

(1) GENERAL SURVEY – Vehicle Maintenance

Student Name: _____ Date: _____
 Your Name: _____ Age: _____
 Gender: ____ M ____ F

1	How long have you had your current license for?							
2	Did you attend any Beginners Driver Education course?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
3	What year is your vehicle?							
4	Does your vehicle have any unfixed part or part that needs repair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
5	How often do you check your brake pads?							
	<input type="checkbox"/>	Every month	<input type="checkbox"/>	Every 3 months	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	When they make noise
6	How often you do perform a safety check with a certified mechanic?							
	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	Twice a year	<input type="checkbox"/>	When renewing plates	<input type="checkbox"/>	When I feel unsafe
7	When you see a warning gauge light up in your vehicle, how soon do you take care of it?							
	<input type="checkbox"/>	Right away	<input type="checkbox"/>	Within one week	<input type="checkbox"/>	Within one month	<input type="checkbox"/>	I don't (It fixes itself)
8	How often do you change your engine oil?							
	<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Twice a year	<input type="checkbox"/>	When I feel like it	<input type="checkbox"/>	Manufacture recommender mileage

(2) GENERAL SURVEY – Vehicle Maintenance

Student Name: _____ Date: _____
 Your Name: _____ Age: _____
 Gender: ____ M ____ F

1	How long have you had your current license for?							
2	Did you attend any Beginners Driver Education course?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
3	What year is your vehicle?							
4	Does your vehicle have any unfixed part or part that needs repair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
5	How often do you check your brake pads?							
	<input type="checkbox"/>	Every month	<input type="checkbox"/>	Every 3 months	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	When they make noise
6	How often you do perform a safety check with a certified mechanic?							
	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	Twice a year	<input type="checkbox"/>	When renewing plates	<input type="checkbox"/>	When I feel unsafe
7	When you see a warning gauge light up in your vehicle, how soon do you take care of it?							
	<input type="checkbox"/>	Right away	<input type="checkbox"/>	Within one week	<input type="checkbox"/>	Within one month	<input type="checkbox"/>	I don't (It fixes itself)
8	How often do you change your engine oil?							
	<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Twice a year	<input type="checkbox"/>	When I feel like it	<input type="checkbox"/>	Manufacture recommender mileage

(3) GENERAL SURVEY – Vehicle Maintenance

Student Name: _____ Date: _____
 Your Name: _____ Age: _____
 Gender: ____ M ____ F

1	How long have you had your current license for?							
2	Did you attend any Beginners Driver Education course?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
3	What year is your vehicle?							
4	Does your vehicle have any unfixed part or part that needs repair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
5	How often do you check your brake pads?							
	<input type="checkbox"/>	Every month	<input type="checkbox"/>	Every 3 months	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	When they make noise
6	How often you do perform a safety check with a certified mechanic?							
	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	Twice a year	<input type="checkbox"/>	When renewing plates	<input type="checkbox"/>	When I feel unsafe
7	When you see a warning gauge light up in your vehicle, how soon do you take care of it?							
	<input type="checkbox"/>	Right away	<input type="checkbox"/>	Within one week	<input type="checkbox"/>	Within one month	<input type="checkbox"/>	I don't (It fixes itself)
8	How often do you change your engine oil?							
	<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Twice a year	<input type="checkbox"/>	When I feel like it	<input type="checkbox"/>	Manufacture recommender mileage

(4) GENERAL SURVEY – Vehicle Maintenance

Student Name: _____ Date: _____
 Your Name: _____ Age: _____
 Gender: ____ M ____ F

1	How long have you had your current license for?							
2	Did you attend any Beginners Driver Education course?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
3	What year is your vehicle?							
4	Does your vehicle have any unfixed part or part that needs repair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
5	How often do you check your brake pads?							
	<input type="checkbox"/>	Every month	<input type="checkbox"/>	Every 3 months	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	When they make noise
6	How often you do perform a safety check with a certified mechanic?							
	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	Twice a year	<input type="checkbox"/>	When renewing plates	<input type="checkbox"/>	When I feel unsafe
7	When you see a warning gauge light up in your vehicle, how soon do you take care of it?							
	<input type="checkbox"/>	Right away	<input type="checkbox"/>	Within one week	<input type="checkbox"/>	Within one month	<input type="checkbox"/>	I don't (It fixes itself)
8	How often do you change your engine oil?							
	<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Twice a year	<input type="checkbox"/>	When I feel like it	<input type="checkbox"/>	Manufacture recommender mileage