

# CAO TRAFFIC LIGHT VISIBILITY SURVEY

As the representative of the CAO on the Roads and Transportation Association of Canada, I have undertaken a study of the visibility of arrows used in traffic lights. These traffic light arrows are available in many patterns but the most common ones indicate one direction per signal unit. These arrows may be displayed with red or amber lights or may be displayed alone. One signal light may consist of a solid red, solid

amber, and solid green lights along with one or more of the following: an arrow pointing to the right; an arrow pointing to the left; an arrow pointing up (indicating straight ahead movement).

The initial phase of my study is to determine whether or not a problem exists among drivers in determining the direction indicated by the arrow(s). With this in mind, I am soliciting your assistance by answering a

couple of questions below. You may, if you wish, provide further assistance by spending a four-week period keeping more precise statistics of those who present themselves with a complaint of difficulty with the traffic lights (Please do not ask patients if they have problems with the arrows; wait for them to mention the problem).

Your co-operation is much appreciated.

1. Within an average month, approximately how many patients have volunteered information that they have difficulty determining the direction indicated by traffic light arrows:

- a. no patients
- b. 1- 5 patients
- c. 6-10 patients
- d. 11-15 patients
- e. 16-20 patients
- f. 21 or more patients
- g. unable to answer (i.e. no arrows in community, or unaware of a problem with arrows)

2. Of those patients noted in 1. (above), approximately what percentage would you say present themselves to you with acuity of  $20/40$  or better (i.e. acuity measured as the patient is normally driving before any correction you may prescribe).

3. City, municipality, or location of your main office (i.e. where the majority of your patients are seen).

4. (Optional) Name and Address.

Please forward all replies, within 60 days, to:

Dr. Steven Mintz  
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Please check the appropriate answer for questions 1, 2, and 3. Question 4 is optional.

- |                         |       |                         |       |
|-------------------------|-------|-------------------------|-------|
| 1. (a) no patients      | _____ | 2. (a) 0- 25 %          | _____ |
| (b) 1- 5 patients       | _____ | (b) 26- 50 %            | _____ |
| (c) 6-10 patients       | _____ | (c) 51- 75 %            | _____ |
| (d) 11-15 patients      | _____ | (d) 76-100 %            | _____ |
| (e) 16-20 patients      | _____ | (e) unable to answer    | _____ |
| (f) 21 or more patients | _____ | 3. City or municipality |       |
| (g) unable to answer    | _____ | of main office          |       |

Approx. no. of patients per mo. \_\_\_\_\_

4. (Optional)  
Name & Address

\_\_\_\_\_  
\_\_\_\_\_