STATE DRIVE SAFE

THE EVALUATION OF A PROGRAM OF PROVIDING A FREE BREATH TEST AND A DISCOUNTED TAXI FARE.

Prepared by:

State Drive Safe

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Federal Office of Road Safety

GPO Box 594
Canberra ACT 2601

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State Drive Safe

The Evaluation of a Program of Providing a Free Breath Test and a Discounted Taxi Fare

Author

David J. March
State Drive Safe

Performing Organisation

State Drive Safe,
P.O. Box 89,
O'Halloran Hill,
South Australia, 5158.

Sponsor

Federal Office of Road Safety,
G.P.O. Box 594,
CANBERRA ACT, 2601.

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Abstract

In the last four months of 1991, a street level survey was carried out in Adelaide to gauge peoples attitude to a service of providing a free breath test and a discounted taxi fare. Issues covered in this report include attitudes to drink driving, driving behaviour, estimating blood alcohol levels, and the effect of recording a high BAC has on intended driving patterns.

Keywords

ALCOHOL HIGH-RISK NON-PUNITIVE TAXI COUNTER-MEASURE

CONTENTS

1. INTRODUCTION

The effectiveness of Random Breath Testing as a legislative deterrent to drinking and driving is well publicised, however, apart from the recent media campaigns in relation to standard drink sizes, there has been little public education on a "hands on" basis as to correlating consumption of alcohol to Blood Alcohol Concentrations.

The need for drink driving counter measures to go beyond a focus on general deterrence to the motorist (Homel, 1988), is a strategy that has merit, and a combination of deterrence and education may have advantages over deterrence alone.

It is widely written that the introduction of random breath testing, combined with intense media campaigns, has had a great impact on reducing the drinking driver. What is now needed, is a non legislative, educative counter measure at street level.

State Drive Safe was commissioned in July 1991 by the Federal Office of Road Safety (FORS), under the Seeding Grant Scheme, to conduct a program to evaluate the effectiveness of a program of providing a free breath test, and a discounted taxi fare.

Major entertainment venues in the greater metropolitan Adelaide area were targeted, and as patrons left these venues, they were asked a series of questions and offered a free breath test on a Alcotech AR1005 screening device. All persons breath tested were handed a card containing on one side, a $1.00 (one) taxi voucher, and the other a written disclaimer relating to the breath test.

The four major objectives of the program were to ascertain:

* How many people who have driven to location where they have consumed alcohol will utilise a free breath testing service?

* To what extent people who had intended to drive before the breath test was offered changed their intended behaviour as a result of recording a high Blood Alcohol Concentration?

* Whether drivers would be likely to use this service if offered regularly?

* To what extent the offer of a discounted taxi fare contributes to the program?

2. EXECUTIVE SUMMARY

During the last four months of 1991, a survey was conducted in the greater metropolitan Adelaide area in relation to drink driving attitudes.

A total of 1710 people were breath tested on an alcohol screening device, and interviewed as they left places of public entertainment. A total of 486 interviews were conducted.

From observations during the program, it was apparent that a great deal of interest was generated by just having alcohol screening devices available to the public outside of entertainment venues.

On many occasions large numbers of people were milling around both the interviewer and the person operating the screening device. It was not an uncommon experience to have people lining up to be breath tested.

From data collected, it was evident that the concept of providing a free breath test prior to driving, and then a discounted taxi voucher, was a popular drink driving counter measure, with 80% of those interviewed stating that they would use the service again in opposition to a coin in slot breath tester.

Of the 486 interviews conducted, 29% of those interviewed had driven to the location where they had intended to consume alcohol. Not one of these people declined to have a breath test.

Of those who had driven to the location where they would be consuming alcohol, when asked prior to being breath tested, how they would be leaving, 83.7% indicated that they would still drive. When asked after the breath test on how they intended to leave, only 57.4% indicated that they would still drive. Of the 26.3% of people who indicated that they would find another way of leaving rather than driving, all recorded a B.A.C. over the legal limit

Over 90% of those interviewed stated that it was important to remain within the legal limit when they drove.

Counting the number of drinks, their feelings and sensations were the most popular methods given for determining when the legal limit is reached. The ratio of people stating that they found it difficult rather than easy to estimate their Blood Alcohol Concentrations was 2 to 1.

Of those people who were prepared to estimate their Blood Alcohol Concentrations and submitted to a breath test, the number that over estimated their B.A.C was only marginally less than those who under estimated their B.A.C.

It is worth noting however, that the margin of over estimation and under estimation of B.A.C. was virtually the same, 0.032% compared to 0.038%.

It is also worth comparing the average estimated and actual B.A.C. values for both groups.

The average estimated B.A.C. for those who over estimated was 0.080%, when in reality their actual B.A.C was 0.048%.

The average estimated B.A.C. those who under estimated was 0.068% when in reality, their actual B.A.C was 0.106%.

Only 6.2% of those who were prepared to estimate their B.A.C. and submit to a breath test, were able to estimate correctly their true B.A.C.

Of the 486 interviews conducted, 80% of the respondents indicated that they would use the service of a free breath test and a discounted taxi fare again, in preference to a coin in slot breath tester. Nearly 17% of those interviewed had used the service before.

Of the 1710 breath tests and vouchers handed to people, only 35 taxi vouchers were returned to the researcher. This was not enough to accurately compare the intended driving behaviour to the actual behaviour. One reason that may attribute to the lack of vouchers returned, was the willingness of taxi drivers to accept the vouchers and carry the cost of the discount themselves. It is also possible that respondents neglected to use the vouchers after indicating they would take a taxi.

Just over 50% of those interviewed found that the taxi voucher did not influence their decision on how they would leave from where they would be drinking.

The general public has a great deal of difficulty in accurately determining what their true blood alcohol concentrations are after drinking. The idea of being able to have a free breath test after drinking and prior to driving has many advantages, including a self education process by those who stated they would use the service on a regular basis.

3. SURVEY METHODOLOGY

3.1 SURVEY CONDUCT

The program involved placing interviewers outside major entertainment venues and breath testing patrons as they left.

From this base sample, a smaller sample were interviewed on the basis of the next person to be breath tested after the last interview was completed.

Interviewing was conducted two nights a week, primarily on Friday and Saturday nights between the hours of 10.00 p.m. and 2.00 a.m.

Breath testing and interviewing commenced on the 31st of August, 1991 and concluded on the 21st of December 1991.

A total of 1710 people were breath tested, ranging in age from 16 years to 63 years. From this sample, 486 people were interviewed. Of the people interviewed, 382 were male and 104 female.

4. DETAILED FINDINGS

The findings from the program are presented in graphical or tabulated form wherever appropriate.

4.1 MODE OF TRANSPORT TO LOCATION WHERE ALCOHOL IS CONSUMED

Respondents were asked the following question after a brief introduction to the survey.

"How did you arrive here tonight?"

Private transport was favoured by over half of the people interviewed with 29.0% of the respondents driving and 28.6% having been a passenger in a private vehicle.

Arriving by taxi was the preferred option for 20.6% of the respondents whilst 8.0% arrived by bus, train or tram.

13.8% of the respondents indicated that they had walked to entertainment venue.

TABLE I
MODE OF TRANSPORT TO WHERE ALCOHOL IS CONSUMED

	% (n = 486)
Drove vehicle	29.0
Passenger in vehicle	28.6
Taxi	20.6
Walked	13.8
Public Transport	8.0
Refused	*
Don't know	*

4.2 INTENDED MODE OF TRANSPORT TO LEAVE AREA

Respondents were asked the following question:

"When you leave, How do you intend to travel?

Of the respondents, 118 (24.3%) indicated that they would be driving away compared to 141 (29.0%) who stated that they had driven to a particular location.

105 (21.6%) people indicated that they would be driven away from the location compared to 139 (28.6%) who stated that they arrived as a passenger at the location.

There was an 80% increase in the number of persons who indicated that they would be leaving by taxi (180) compared to those who indicated that they arrived by taxi (100).

Public transport was the preferred option for 16 (3.3%) of the respondents compared to 39 (8.0%) who stated they arrived by public transport.

49 (10.1%) of the respondents indicated that they would be walking away from where they had been drinking compared to 67 (13.8%) who indicated that they had arrived by walking.

Two of the respondents indicated that they would wait until they were sober before they would drive away.

Fourteen (2.9%) respondents were undecided as to how they would leave the area, whilst two (0.4%) did not know how they would leave.

TABLE II
ACTUAL ARRIVAL MODE AND INTENDED DEPARTURE MODE PRIOR TO BREATH TEST

(n = 486)	% Arrival Mode	% Intended Departure Mode
Drove vehicle	29.0	24.3
Passenger in vehicle	28.6	21.6
Taxi	20.6	37.0
Walk	13.8	10.1
Public transport	8.0	3.3
Drive when sober	*	0.4
Depends	*	2.9
Refused	*	*
Don't know	*	0.4

4.3 IMPORTANCE OF REMAINING WITHIN THE LEGAL LIMIT WHEN DRIVING

Respondents were asked the following question:

> "How important do you feel it is to remain within the legal limit when you drive?"

Very important was the major response to the above question with 396 (81.5%) respondents. Forty two (8.6%) people rated it fairly important to remain within the legal limit whilst driving, whilst 17 (3.5%) stated that it varied or depends.

Sixteen (3.3%) respondents placed little or no importance of being within the legal limit, whilst 4 (0.8%) felt that it was important to be safe but not be within .05.

Nine people interviewed did not drive whilst 2 (0.4%) did not know how they felt on the issue.

TABLE III
OPINION ON REMAINING WITHIN THE LEGAL LIMIT

	% (n = 486)
Very important	81.5
Fairly important	8.6
Varies/Depends	3.5
Not particularly important	2.3
Not at all important	1.0
Important to be safe, but not .05	0.8
Don't drive	1.9
Refused	*
Don't know	0.4

4.4 METHODS OF ASCERTAINING WHEN LEGAL LIMIT REACHED

Respondents were asked the following question:

> "When you drink and know you will be driving, how do you know if you have reached the legal limit?"

Counting the number of drinks to determine when the legal limit is reached was the preferred option for 151 (31.1%) of respondents. Exactly the same number used

feelings and or sensations to determine when they have reached the legal limit.

One hundred and thirty seven (28.2%) respondents indicated that they do not drink and drive, 3 (.6%) refused to answer, and 38 (7.8%) did not know how they would estimate their Blood Alcohol Concentration.

Six (1.2%) respondents gave six varying methods of knowing when they have reached the legal limit. These being to guess, drink light beer, or ask the bar person The other three responses were, can't drive, don't usually bother and I usually drink and drive.

TABLE IV
METHOD OF ASCERTAINING WHEN LEGAL LIMIT IS REACHED

	% (n = 486)
Counting drinks	31.1
Feelings/Sensations	31.1
Other	1.2
Don't drink and drive	28.2
Refused	0.6
Don't know	7.8

4.5 DIFFICULTY OF ESTIMATING BLOOD ALCOHOL CONCENTRATIONS

Respondents were asked the following question:

> "How easy or difficult is it for you to estimate your Blood Alcohol Concentration?"

Nearly thirty percent of respondents indicated that they had no difficulty estimating their Blood Alcohol Concentrations, with 94 (19.3%) stating they found it very easy, and 51 (10.5%) finding it usually fairly easy.

Nineteen (3.9%) respondents stated that it varies or depends on certain factors, whilst 11 (2.3%) have never tried, 19 (3.9%) didn't usually bother, 2 (0.4%) refused to answer and 16 (3.3%) didn't have a view on the question.

Over fifty six percent of the respondents indicated some difficulty in estimating their Blood Alcohol Concentration with 70 (14.4%) stating they found it usually fairly difficult and 204 (42.0%) stating they found it very difficult.

The two main methods of estimating blood alcohol concentrations were counting drinks, or the feelings and sensations incurred after drinking.

There was no noticeable difference in difficulty of estimating blood alcohol concentrations, between the two methods.

TABLE V
DIFFICULTY OF ESTIMATING BAC BY METHOD USED

n = 302	Counting Drinks % (n = 151)	Feelings/Sensations % (n = 151)
Easy	35.1	38.4
Difficult	52.3	54.3
Varies	5.3	2.7
Refused	7.3	4.6

4.6 ESTIMATION OF B.A.C.COMPARED TO ACTUAL B.A.C.

Respondents were asked to guess what their present B.A.C. level would be, and were then given a breath test using a breath alcohol screening device.

Most respondents estimated their BAC's to two significant numbers. When breath tested, the result is recorded to three significant numbers. All blood alcohol levels mentioned in this report will be to three significant numbers.

Those people who were unable to estimate what their blood alcohol concentration would be numbered 66, and one respondent refused to have a breath test.

Of the remaining 419 respondents who estimated their blood alcohol concentrations, and submitted to a breath test, only 26 (6.2%) were able to estimate their blood alcohol concentrations correctly. Of this group 12 (2.9%) guessed correctly that they would have a zero blood alcohol concentration.

Of the remaining, only 181 (43.2%) were able to estimate their blood alcohol concentration to within 0.020%. Ninety seven (23.2%) were able to estimate to within 0.040%. Forty five (10.7%) were able to estimate to within 0.060%. Forty two (10.0%) to within 0.080%. Eleven (2.6%) to within 0.100%, and 17 (4.1%) were not able to estimate their blood alcohol concentrations within the 0.100% range.

It is interesting to note that out of the 393 respondents who estimated their B.A.C. incorrectly, under estimation of blood alcohol concentration was only marginally more than over estimation.

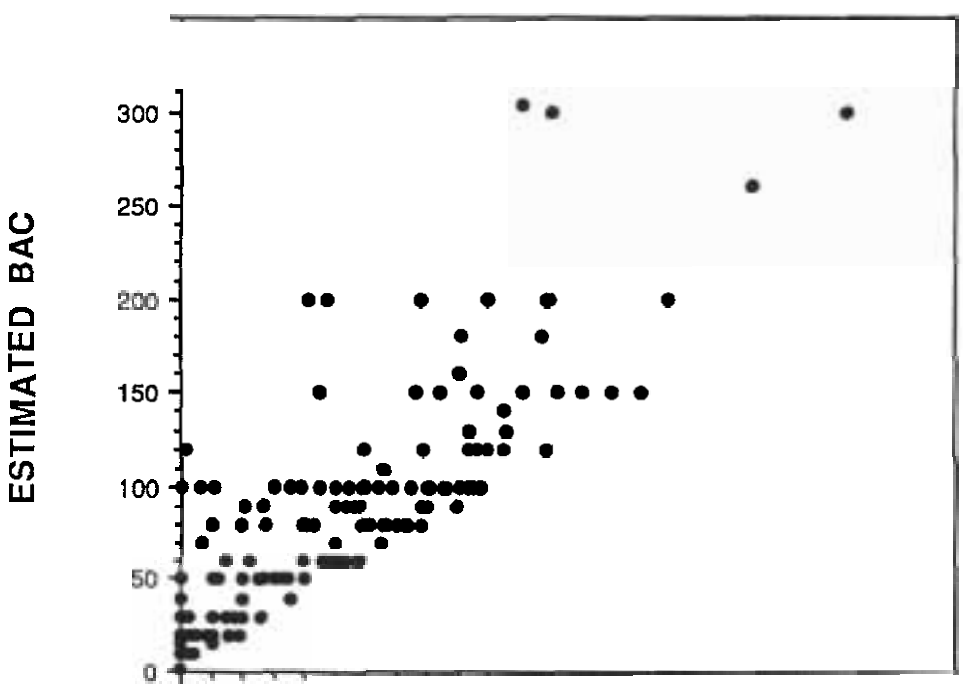
Respondents, after being breath tested were then asked how long it had been since they had their last drink.

This was asked to determine whether the difference between estimated blood alcohol concentration and actual blood alcohol concentration could be attributed to the presence of mouth alcohol.

There was no noticeable difference in variation between estimated and actual blood alcohol concentrations for those who responded that their last drink was less than 10 minutes before being tested, and those who consumed their last drink more than 10 minutes prior to being breath tested.

FIGURE 1
OVER ESTIMATION OF B.A.C.
ACTUAL B.A.C. versus ESTIMATED BAC

(n = 188)



Respondents who over estimated their B.A.C. numbered 188. The average estimated B.A.C. was 0.080%. Comparing this to the average actual B.A.C. of 0.048% and a net average over estimation of 0.032% is obtained.

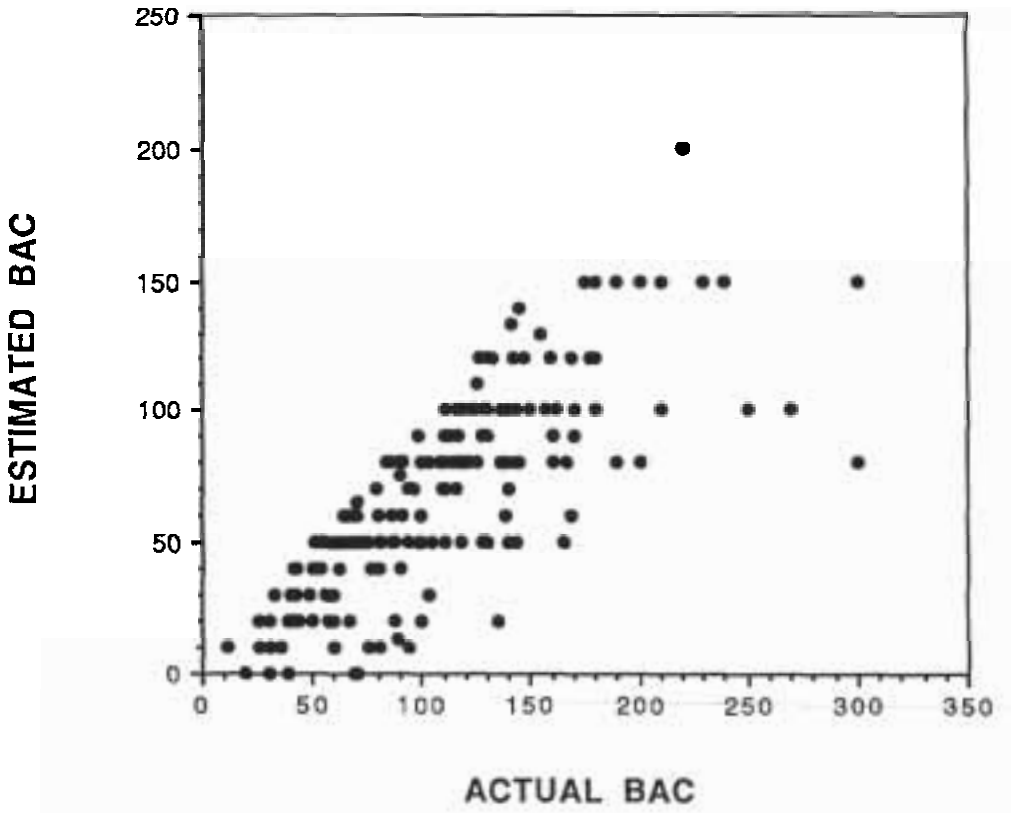
Two hundred and five respondents under estimated their blood alcohol concentration. The average estimated B.A.C. was 0.068% compared to the average actual B.A.C. of 0.106%. The net average under estimation was 0.038%.

There is only a marginal difference of 0.006% between the over estimation and under estimation figures. However, of the two groups, under estimation of blood alcohol levels may lead to a greater incidence of driving whilst over the legal limit, whilst mistakenly believing to be under the legal limit.

The average actual blood alcohol concentrations for the two groups was 0.074%.

FIGURE 2
UNDER ESTIMATION OF B.A.C.
ACTUAL B.A.C. *versus* ESTIMATED B.A.C.

(n = 205)



4.7 PRIOR USAGE OF SCREENING SERVICE AND TAXI VOUCHER

All respondents were asked the following question:

"Have you ever used this service before?"

Eighty two (16.9%) indicated that they had used the service on one occasion before. Four hundred and two (82.7%) indicated that they had not previously used the service, and two (0.24%) didn't know whether they had used the service or not.

FUTURE USAGE OF SCREENING SERVICE AND TAXI VOUCHER

All respondents were asked the following question:

"If this service was more widely available, would you use it rather than a coin operated breath tester?"

There was an overwhelming positive response to the question with three hundred and eighty nine (80.0%) stating they would use the service again, compared to only seventeen (3.5%) who stated they would not.

Thirty four (7.0%) respondents stated it depended on conditions and maybe they would, whilst three (0.6%) refused to answer.

Respondents were then asked to justify their response.

Of the respondents who indicated that they would use the breath testing service again in preference to a coin in slot breath tester, the reasons given ranged from being a great idea "because I've been caught drink driving twice in two days," through to, "I've never seen a coin operated breath tester."

The respondents indicated a variety of reasons why they would use the service again, including it being,"a great idea", "free", "accurate", "convenient", "reliable", "they received a taxi voucher", "the test was more personal than a coin operated tester", "it would prevent accidents" and "that you look silly testing yourself in hotels".

A common thread throughout the respondents was that the testing and voucher system was convenient, free, and a good idea.

4.9 INTENDED MODE OF TRANSPORT AFTER KNOWLEDGE OF BLOOD ALCOHOL CONCENTRATION

All Respondents were asked the following question:

> "Now that you know your reading, How will you travel when you leave here today/tonight."

Eighty one respondents (16.7%) indicated that they would be driving away. Comparing this figure to that of intended departure prior to breath test, (118 or 24.3%) and it can be seen that 37 (7.6%) of respondents changed their mind about driving, after their breath test. All of these respondents who indicated that they would not be driving away, recorded a B.A.C. reading of over 0.050%.

Of those who stated that they would still be driving away, fifteen recorded a B.A.C. over the legal limit.

One hundred and nine (22.4%) respondents indicated that they would be driven away after their breath test, compared to 105 (21.6%) prior to the breath test.

A taxi was the preferred option for 200 (41.2%) respondents compared to 180 (37.0%) prior to the breath test.

Those indicating that they would use public transport after their breath test, fell, (3.3% down to 2.7%) compared to those who stated they would use public transport prior to the test. This is not a significant drop and may be attributed to a perceived lack of public transport in the early hours of the morning when the majority of the testing was undertaken.

Those opting to walk away from where they had been drinking remained virtually static. Forty nine respondents prior to, compared to 50 after the breath test.

Those who stated prior to being breath tested that they would wait until sober before they drove home numbered only 2 (0.4%). There were 22 (4.5%) however that opted for this method after being breath tested.

It is worth noting that of the extra twenty that decided to wait until they were sober, nineteen recorded a reading over the legal limit and, one marginally under the legal limit.

The average B.A.C. reading for those who opted to wait until they were sober until they drove home was 0.097%. On average this would mean a wait of three and a half hours until a level under 0.050% was reached.

Six respondents were still undecided about their mode of transport away from where they had been drinking, whilst two refused to answer and three did not know how they would be leaving.

TABLE VII
INTENDED MODE OF DEPARTURE PRIOR TO AND AFTER KNOWLEDGE OF BLOOD ALCOHOL CONCENTRATIONS

(n = 486)	% BEFORE	% AFTER
Will drive	24.3	16.7
Will be driven	21.6	22.4
Taxi	37.0	41.2
Walk	10.1	10.3
Public Transport	3.3	2.7
Will drive when sober	0.4	4.5
Depends	2.9	1.2
Refused	0.0	0.4
Don't know	0.4	0.6

4.10 INFLUENCE OF DISCOUNTED TAXI FARE ON MODE OF DEPARTURE

All respondents were asked the following question:

> "To what extent does the offer of a discounted taxi fare influence your decision on how you will leave here?"

Eighty seven (17.9%) of the respondents indicated that a discount taxi fare influenced their decision a lot, whilst one hundred and forty (28.8%) indicated the discount had little effect on how they would leave.

Two hundred and forty nine (51.2%) respondents stated that the discount fare had no effect on how they were going to leave the area.

Three respondents refused to answer and seven did not know how they felt on the question.

There were only thirty five taxi vouchers returned to the researcher via the taxi drivers. Of this thirty five, ten vouchers were used by respondents to the questionnaire.

Of this ten, there was one respondent who had driven to the location, recorded a high B.A.C. and then chose to use a taxi. Two were driven to the location, one walked, and the remaining six arrived by taxi.

A total of 1710 people were breath tested and consequently handed a taxi voucher. Since only 35 vouchers were returned, no accurate data on intended actual driving patterns can be obtained.

It was expected that at least 200 taxi vouchers would be used and returned to the researcher, this being the respondents who indicated that they would leave a location by taxi. One possible explanation for the poor return of taxi vouchers is that at the start of the testing program, taxi vouchers were being retained by individual taxi drivers, and the dollar discount borne out of their takings. Whilst this was an indication that the taxi drivers were keen to assist the program, it did not assist in the collection of data.

5. PROGRAM IMPLICATIONS

With the current emphasis on uniformity of road traffic laws across Australia, and a concerted media campaign in relation to drinking and driving, alcohol related issues are very much on the mind of the general public.

The public want a reduced road toll and they look to politicians to take action on this issue, therefore any strategy which can be demonstrated to be effective will, eventually, if not at first, win popular support (Loxley, Saunders, Binns, Blaze-Temple 1988).

An eighty percent approval rating for free street level breath testing has already won popular support from those interviewed, and with over one in four drivers indicating that they would not be driving their vehicle after recording a high blood alcohol concentration, it appears a relatively effective strategy.

The increase in the value of the taxi voucher to two dollars may decrease the number of drivers who may drive with a high blood alcohol concentration.

The feeling that "I am getting something for nothing" with the free breath test and taxi voucher, will encourage the public to utilise the service. Continued usage of breath testing instruments will start the user on a self education program, that is, comparing the amount of alcohol consumed with the reading obtained, and being able to compare results from prior breath tests.

This practical, hands on, approach to self education, could be coupled with literature on alcohol awareness handed to persons at the time of testing.

By introducing a program of free breath testing and publicising it via all forms of media, the public will have to make a choice between driving and being apprehended by police, or testing themselves prior to driving, and receiving a taxi voucher.

The public have a poor understanding of the relationship between alcohol consumption and BAC (Loxley, Saunders, Binns, Blaze-Temple 1988). A free on going public breath testing program can only raise awareness to alcohol consumption and BAC levels.

To couple random breath testing and education programs on a street level basis as well as in the mass media, can only have a positive effect on reducing the number of drinking drivers.

6. REFERENCES

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7. APPENDICES

- Interview
- Taxi Voucher

Interview No..... **Date:** / / 91 **Card No.....**

1 How did you arrive here tonight?

Drove 01
Was driven 02
Taxi 03
Walked 04
Other (specify)

Refused 88
Don't know 99

2 When you leave, how do you intend to travel?

Drive 01
Will be driven 02
Taxi 03
Public transport 04
Walk 05
Will drive but wait until sober 06
Depends 07
Other(specify)

Refused 88
Don't know 99

3 How important do you feel it is for you to remain within the legal limit when you drive?

Very important 01
Fairly important 02
Varies/depends 03
Not particularly important 04
Not at all important 05
Important to be safe, but not .05 06
Don't drive 07
Refused 88
Don't know 99

4 When you drink and know you will be driving, how do you know if you have reached the legal limit?

Count the number of drinks 01
Feeling/sensation 02
Other(specify)

Don't drink and drive 03
Refused 88
Don't know 99

5 How easy or difficult is it for you to estimate your B.A.C?

Very easy 01
Usually fairly easy 02
Varies/depends 03
Usually fairly difficult 04
Very difficult 05
Never tried 06
Don't usually bother 08
Refused 88
Don't know 99

6 What do you think your B.A.C. would be now?
prompt: TRY AND GUESS

0._____
Refused 88
Don't know 99

OFFER BREATH TEST

7 Would you mind telling me what your reading is?

^_____
Refused 88
Don't know 99

8 How long has it been since you had your last drink?

Less than 1 minute 01
1 - 5 minutes 02
6 - 10 minutes 03
11 - 15 minutes 04
Over 15 minutes 05
Refused 88
Don't know 99

9 Is this more or less than you expected?

More 1
Slightly more 2
About the same 3
Less 4
Slightly less 5
Refused 8
Don't know 9

10 Have you ever used this service before?

Yes, once or twice 1
Yes, numerous times/often before 2
No 3
Refused 8
Don't know 9

11 If this service was more widely available,would you use it rather than a coin in slot breath tester?

Yes 1
No 2
Depends/maybe 3
Refused 8
Don't know 9

12 Why do you say that?

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13 Now you know your reading, how will you travel when you leave here today/tonight?

Drive 01
Will be driven 02
Taxi 03
Public transport 04
Walk 05
Will drive, wait till sober 06
Depends 07
Other(specify)

Refused 88
Don't know 99

14 To what extent does the offer of a discounted taxi fare influence your decision on how you will leave?

A lot 1
A little 2
Not at all 3
Refused 8
Don't know 9

MALE/FEMALE

AGE _____

Refused 88
Don't know 99

THANK YOU FOR YOUR CO-OPERATION

VOUCHER