



AARP DRIVER SAFETY PROGRAM EVALUATION GUIDE

There are two evaluation phases to AARP Driver Safety Program, process evaluation and outcome evaluation. All documents are to be sent to a SIPP analyst within 5 working days after the class. SIPP analysts will follow-up if evaluation documents are not received.

Process Evaluation:

Please complete the *AARP Driver Safety Process Document* for each event you conduct. The process document will include:

- 1) Course information ie: date, location, TRAC
- 2) program baseline data
- 3) program data measures
- 4) barriers and facilitators to course implementation

Outcome Evaluation:

There are two documents for collecting AARP Driver Safety outcome data.

- 1) *AARP Driver Safety pre-test*
- 2) *AARP Driver Safety post-test*

Please have all participants who attend the program take the pre and post tests.

All documents mentioned can be found:

- 1) As attachments to this document
- 2) On the SIPP website at <http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/SIPP/Pages/default.aspx>
- 3) By contacting a SIPP analyst Toll-free 866-611-3445 or 501-364-3400

RETURNING EVALUATION DOCUMENTS: You may mail, email or fax your evaluation documents

Mail	EMAIL	FAX
Motor Vehicle SIPP Analyst 1 Children's Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112

Return the following documents

- 1) *AARP Driver Safety Process Document -1 per event*
- 2) *AARP Driver Safety Pre/post test -1 pre-test and 1 post-test per attendee*



Form to be completed by: Project Coordinator

AARP DRIVER SAFETY PROGRAM PROCESS DOCUMENT

TRAC: _____ Project Coordinator: _____

Event Date: __/__/____ Event Location: _____ Event County: _____

Mechanism: Motor vehicle

Baseline Data 2010								
METRICS	State	Ark Valley	Central	North Central	North East	North West	South East	South West
Motor vehicle related mortality	569	71	119	74	94	76	45	90
Motor vehicle related hospitalization	2256	289	593	312	150	410	178	324
Motor vehicle related mortality Ages 50-64	103+	13	20	14	19	23	UR	14
Motor vehicle hospitalization Ages 50-64	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Motor vehicle related mortality Ages 65-74	UR	UR	UR	UR	UR	UR	UR	UR
Motor vehicle hospitalization Ages 65-74	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Motor vehicle related mortality Ages 75+	UR	UR	10	UR	UR	UR	UR	10
Motor vehicle hospitalization Ages 75+	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD

UR=counts under 10 are unreportable

Outcome Measures				
	Measure	Overall Program Goal (# served, as per budget request)	Individual Event Goal (if multiple events, # to be served at this event)	Event Result (# actually served)
1	Total number of participants registering for course			
2	Total number of participants attending course			

Did you achieve your individual event goals for your outcome measures? **Yes** **No**
If no, why not? _____



Form to be completed by: Project Coordinator

AARP DRIVER SAFETY PROGRAM
PROCESS DOCUMENT

Did you encounter any barriers planning for this event? Yes No
If YES, what? _____

Did you encounter any barriers on the day of the event? Yes No
If YES, what? _____

What went well during this event? _____

Do you have any lessons learned that you'd like to share? Yes No
If YES, what? _____

RETURN VIA:

Mail	EMAIL	FAX
Motor Vehicle SIPP Analyst 1 Children's Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112



Form to be completed by: Course Participant

AARP DRIVER SAFETY PROGRAM PRE TEST

We would appreciate you taking the time to complete the following survey to help us improve our program. This survey is completely anonymous and all answers obtained are used solely to evaluate this program.

1) What can you do to extend your driving years?

- Have regularly scheduled physical exams including hearing and vision.
- Drive a car that you are comfortable in.
- Exercise on a regular basis.
- All of the above

2) You should give up driving immediately if you are diagnosed with which of the following?

- Diabetes
- Dementia
- High Blood Pressure
- None of the above

How much do you agree or disagree with following statements...

	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree
3) As an older adult driver I am more likely to be injured in a MINOR motor vehicle crash than a younger adult.					
4) My ability to drive is directly related to my age.					
5) I am comfortable discussing my driving concerns with my Physician.					
6) I am comfortable discussing my driving concerns with my Family.					

7) What is your age? 50 to 64 65 to 74 75 or older

8) What is your gender? Male Female

9) What is your ethnicity? White Black Asian Hispanic Other

Thank you for taking the time to complete this survey.



Form to be completed by: Course Participant

AARP DRIVER SAFETY PROGRAM POST TEST

We would appreciate you taking the time to complete the following survey to help us improve our program. This survey is completely anonymous and all answers obtained are used solely to evaluate this program.

1) What can you do to extend your driving years?

- Have regularly scheduled physical exams including hearing and vision.
- Drive a car that you are comfortable in.
- Exercise on a regular basis.
- All of the above

2) You should give up driving immediately if you are diagnosed with which of the following?

- Diabetes
- Dementia
- High Blood Pressure
- None of the above

How much do you agree or disagree with following statements...

	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree
3) As an older adult driver I am more likely to be injured in a MINOR motor vehicle crash than a younger adult.					
4) My ability to drive is directly related to my age.					
5) I am comfortable discussing my driving concerns with my Physician.					
6) I am comfortable discussing my driving concerns with my Family.					

7) What is your age? 50 to 64 65 to 74 75 or older

8) What is your gender? Male Female

9) What is your ethnicity? White Black Asian Hispanic Other

Thank you for taking the time to complete this survey.