety for older adults? (Check all that apply)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Family
<input type="checkbox"/> Friends
<input type="checkbox"/> Physician or other healthcare provider
<input type="checkbox"/> Medical insurance providers
<input type="checkbox"/> Automobile insurance providers | <input type="checkbox"/> AARP
<input type="checkbox"/> Personal experience
<input type="checkbox"/> Seminars
<input type="checkbox"/> Other: _____
<input type="checkbox"/> I haven't learned about it |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ROLE OF THE PHYSICIAN

The following questions are about what you think about the role of your physician (or other primary care provider, like a nurse practitioner or physician assistant).

In the **past**, how involved has your physician been in helping you make decisions about these topics?

	Not Involved ← → Very Involved				
Driving	1	2	3	4	5
Advance Care Planning	1	2	3	4	5
Finances	1	2	3	4	5
Housing	1	2	3	4	5

In the **future**, how involved would you like your physician to be in helping you make decisions about these topics?

	Not Involved ← → Very Involved				
Driving	1	2	3	4	5
Advance Care Planning	1	2	3	4	5
Finances	1	2	3	4	5
Housing	1	2	3	4	5

When did you last visit your physician or other primary care provider?

- | | |
|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Within the past month | <input type="checkbox"/> 6 to 12 months ago |
| <input type="checkbox"/> 1 to 6 months ago | <input type="checkbox"/> Over 12 months ago |

PERSONAL INFORMATION

Age: _____ years

Gender Male Female

Race (Check all that apply)

- White
- African American
- Asian
- American Indian/Alaskan Native
- Pacific Islander
- Unknown
- Other: _____

Ethnicity

- Hispanic
- Non-Hispanic

Current employment

- Full-time employment
- Part-time employment
- Volunteer work (unpaid)
- Retired: _____ years ago

Marital Status

- Married
- Not married, living with a partner
- Separated or divorced
- Widowed
- Never married, single

Highest degree/level of education

- Less than high school
- High school diploma or GED
- Bachelor's degree
- Master's degree
- Doctoral degree (MD, JD, PhD)

Thank you for your participation, time and feedback!
Please feel free to leave any comments below.
