

APPENDIX L : STAGE 1 MARKET SURVEY

Roadside Emergency Response System Survey

The University of Washington is conducting a study evaluating the market for a new roadside emergency response system. To help in our evaluation, we need you to carefully answer the following questions below. Feel free to add short comments to the right of your answer if it requires explanation. All responses are confidential.

SECTION 1. HYPOTHETICAL ROADSIDE ASSISTANCE SITUATION

Consider the situation that was given to you.

1: If you were in this situation what might you do? Specifically, please describe two alternative courses of action that you might consider taking.

Alternative 1: _____

Alternative 2: _____

2: For each alternative, please identify no more than ten problems, costs, or risks that would cause you concern. (L/M/S columns will be completed later)

Alternative 1 Concerns:	L/M/S	Alternative 2 Concerns:	L/M/S
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	

3. How possible do you think it is that the situation described on page 1 could happen to you? (check one)

very possible
 - possible
 not very possible
 impossible

4. Have you been in a somewhat similar situation anytime within the past few years?

Yes
 No

SECTION 2. INFORMATION ABOUT YOUR HOUSEHOLD'S VEHICLE OWNERSHIP

5. What is the make and year of the motor vehicle that you use most frequently, which is owned or leased by you or someone else in your household?

Make: _____ Year: _____

6. Which of the following items are typically kept in the vehicle listed above?

Emergency Road Kit Yes No

Flares/Reflectors Yes No

Flashlight Yes No

Tools for Simple Repairs Yes No

Cellular Phone Yes No

CB Radio Yes No

7. Is the vehicle identified in question 5 equipped with an alarm system?

Yes No

SECTION 3. ABOUT YOUR DRIVING HABITS

8. How frequently do you typically use a motor vehicle to commute to work?

____ Days Per Week (On Average) ____ For A Typical One-Way Commute Trip, Average Miles Driven

9. Other than for commuting to work, how much do you use the motor vehicle listed in question 5 for work purposes?

____ Miles Driven Per Day (On Average)

or

____ Hours Driven Per Day (On Average)

10. How frequently do you use the motor vehicle listed in question 5 for recreation activities?

____ Days Per Week (On Average)

____ For a Typical Recreation Trip, How Many Miles On Average Do You Drive?

11. How frequently do you use the motor vehicle listed in question 5 for other activities (e.g. shopping, transporting family members, etc.)

____ Days Per Week (On Average)

____ For a Typical Miscellaneous Activity Trip, How Many Miles On Average Do You Drive?

SECTION 4. ABOUT YOU

12. Who is your employer? _____
13. Where is your place of employment? _____
14. In what town or city do you reside? _____
15. For how many years have you lived in the Puget Sound Area? _____
16. How would you characterize your knowledge of roads and streets in the Puget Sound area?
__ extensive (you could be a tour guide)
__ very good (you are familiar with most parts of the area)
__ good (you know some parts of the area very well)
__ limited (you are only familiar with one or two parts of the area)
__ just beginning to learn your way around the area
17. Have you experienced a vehicle breakdown within the last five years?
__ Yes __ No
18. Have you been involved in a vehicle collision during the last five years?
__ Yes __ No
19. Do you own a mobile phone? __ Yes __ No
If yes, is it installed in the vehicle you most frequently use for:
 commuting __ Yes __ No
 Recreation __ Yes __ No
 Other Activities __ Yes __ No
20. Do you own a CB radio? __ Yes __ No
If yes, is it installed in the vehicle you most frequently use for:
 commuting __ Yes __ No
 Recreation __ Yes __ No
 Other Activities __ Yes __ No
21. Are you a member of an emergency road service, such as AAA, USAA, or others?
__ Yes __ No
22. Do you have a calling card that allows you to charge to your phone
number calls that you place from any other phone? __ Yes __ No

SECTION 5. ADDITIONAL HOUSEHOLD INFORMATION

23. How many television sets do you have in your household? _____
24. How many personal computers do you have in your household? _____
25. Do you own a boat? __ Yes __ No
26. How many motor vehicles are owned or leased by your entire household? _____
27. How many members are there in your household? _____
Age of the oldest member: _____ Age of the youngest member: _____

SECTION 6. AN ALTERNATIVE MEANS OF OBTAINING EMERGENCY ROADSIDE ASSISTANCE

Description of Emergency Response Device: Imagine that an emergency response device were available to you. This device could be installed inside your car and would also require a special fixed antenna to be installed in or on your car. If you experienced a vehicle breakdown, traffic accident, or medical emergency, you would be able to use the device to send a request for assistance to a response center. The request would be in the form of a signal from the device that informs the response center of your precise location and of the category of your need: towing services, medical services, or police services. Upon receiving your request, the response center would do two things: (1) dispatch a service provider to your location, and (2) send a signal to the emergency response device in your vehicle to confirm that your request had been received. The length of your wait for service you need would depend upon the availability of service providers at the moment of your incident.

Response to Emergency Response Device: For this question, we would like you to consider the emergency response device described above as a third alternative to the two alternatives you listed in Question 1a (which were alternative courses of action that you might consider taking in an “emergency” situation). Then, for each of the concerns you listed for Question 1b, indicate (as described below) if you think your concerns for this third alternative would be less than, more than, or the same as the concerns you have identified with alternatives 1 and 2.

Return to Page 1, Question 2, and fill out the LMS columns as follows:

Mark in L/M/S Columns on Page 1	Degree of Concern Created by Alternative
L (less)	The emergency response device described above would create less of this concern than would alternative 1 (or 2).
M (more)	The emergency response device described above would create more of this concern than alternative 1 (or 2).
S (<i>same</i>)	The emergency response device described above would create neither more nor less of this concern than would alternative 1 for 2).

SECTION 7. OPTIONAL INFORMATION

Name: _____

Would you be willing to take part in a follow-up interview about your feelings toward a roadside emergency response system? If so, please provide a phone number to reach you at below. All information will be kept confidential.

Phone Number: Home _____

Work: _____