Driving Observation Checklist

Keeping track of driving warning signs over time

Fill one in after a ride, or when someone tells you about an incident, and bring a few to the doctor.
Date: _____ **Trip:** _____ **Time of day:** _____ **Weather:** _____

Seen by: ☐ me, riding along ☐ someone else (who and what they saw): _____

On the road (✓ if you saw it)

☐ Drifted out of the lane or straddled lanes
☐ Missed or rolled through a stop sign or light
☐ Didn't yield, or misjudged gaps in traffic
☐ Drove much too slowly or too fast for conditions
☐ Braked late or hit the wrong pedal
☐ Got lost or confused on a familiar route
☐ Needed directions or warnings from a passenger
☐ Seemed drowsy, distracted or anxious
☐ Trouble turning to check blind spots or backing up

Around the car

☐ New dents or scrapes
☐ Tickets or warnings
☐ Other people have commented on the driving

Health and medicines

☐ New or changed medicines: _____
☐ Last eye exam: _____
☐ Any memory changes, dizziness or falls

Overall: ☐ No concerns ☐ Some concerns ☐ Serious concerns

What I'll do next: ☐ Ride along again ☐ Talk with my parent ☐ Ask the doctor ☐ Ask about a driving evaluation

Other ways to get there (fill in before any change)

Trip	How often	Who or what could drive
Groceries		
Doctor		
Church or community		
Friends and family		

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