Adelaide Driving Self-Efficacy Scale (ADSES)

ID Number: _______________ Date administered: _______________

How confident do you feel doing the following activities?

Please allocate a number from 0-10, where 0 is not confident and 10 is completely confident, for the 12 questions below.

<table>
<thead>
<tr>
<th>0 (not confident)</th>
<th>5</th>
<th>10 (completely confident)</th>
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1. Driving in your local area: _____
2. Driving in heavy traffic: _____
3. Driving in unfamiliar areas: _____
4. Driving at night: _____
5. Driving with people in the car: _____
6. Responding to road signs/traffic signals: _____
7. Driving around a roundabout: _____
8. Attempting to merge with traffic: _____
9. Turning right across oncoming traffic: _____
10. Planning travel to a new destination: _____
11. Driving in high speed areas: _____
12. Parallel parking: _____