

**MEMORANDUM**

**TO:** Supervisor Ammiano  
Supervisor Hall  
Taxi Commission

**FROM:** Naomi Little, Executive Director, Taxi Commission *NL*  
Todd Rydstrom, Director of Budget & Analysis, Controller's Office *TR*

**CC:** Gloria Young, Clerk of the Board

**DATE:** April 8, 2004

**SUBJECT:** **Taxi Driver Survey – Summary Findings**

Attached please find the results of the Taxicab Driver Survey completed this winter during the most recent A-card (driver registration) renewal – a process that typically runs from December 1<sup>st</sup> through the end of January each fiscal year. The Taxi Driver Survey provides descriptive statistics of San Francisco's taxi driver population that can be used by policymakers and other interested parties.

Conducting a Taxi Driver Survey was one of the recommendations made in the Health Benefits for San Francisco Taxi Drivers and Long-Term Lease Reports, both issued by the Controller's Office in October of 2003. Taxi drivers were provided the opportunity to complete the survey in six languages, including English, Arabic, Chinese, Portuguese, Russian, and Spanish. Drivers completing the survey reported that these six languages collectively represent approximately 80 percent of drivers' primary languages spoken at home.

Successful completion of the Taxi Driver Survey was made possible by a collaborative effort of the Treasurer / Tax Collector's Office, Taxi Commission, and Controller's Office. We would like to thank staff from these three departments for their involvement.

**Top Survey Responses**

The 20-question survey covered three major information categories: Demographics, Driver Characteristics and Healthcare & Benefits. A summary of the three most selected responses to each survey question is highlighted in the table on the following page.

## Top 3 Survey Responses by Major Category ... other than *Not Specified*

	First	Second	Third
<b>Demographics</b>			
• Age	27.9% between 35-44	25.4% between 45-54	18.7% between 55-64
• Gender	88.6% Male	5.8% Female	
• Primary Language at Home	50.1% English	11.2% Other <sup>1</sup>	7.5% Arabic
• Household Count	21.8% 1 Adult	18.1% 2 Adults	6.0% 1 Adult 1 Child
• County of Residence	55.3% San Francisco	15.5% San Mateo	11.3% Alameda
<b>Driver Characteristics</b>			
• Vehicle Driven	76.7% Standard Sedan	9.1% Special / Ramped	5.7% CNG
• Driving Arrangement	67.6% Gas/Gate	5.0% Lease by the day	4.3% Drive for Medallion Holder
• Medallion Holder?	41.0% No and Not On the Waiting List	29.6% On Waiting List	11.0% Post-K Medallion Holder
• Average Hours Worked per Week	23.8% between 40-49 hrs	18.5% between 30-39 hrs	13.5% between 20-29 hrs
• Average Number of Fares per 10-Hour Shift	24.1% between 11-15 fares	23.9% between 16-20 fares	15.7% 10 fares or less
• Average Fare Including Tip	55.5% between \$5-\$9.99	18.9% between \$10-\$14.99	6.3% Less than \$5
• Estimated Annual Taxi-Related Income	27.6% less than \$10,000	22.3% between \$10,000-\$14,999	12.7% between \$15,000-\$19,999
• Estimated Annual Household Income	16.1% between \$10,000-\$14,999	15.5% less than \$10,000	12.1% between \$15,000-\$19,999
<b>Healthcare &amp; Benefits</b>			
• Current Health Status	38.5% Good	21.2% Excellent	17.8% Fair
• Have health insurance?	46.1% No	17.5% Yes – Individual	7.3% Yes through Spouse / Partner
• If you do not have health insurance, why?	45.2% Cannot afford	4.9% Do not need	3.2% Other
• If you do not have health insurance, do other members of your family have health insurance?	14.5% No - One or More Children Do Not Have	13.7% No - Spouse / Partner Do Not Have	11.1% Yes - Spouse / Partner Has Coverage
• If you do not have health insurance, where did you receive medical care?	21.5% Did not seek medical care	13.2% SF Health Clinic / SF General Hospital	6.6% Private Doctor
• Ability to pay out of pocket for driver-only health insurance coverage?	15.7% up to 10% or \$20 per month	10.5% up to 50% or \$100 per month	9.5% up to 20% or \$40 per month
• If you could get insurance for the amount stated in your 'ability to pay' question (above), would you sign up?	58.6% Yes	11.2% No	

<sup>1</sup> Other Languages included Punjabi (Indian dialect), Cantonese or Chinese, and Farsi.

## Survey Response Rates

A total of 1,837 survey responses were completed by an estimated 7,000 drivers of public passenger vehicles (i.e., taxicab drivers holding/renewing their A-cards). This equated to a response rate of 26 percent – approximately one in four drivers.<sup>2</sup> A response rate at this level for a survey offered to an entire population is respectable, and reasonably permits the data user to sufficiently expect that the responses are descriptive of the general population of taxi drivers.

Statistically speaking having a response rate of 1,837 on a survey population of 7,000 implies that the respondents' answers are generalizable for the population. Additionally, this survey response rate is commensurate with a +/- 2.0 percent margin of error. Said another way, if a subsequent survey with the same questions were to be re-administered, responses would be expected to only vary +/- 2 percent. For example, for this survey 24 percent of respondents indicated that their *average number of fares per 10-hour shift* is between 11 to 15 fares. For a subsequent survey, one is likely (with 95 percent probability) to have a response of between 22 and 26 percent, i.e. 24 percent +/- 2 percent.

## Policy Implications & Next Steps

This survey data and descriptive statistics are tools for policymakers in assessing the potential number of taxi drivers that may benefit from Health Benefits and / or Long-Term Lease regulation.

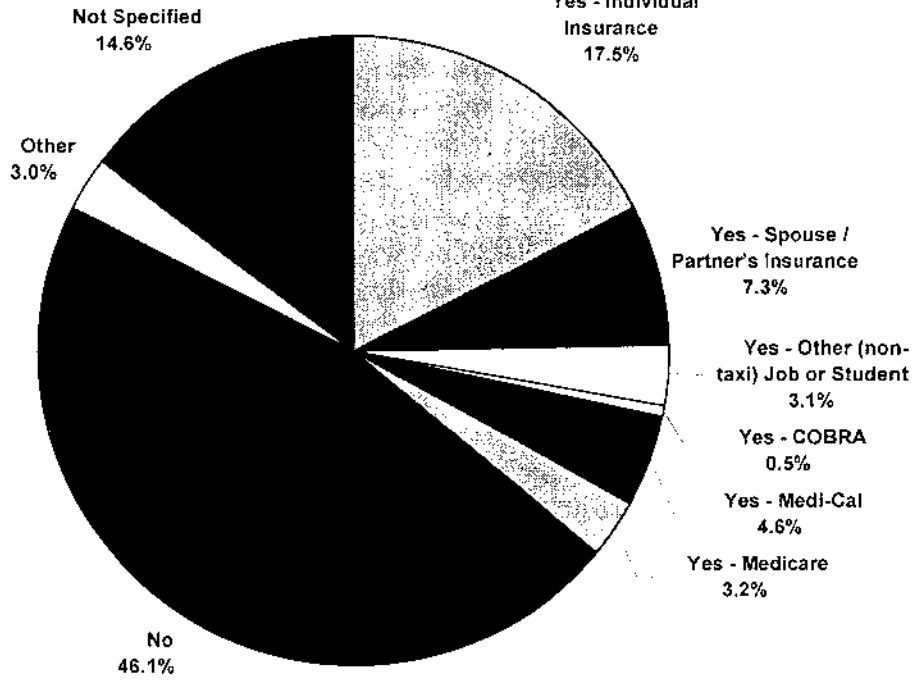
In the case of Health Benefits, as illustrated on the following page, 36.2 percent of drivers responded that they already had health insurance of some kind, whereas 46.1 percent said they did not. Additionally, 25.3 percent of responding drivers reported that they sought medical treatment at San Francisco Health Clinics or the General Hospital when asked '*If you do not have health insurance, where did you receive medical care over the past 12 months?*'. As for taxi drivers' ability to pay, nearly a third of respondents said they could afford to pay little out of pocket – from nothing to a maximum of \$40 per month – assuming a health benefit plan or insurance coverage costing \$200 per month.

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<sup>2</sup> Respondents as of February 27, 2004.

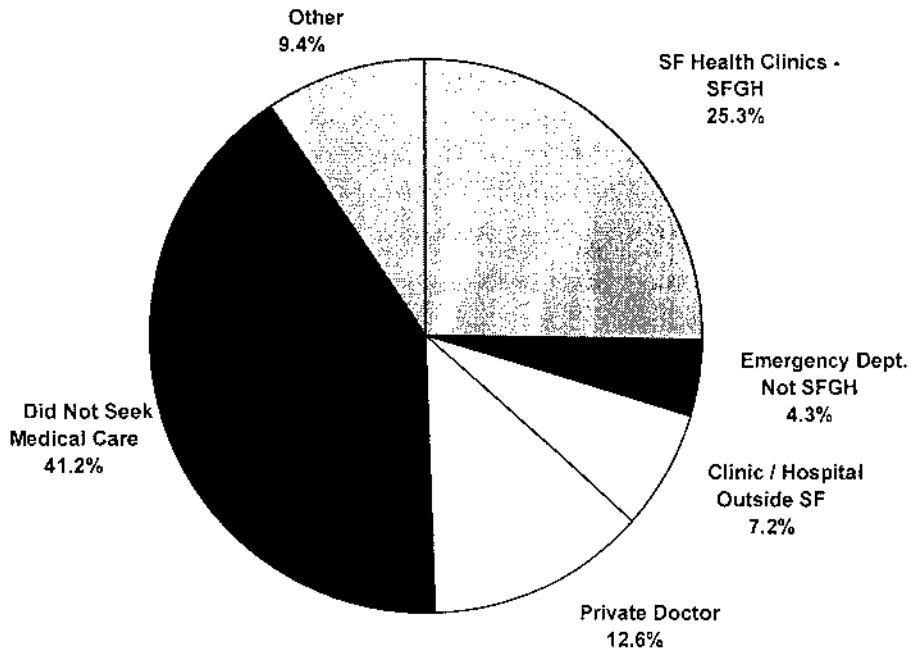
**Do you have health insurance?**

(1855 Responses)

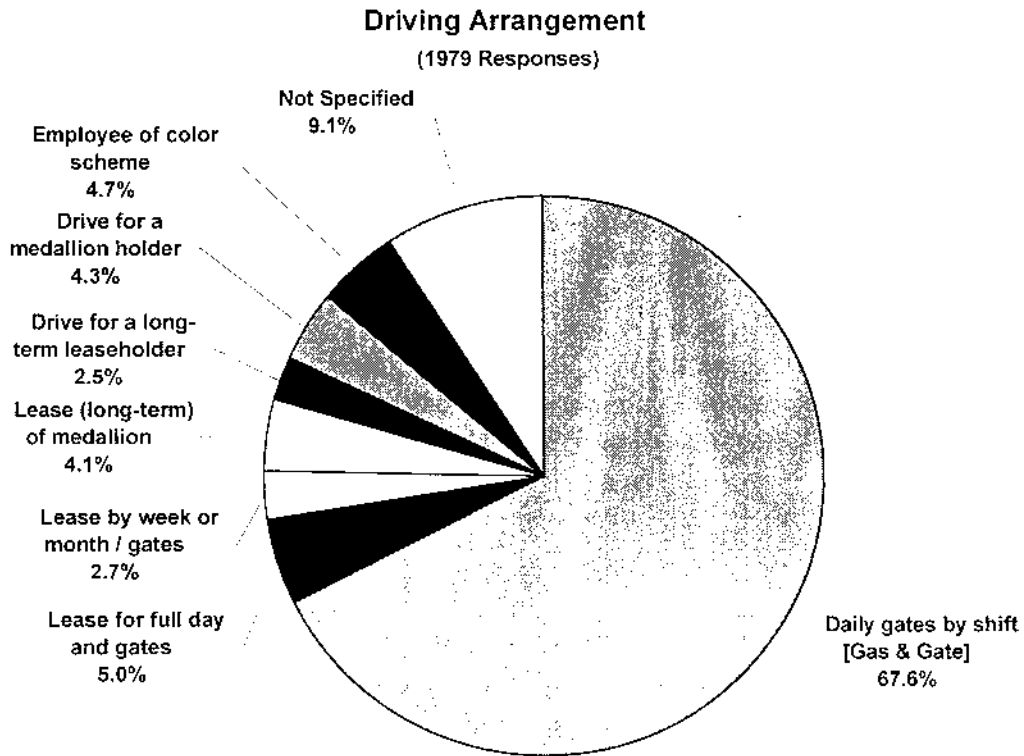


**If you do not have health insurance, where did you receive medical care... (excluding Not Specified)?**

(970 Responses)



With respect to Long-Term Leases, 4.1 percent of drivers responded that they are currently contracting under such a driving arrangement. Additionally, another 2.5 percent of drivers said that they drove for someone who had a long-term lease.



## **Other Observations of Survey Responses**

### ***Multiple Responses***

A number of respondents answered various survey questions with multiple answers. Examples included drivers that speak multiple languages at home. Responses with multiple questions are summarized in Appendix A.

### ***Not Specified***

A number of respondents left unanswered various survey questions. These are noted as such in the attached survey summary as *Not Specified*. There may be many reasons why certain answers were left blank. For example, respondents may have been rushed for time, answering only questions they felt of particular importance. Respondents generally completed surveys during the A-card renewal process while waiting in queue in the Tax Collectors Office. It could be that once the taxicab driver reached the Tax Collector's cashier, they ceased completion of their survey and simply turned it in at that point. Additionally, as is often the case in surveying, respondents are generally sensitive to revealing income information. So some drivers may have intentionally left the *Estimated Annual Income* and *Estimated Household Income* blank.

## **Follow-up & Inquiries**

If you have further questions or comments, please contact Naomi Little at 554-7738, Todd Rystrom at 554-4809 or Joe Matranga at 554-7569 at your earliest convenience.

## **Appendix Summary**

- A. Survey Summary – Details Summary of All Responses by Question, 5 pages
- B. Descriptive Statistical Analysis For 19 of 20 Survey Question, 21 pages
- C. Survey in English, Arabic, Chinese, Portuguese, Russian and Spanish, 17 pages

CC: Jean Fraser, San Francisco Health Plan  
Mark Gruberg, United Taxi Workers  
Dr. Mitch Katz, Public Health Department  
Henry Kim, San Francisco Taxi Association  
Gregg Sass, Public Health Department

# **Appendix A**

## **Taxi Driver Survey Summary**

# Taxi Driver Survey Summary - December 2003 to February 2004

	Count	% of Responses	Top 3 - Response Frequency	% of Responses, excluding 'Not Specified'	Top 3 - Response Frequency, excluding 'Not Specified'	Count of Multiple Responses
<b>DEMOGRAPHICS</b>						
<b>Age</b>	<b>1837</b>					<b>0</b>
18-24	34	1.9%		1.9%		
25-34	342	18.6%		19.2%		
35-44	512	27.9%	1st	28.8%	1st	
45-54	467	25.4%	2nd	26.3%	2nd	
55-64	344	18.7%	3rd	19.3%	3rd	
65 or Older	80	4.4%		4.5%		
Not Specified	58	3.2%				
<b>Gender</b>	<b>1837</b>					<b>0</b>
Female	107	5.8%	2nd	6.2%	2nd	
Male	1628	88.6%	1st	93.8%	1st	
Not Specified	102	5.6%	3rd			
<b>Primary Language at Home</b>	<b>1987</b>					<b>150</b>
Arabic	150	7.5%	3rd	7.8%	3rd	
Burmese	1	0.1%		0.1%		
English	995	50.1%	1st	51.8%	1st	
Hindi & Other Indian Dialects	103	5.2%		5.4%		
Mandarin / Cantonese	100	5.0%		5.2%		
Portuguese	132	6.6%		6.9%		
Russian	128	6.4%		6.7%		
Spanish	50	2.5%		2.6%		
Thai	1	0.1%		0.1%		
Urdu	39	2.0%		2.0%		
Other	223	11.2%	2nd	11.6%	2nd	
Not Specified	65	3.3%				
<b>Household Count</b>	<b>1837</b>					<b>0</b>
1 Adult	400	21.8%	1st	25.8%	1st	
1 Adult, 1 Child	111	6.0%		7.2%	3rd	
1 Adult, 2 Children	53	2.9%		3.4%		
1 Adult, 3 Children	20	1.1%		1.3%		
1 Adult, 4 Children	47	2.6%		3.0%		
1 Adult, 5 Children	13	0.7%		0.8%		
1 Adult, 6 or more Children	12	0.7%		0.8%		
2 Adults	333	18.1%	2nd	21.5%	2nd	
2 Adults, 1 Child	95	5.2%		6.1%		
2 Adults, 2 Children	94	5.1%		6.1%		
2 Adults, 3 Children	40	2.2%		2.6%		
2 Adults, 4 Children	15	0.8%		1.0%		
2 Adults, 5 Children	0	0.0%		0.0%		
2 Adults, 6 or more Children	0	0.0%		0.0%		
3 Adults	108	5.9%		7.0%		
3 Adults, 1 Child	31	1.7%		2.0%		
3 Adults, 2 Children	18	1.0%		1.2%		
3 Adults, 3 Children	9	0.5%		0.6%		
3 Adults, 4 Children	1	0.1%		0.1%		
3 Adults, 5 Children	3	0.2%		0.2%		
3 Adults, 6 or more Children	1	0.1%		0.1%		
4 Adults	58	3.2%		3.7%		
4 Adults, 1 Child	9	0.5%		0.6%		
4 Adults, 2 Children	10	0.5%		0.6%		
4 Adults, 3 Children	23	1.3%		1.5%		
4 Adults, 4 Children	1	0.1%		0.1%		
4 Adults, 5 Children	0	0.0%		0.0%		
4 Adults, 6 or more Children	1	0.1%		0.1%		
5 Adults	30	1.6%		1.9%		
5 Adults, 1 Child	9	0.5%		0.6%		
5 Adults, 2 Children	3	0.2%		0.2%		
5 Adults, 3 Children	1	0.1%		0.1%		
5 Adults, 4 Children	1	0.1%		0.1%		
5 Adults, 5 Children	0	0.0%		0.0%		
5 Adults, 6 or more Children	1	0.1%		0.1%		
Not Specified	286	15.6%	3rd			



# Taxi Driver Survey Summary - December 2003 to February 2004

	Count	% of Responses	Top 3 - Response Frequency	% of Responses, excluding 'Not Specified'	Top 3 - Response Frequency, excluding 'Not Specified'	Count of Multiple Responses
<b>County of Residence</b>	<b>1837</b>					<b>0</b>
San Francisco	1015	55.3%	1st	57.5%	1st	
Alameda	208	11.3%	3rd	11.8%	3rd	
Contra Costa	123	6.7%		7.0%		
Marin	30	1.6%		1.7%		
Napa	3	0.2%		0.2%		
San Mateo	285	15.5%	2nd	16.2%	2nd	
Santa Clara	18	1.0%		1.0%		
Solano	14	0.8%		0.8%		
Sonoma	19	1.0%		1.1%		
Other	49	2.7%		2.8%		
Not Specified	75	4.0%				
<b>DRIVER CHARACTERISTICS</b>						
<b>Vehicles Driven</b>	<b>1888</b>					<b>51</b>
CNG	107	5.7%		6.2%	3rd	
Special or Ramped	172	9.1%	2nd	10.0%	2nd	
Standard Sedan	1448	76.7%	1st	83.8%	1st	
Not Specified	161	8.5%	3rd			
<b>Driving Arrangement</b>	<b>1979</b>					<b>142</b>
Daily gates by shift [Gas & Gate]	1337	67.6%	1st	74.3%	1st	
Lease for full day and gates	99	5.0%	3rd	5.5%	2nd	
Lease by week or month / gates	53	2.7%		2.9%		
Lease (long-term) of medallion	81	4.1%		4.5%		
Drive for a long-term leaseholder	50	2.5%		2.8%		
Drive for a medallion holder	86	4.3%		4.8%	3rd	
Employee of color scheme	93	4.7%		5.2%		
Not Specified	180	9.1%	2nd			
<b>Medallion Holder Status</b>	<b>1837</b>					<b>0</b>
I hold a Pre-K medallion	102	5.6%		6.4%		
I hold a Post-K medallion	202	11.0%		12.6%	3rd	
I am on a medallion waiting list	543	29.6%	2nd	33.9%	2nd	
None of the above	753	41.0%	1st	47.1%	1st	
Not Specified	237	12.9%	3rd			
<b>Average Hours Worked per Week</b>	<b>1837</b>					<b>0</b>
9 or fewer	164	8.9%		9.7%		
10 to 19	124	6.8%		7.3%		
20 to 29	248	13.5%	3rd	14.7%	3rd	
30 to 39	340	18.5%	2nd	20.1%	2nd	
40 to 49	438	23.8%	1st	25.9%	1st	
50 to 59	240	13.1%		14.2%		
60 or more	137	7.5%		8.1%		
Not Specified	146	7.9%				
<b>Average # of Fares per 10-Hour Shift</b>	<b>1837</b>					<b>0</b>
More than 30 fares	103	5.6%		6.3%		
26 to 30 fares	131	7.1%		8.0%		
21 to 25 fares	233	12.7%		14.2%		
16 to 20 fares	439	23.9%	2nd	26.8%	2nd	
11 to 15 fares	443	24.1%	1st	27.0%	1st	
10 fares or less	289	15.7%	3rd	17.6%	3rd	
Not Specified	199	10.8%				
<b>Average Fare Including Tips</b>	<b>1837</b>					<b>0</b>
\$20 or greater	77	4.2%		4.7%		
\$15 to \$19.99	74	4.0%		4.5%		
\$10 to \$14.99	347	18.9%	2nd	21.2%	2nd	
\$5 to \$9.99	1020	55.5%	1st	62.4%	1st	
Less than \$5	116	6.3%		7.1%	3rd	
Not Specified	203	11.1%	3rd			

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	Count	% of Responses	Top 3 - Response Frequency	% of Responses, excluding 'Not Specified'	Top 3 - Response Frequency, excluding 'Not Specified'	Count of Multiple Responses
<b>Estimated Annual Taxi-Related Income</b>	<b>1837</b>					<b>0</b>
< \$10,000	507	27.6%	1st	53.8%	1st	
\$10,000 - \$14,999	410	22.3%	2nd	27.4%	2nd	
\$15,000 - \$19,999	234	12.7%		15.6%	3rd	
\$20,000 - \$24,999	176	9.6%		11.7%		
\$25,000 - \$29,999	87	4.7%		5.8%		
\$30,000 - \$34,999	43	2.3%		2.9%		
\$35,000 - \$39,999	20	1.1%		1.3%		
\$40,000 - \$44,999	7	0.4%		0.5%		
\$45,000 - \$49,999	7	0.4%		0.5%		
\$50,000 - \$54,999	8	0.4%		0.5%		
Not Specified	338	18.4%	3rd			
<b>Estimated Annual Household Income</b>	<b>1837</b>					<b>0</b>
Less than \$10,000	285	15.5%	3rd	19.0%	2nd	
\$10,000 to \$14,999	296	16.1%	2nd	19.8%	1st	
\$15,000 to \$19,999	223	12.1%		14.9%	3rd	
\$20,000 to \$24,999	196	10.7%		13.1%		
\$25,000 to \$29,999	118	6.4%		7.9%		
\$30,000 to \$34,999	101	5.5%		6.7%		
\$35,000 to \$39,999	64	3.5%		4.3%		
\$40,000 to \$44,999	61	3.3%		4.1%		
\$45,000 to \$49,999	26	1.4%		1.7%		
\$50,000 to \$54,999	32	1.7%		2.1%		
\$55,000 to \$59,999	15	0.8%		1.0%		
\$60,000 or greater	81	4.4%		5.4%		
Not Specified	339	18.5%	1st			
<b><u>HEALTHCARE &amp; BENEFITS</u></b>						
<b>Current Health Status</b>	<b>1837</b>					<b>0</b>
Excellent	389	21.2%	2nd	24.9%	2nd	
Good	707	38.5%	1st	45.2%	1st	
Fair	327	17.8%	3rd	20.9%	3rd	
Poor	141	7.7%		9.0%		
Not Specified	273	14.9%				
<b>Do you have health insurance?</b>	<b>1855</b>					<b>18</b>
Yes - Individual Insurance	324	17.5%	2nd	20.5%	2nd	
Yes - Spouse / Partner's Insurance	136	7.3%		8.6%	3rd	
Yes - Other (non-taxi) Job or Student	57	3.1%		3.6%		
Yes - COBRA	10	0.5%		0.6%		
Yes - Medi-Cal	85	4.6%		5.4%		
Yes - Medicare	60	3.2%		3.8%		
No	856	46.1%	1st	54.0%	1st	
Other	56	3.0%		3.5%		
Not Specified	271	14.6%	3rd			
<b>If you don't have health insurance, why do you not have coverage?</b>	<b>1838</b>					<b>1</b>
Don't believe I need it.	90	4.9%	3rd	8.7%	2nd	
Can't afford coverage.	831	45.2%	1st	80.1%	1st	
Have a pre-existing condition.	57	3.1%		5.5%		
Other	59	3.2%		5.7%	3rd	
Not Specified	801	43.6%	2nd			
<b>If you don't have health insurance, do other family members have health insurance coverage?</b>	<b>1915</b>					<b>78</b>
Spouse / Partner Has Coverage	212	11.1%		22.2%	3rd	
Children Have Coverage	202	10.5%		21.2%		
No. Spouse / Partner Do Not Have	263	13.7%	3rd	27.5%	2nd	
No. One or More Children Do Not Have	278	14.5%	2nd	29.1%	1st	
Not Specified	960	50.1%	1st			

## Taxi Driver Survey Summary - December 2003 to February 2004

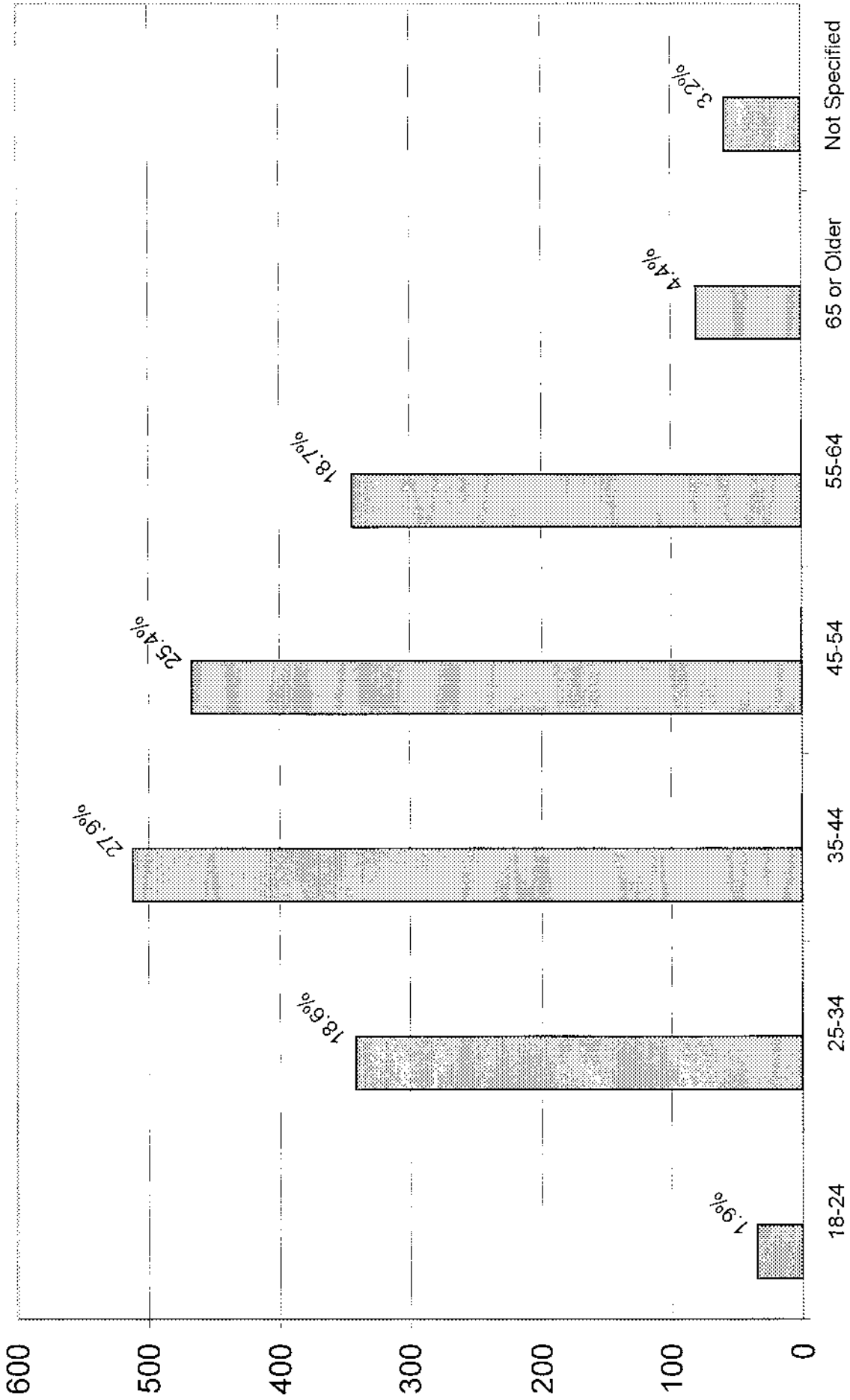
	Count	% of Responses	Top 3 - Response Frequency	% of Responses, excluding 'Not Specified'	Top 3 - Response Frequency, excluding 'Not Specified'	Count of Multiple Responses
<b>If you don't have health insurance, where did you receive medical care?</b>	<b>1857</b>					<b>20</b>
SF Health Clinics - SFGH	245	13.2%	3rd	25.3%	2nd	
Emergency Dept. Not SFGH	42	2.3%		4.3%		
Clinic / Hospital Outside SF	70	3.8%		7.2%		
Private Doctor	122	6.6%		12.6%	3rd	
Did Not Seek Medical Care	400	21.5%	2nd	41.2%	1st	
Other	91	4.9%		9.4%		
Not Specified	887	47.8%	1st			
<b>If coverage costs \$200 per month for driver-only coverage, how much would you be able to pay out of your own pocket?</b>	<b>1837</b>					<b>0</b>
Up to 100% or \$200 per month	141	7.7%		10.9%		
Up to 90% or \$180 per month	11	0.6%		0.8%		
Up to 80% or \$160 per month	29	1.6%		2.2%		
Up to 70% or \$140 per month	18	1.0%		1.4%		
Up to 60% or \$120 per month	36	2.0%		2.8%		
Up to 50% or \$100 per month	193	10.5%	3rd	14.9%	2nd	
Up to 40% or \$80 per month	85	4.6%		6.6%		
Up to 30% or \$60 per month	149	8.1%		11.5%		
Up to 20% or \$40 per month	175	9.5%		13.5%	3rd	
Up to 10% or \$20 per month	289	15.7%	2nd	22.3%	1st	
I am not able to pay a portion	171	9.3%		13.2%		
Not Specified	540	29.4%	1st			
<b>If you could get insurance for the amount you selected in the question above, would you sign up for it?</b>	<b>1837</b>					<b>0</b>
Yes	1077	58.6%	1st	84.0%	1st	
No	205	11.2%	3rd	16.0%	2nd	
Not Specified	555	30.2%	2nd			

<b>Estimated Response Rate</b>	<b>26.2%</b>
# of Survey Turned In	1,837
Estimated # of Drivers	7,000

# **Appendix B**

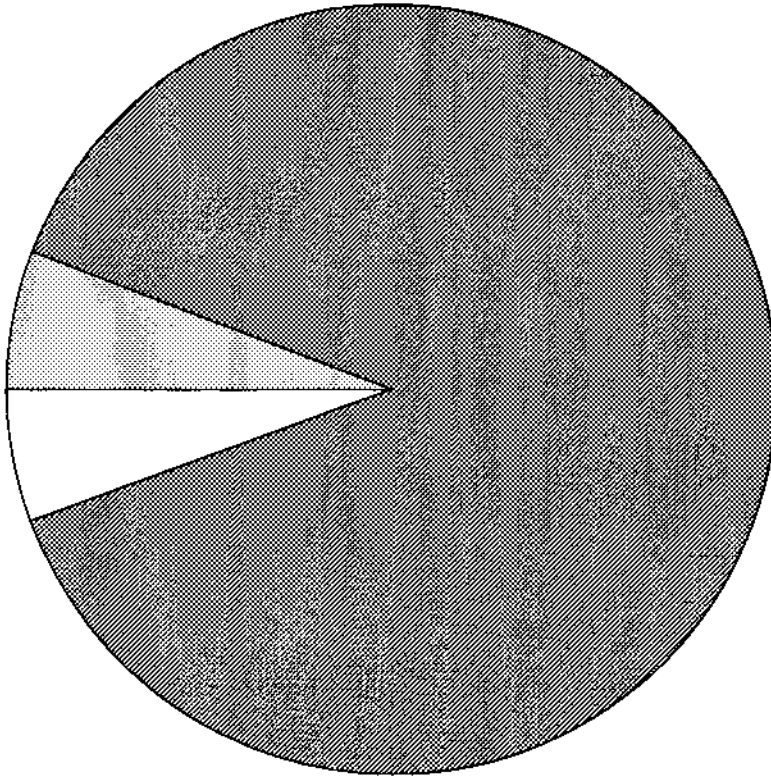
## **Descriptive Statistical Analysis of Taxi Driver Survey Responses**

# Age of Driver (1837 Responses)



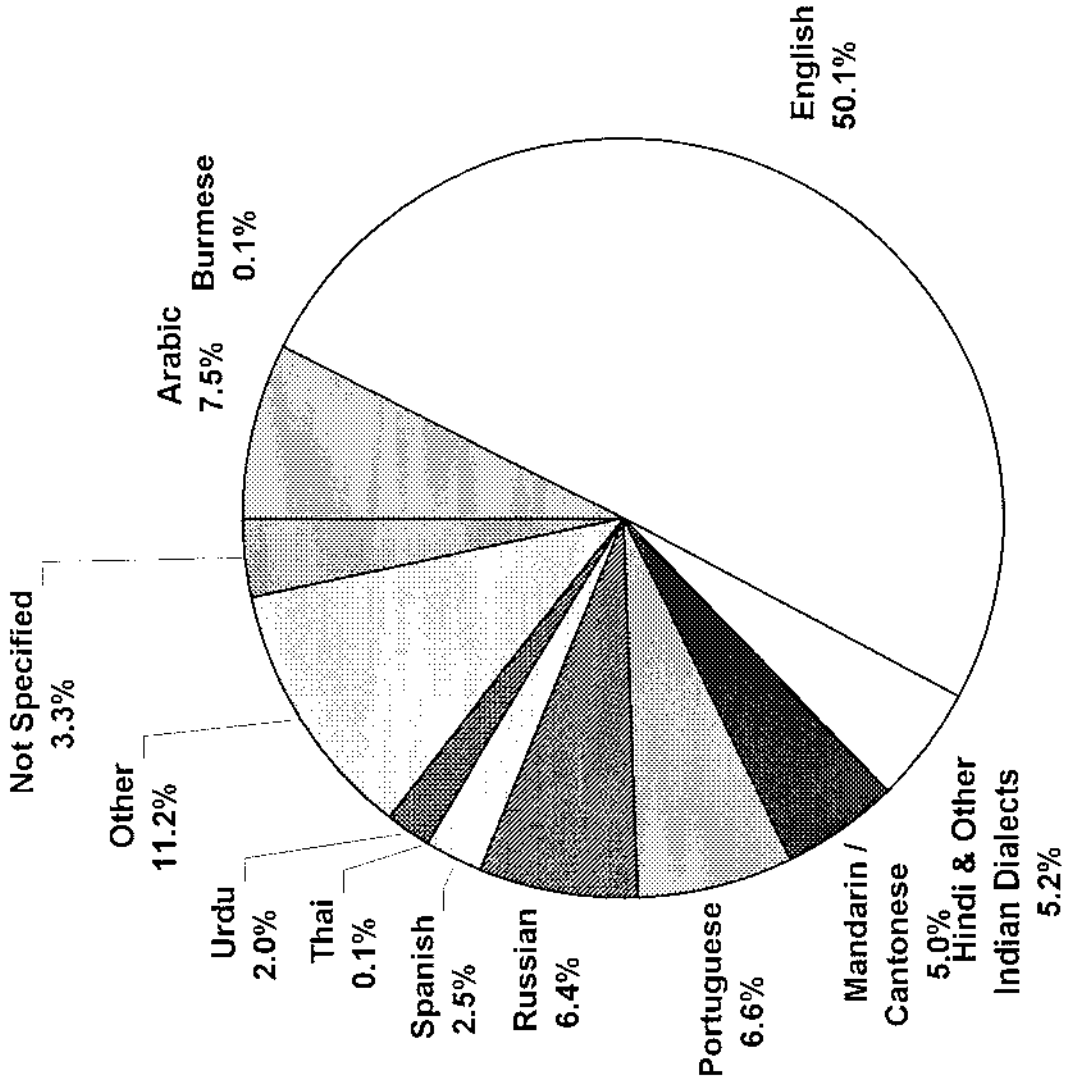
**Gender of Driver**  
(1837 Responses)

**Not Specified** 5.6%      **Female** 5.8%

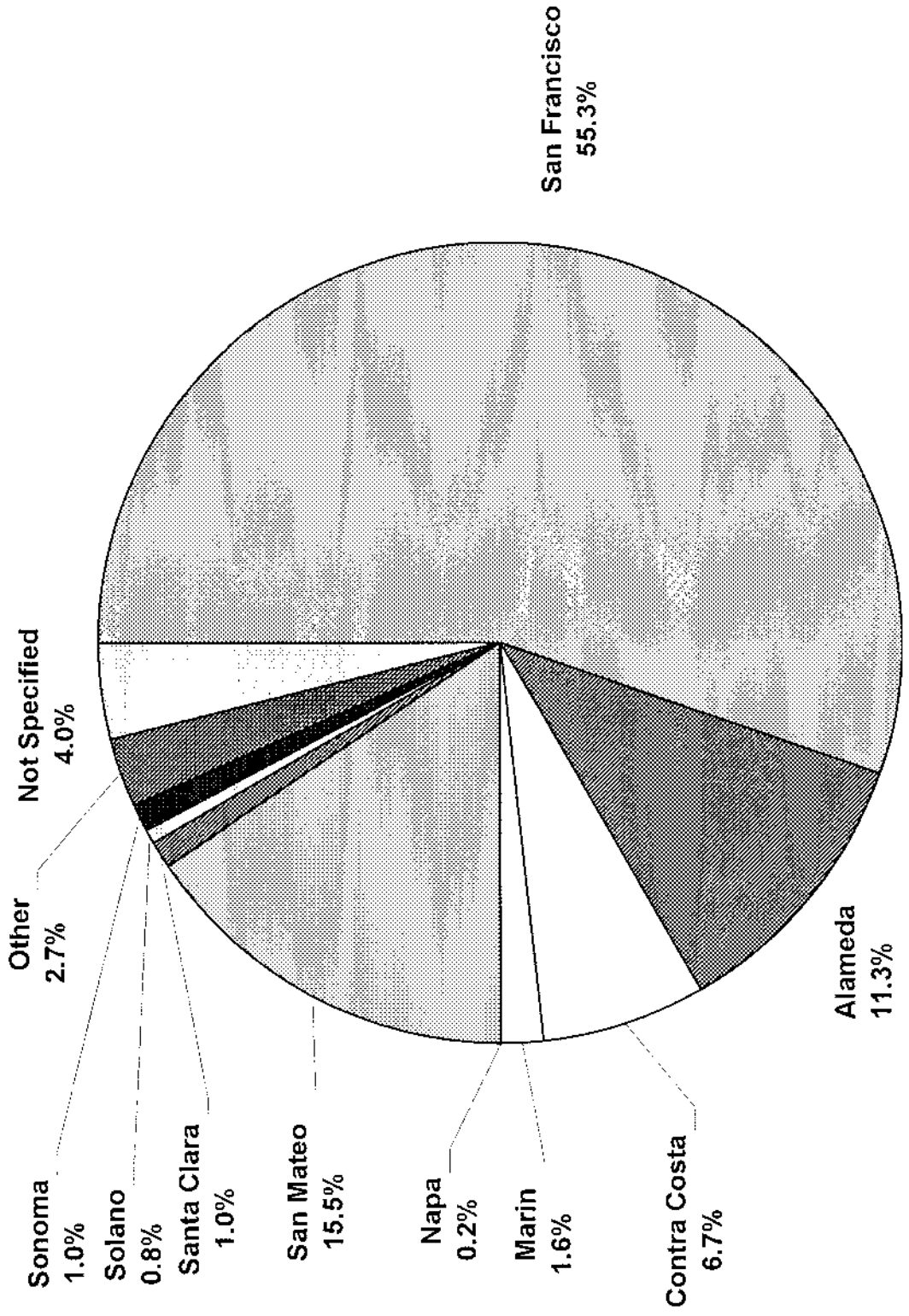


**Male**  
**88.6%**

# Primary Language Spoken At Home (1987 Respondents)

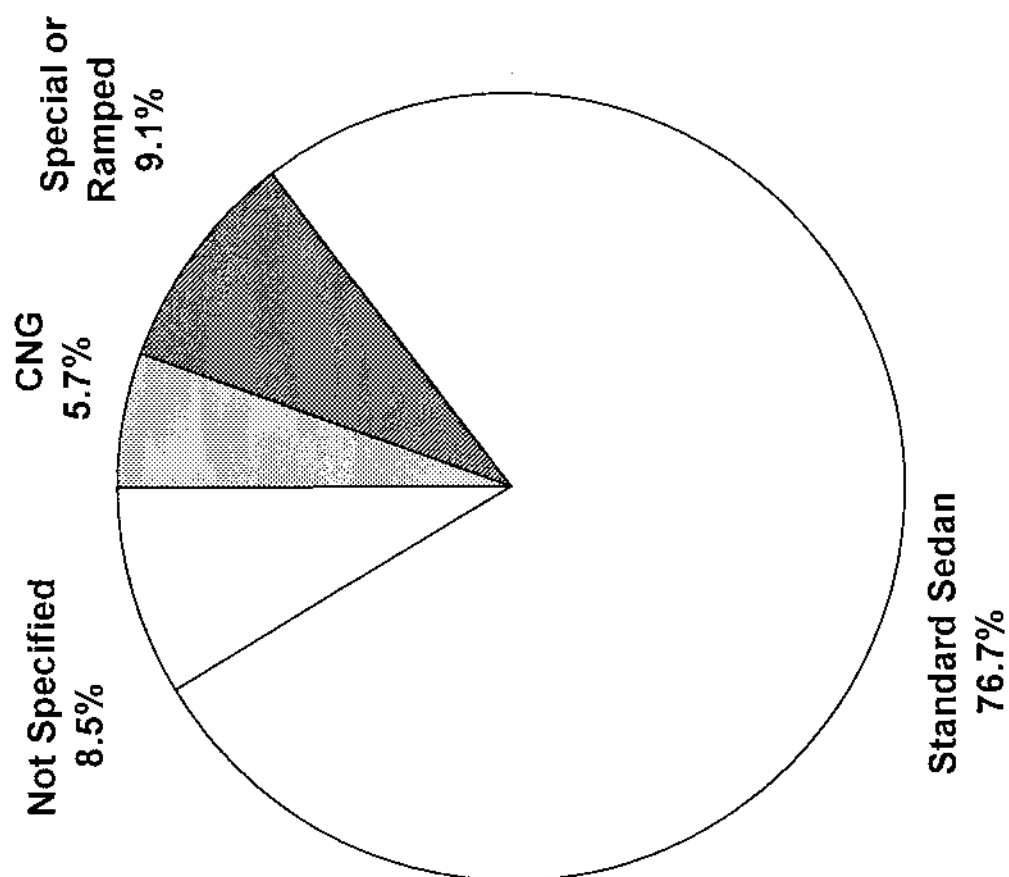


# County of Residence (1837 Responses)



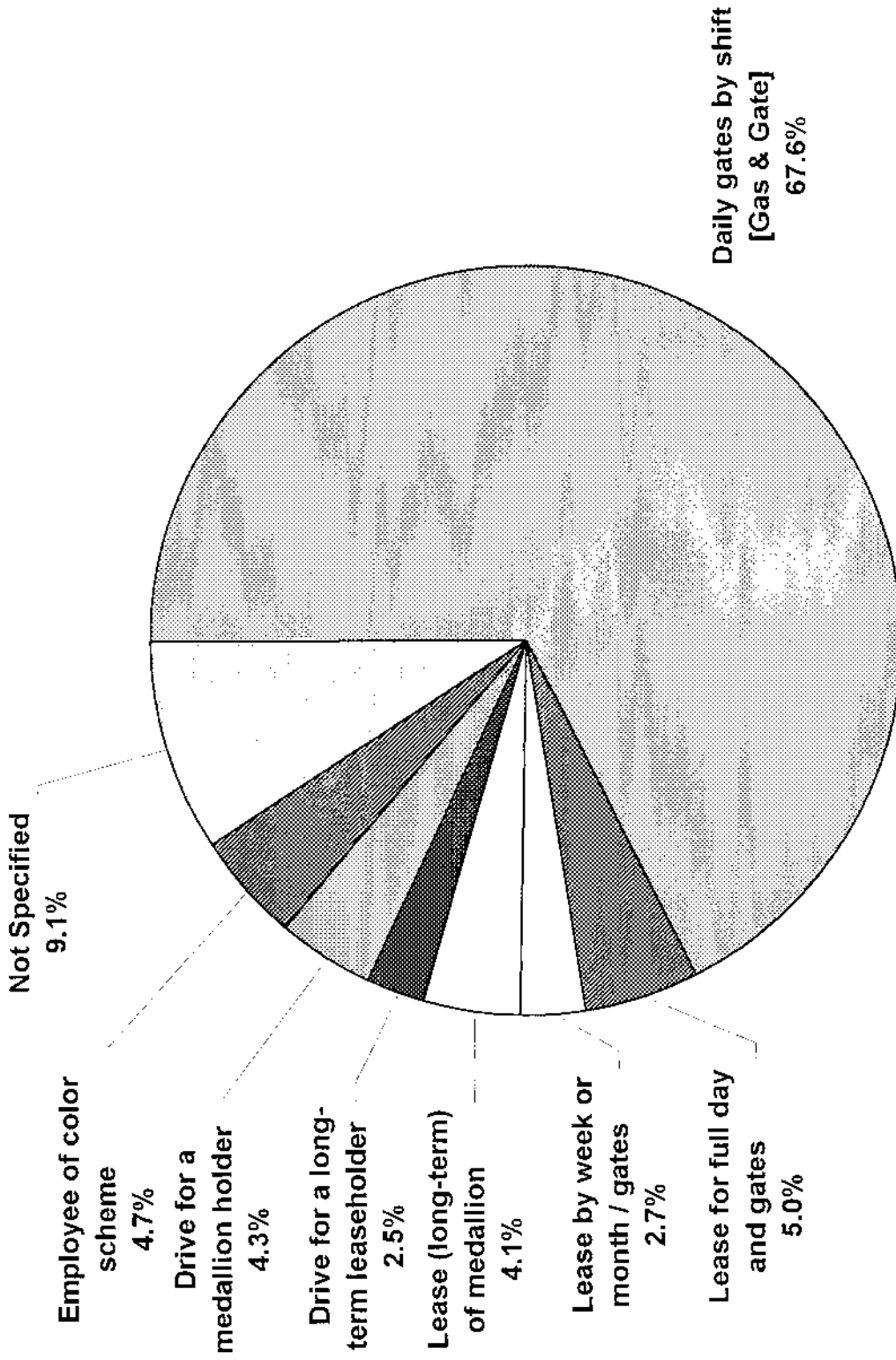


**Vehicle Driven**  
(1888 Responses)

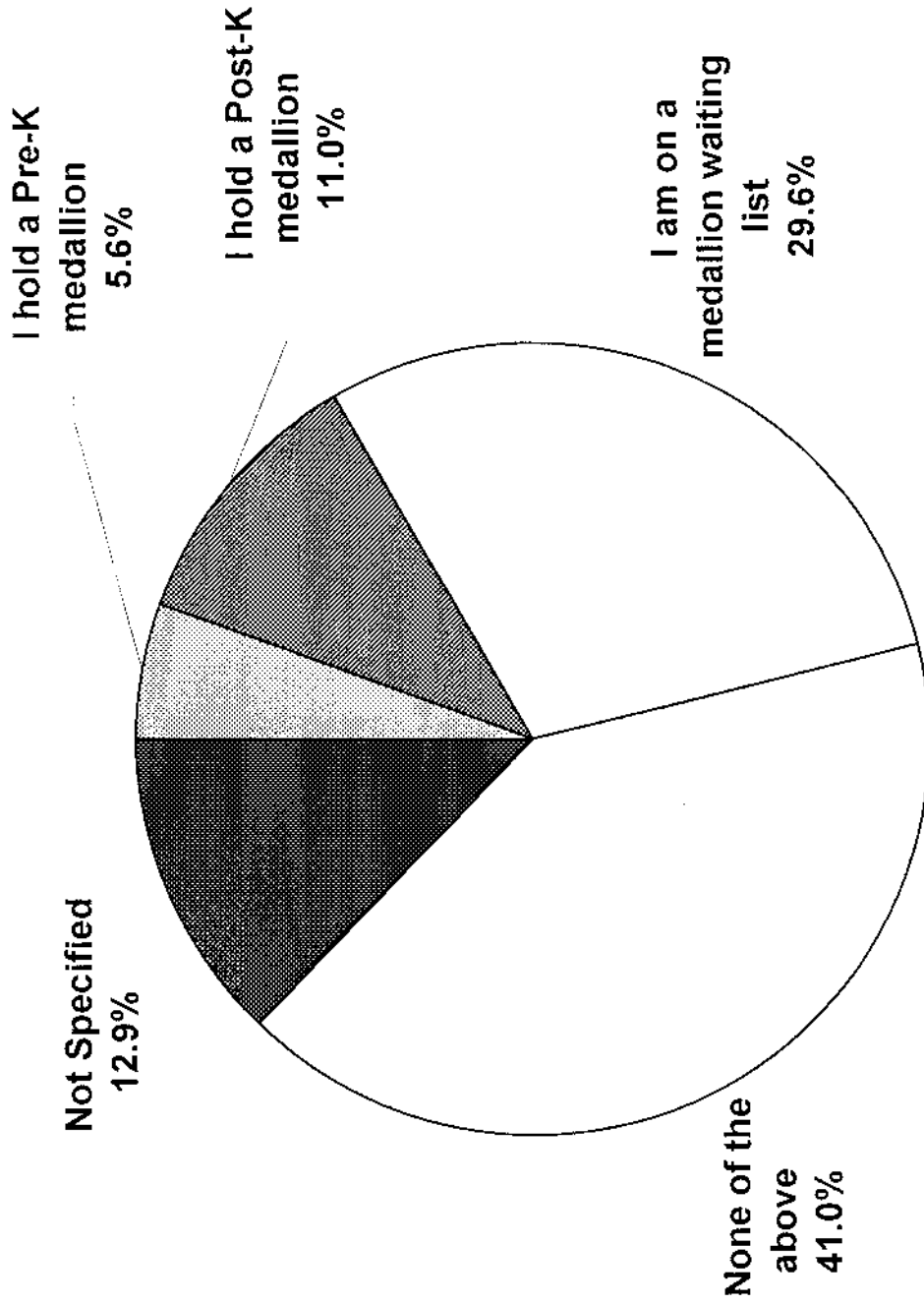


# Driving Arrangement

(1979 Responses)



### Medallion Holder Status (1837 Responses)

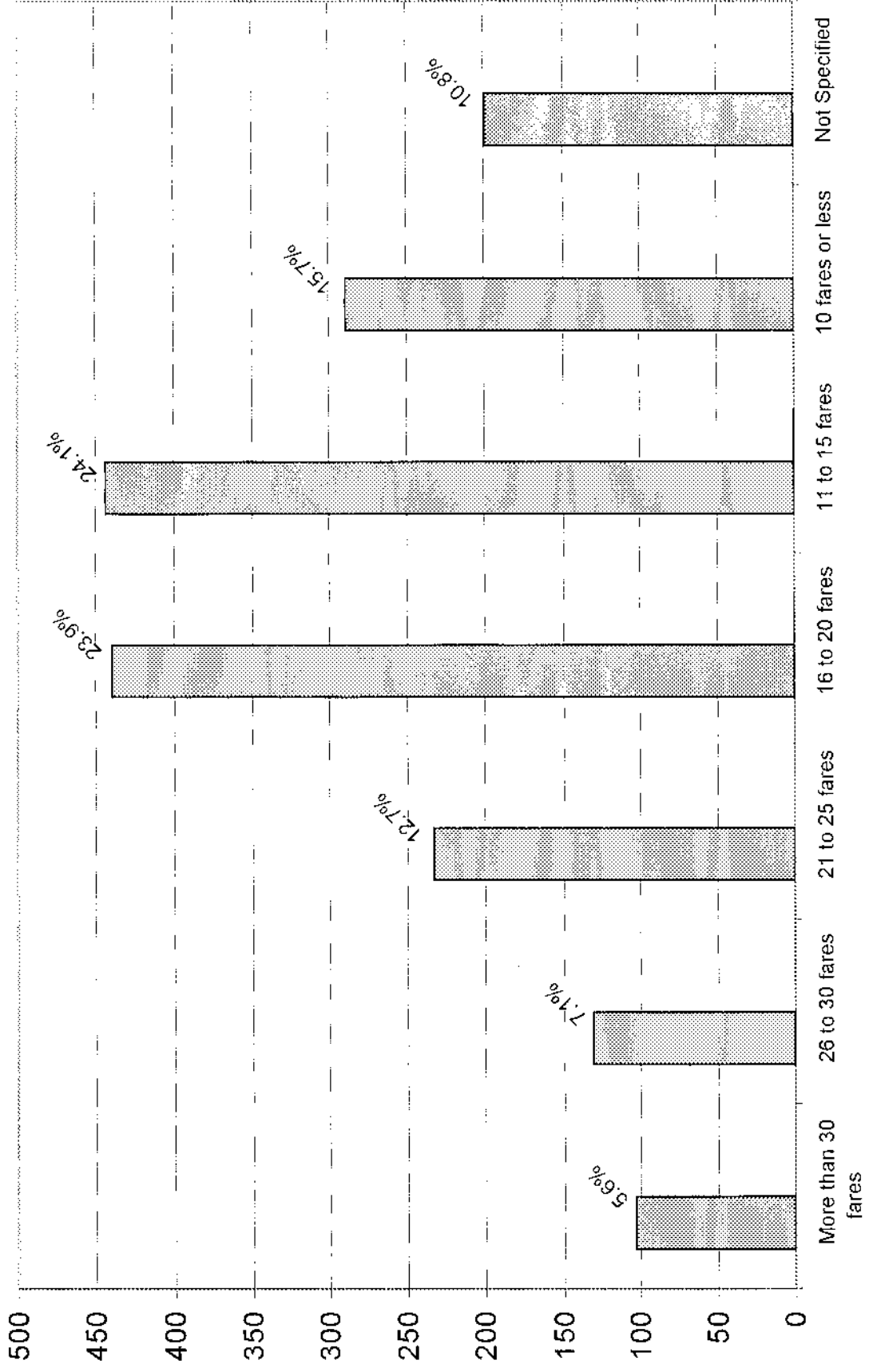


# Average Hours Worked per Week (1837 Responses)

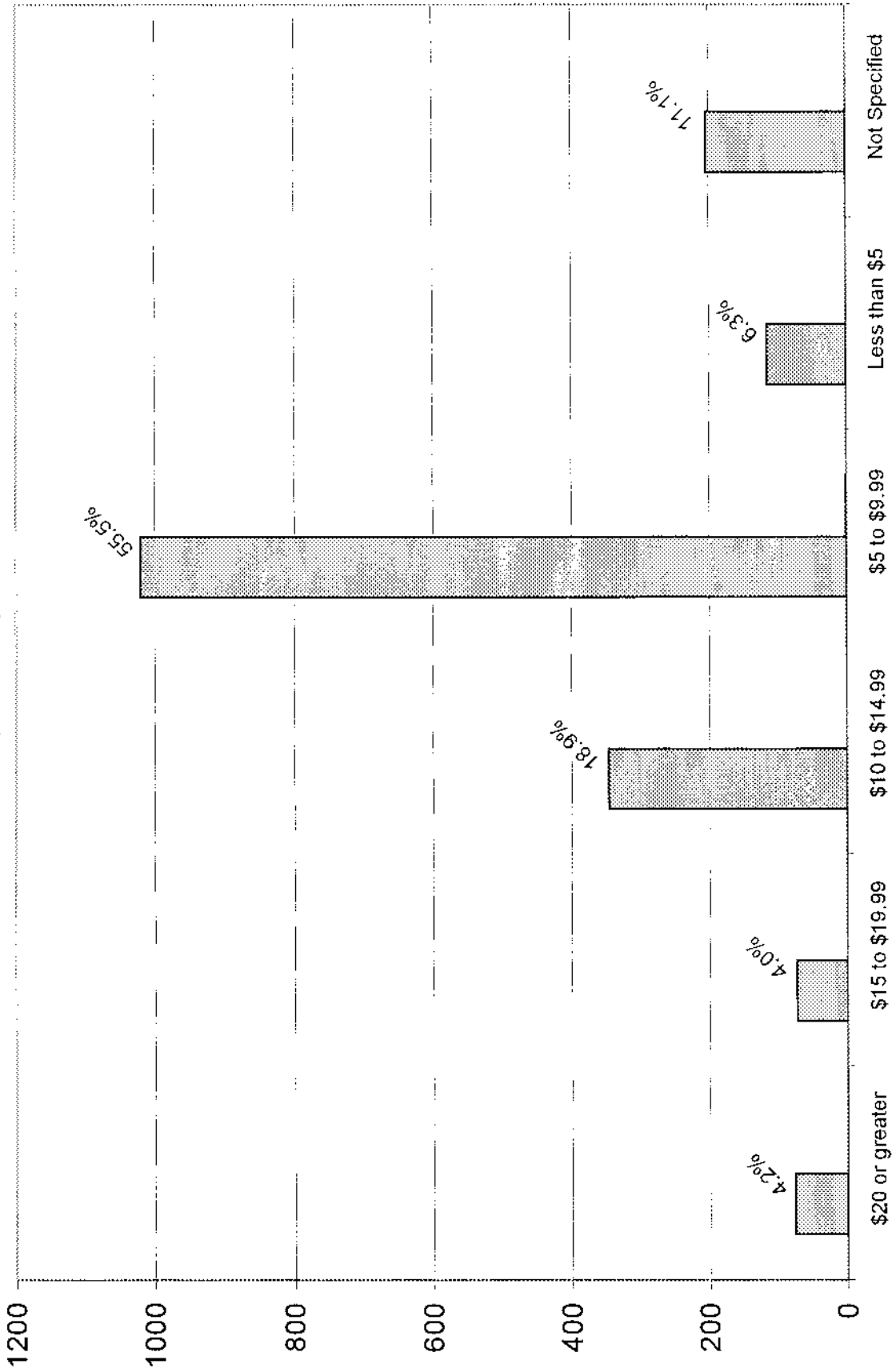


# Average Number of Fares per 10-Hour Shift

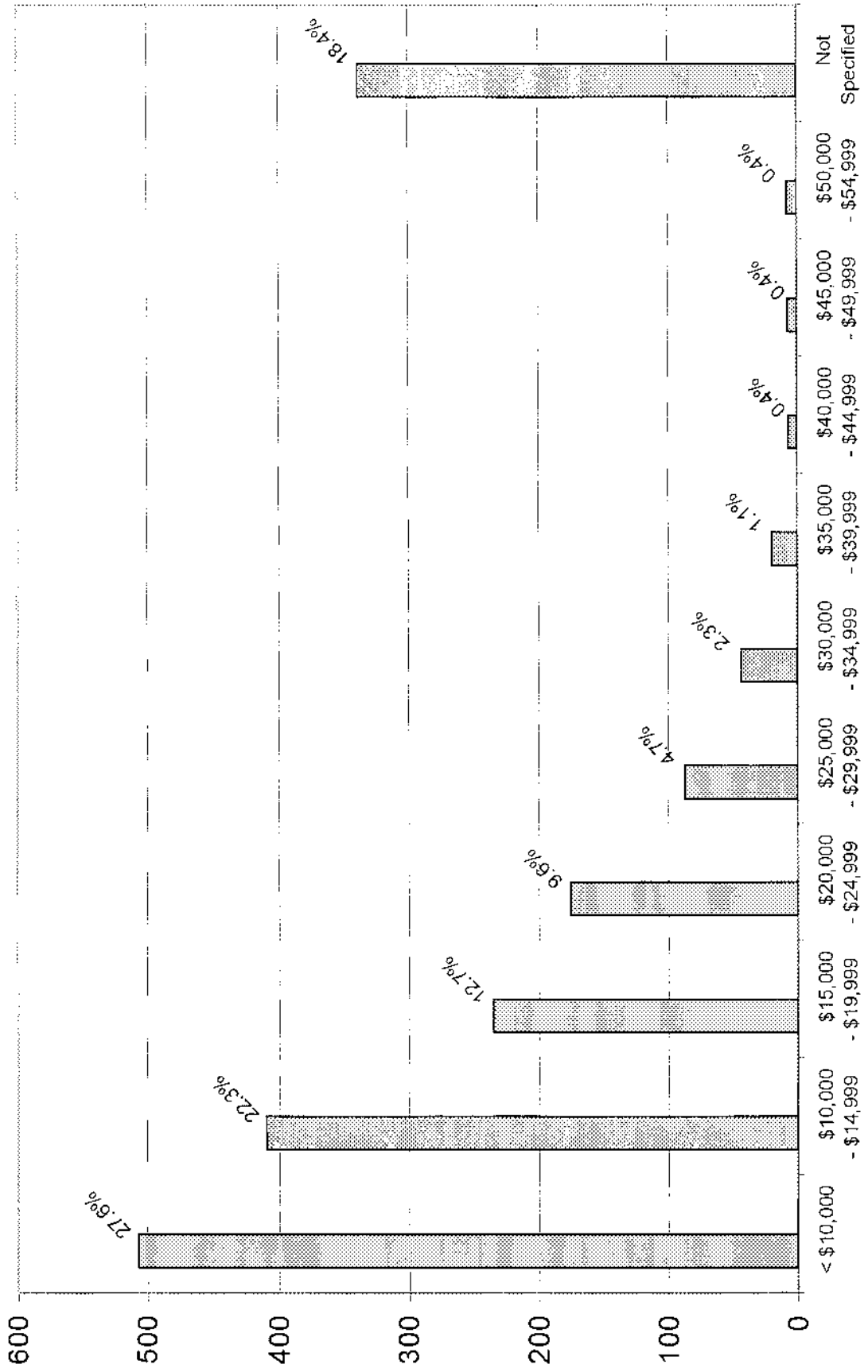
(1837 Responses)



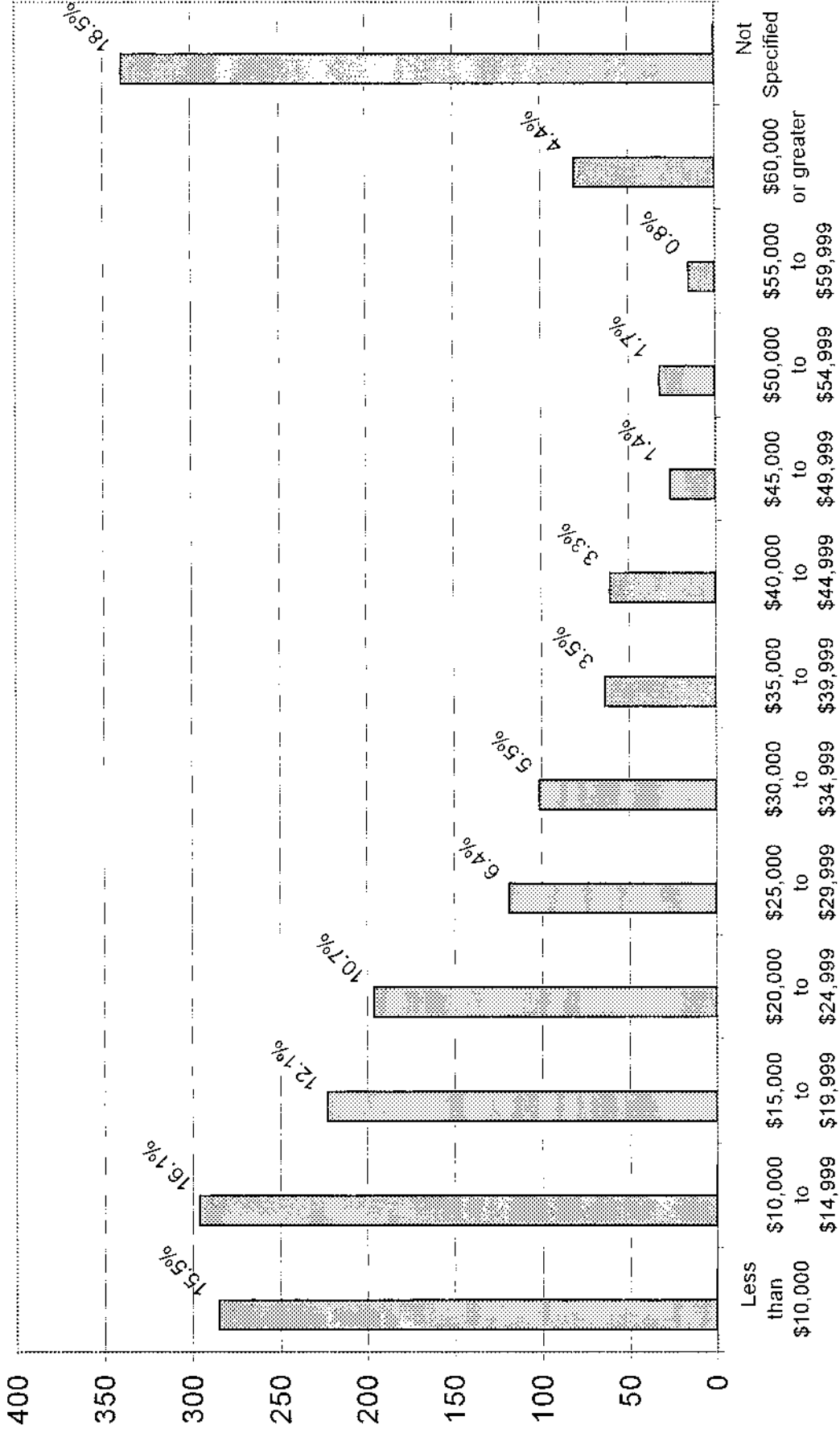
# Average Fare Including Tip (1837 Responses)



# Estimated Annual Income From Driving A Taxi (1837 Responses)

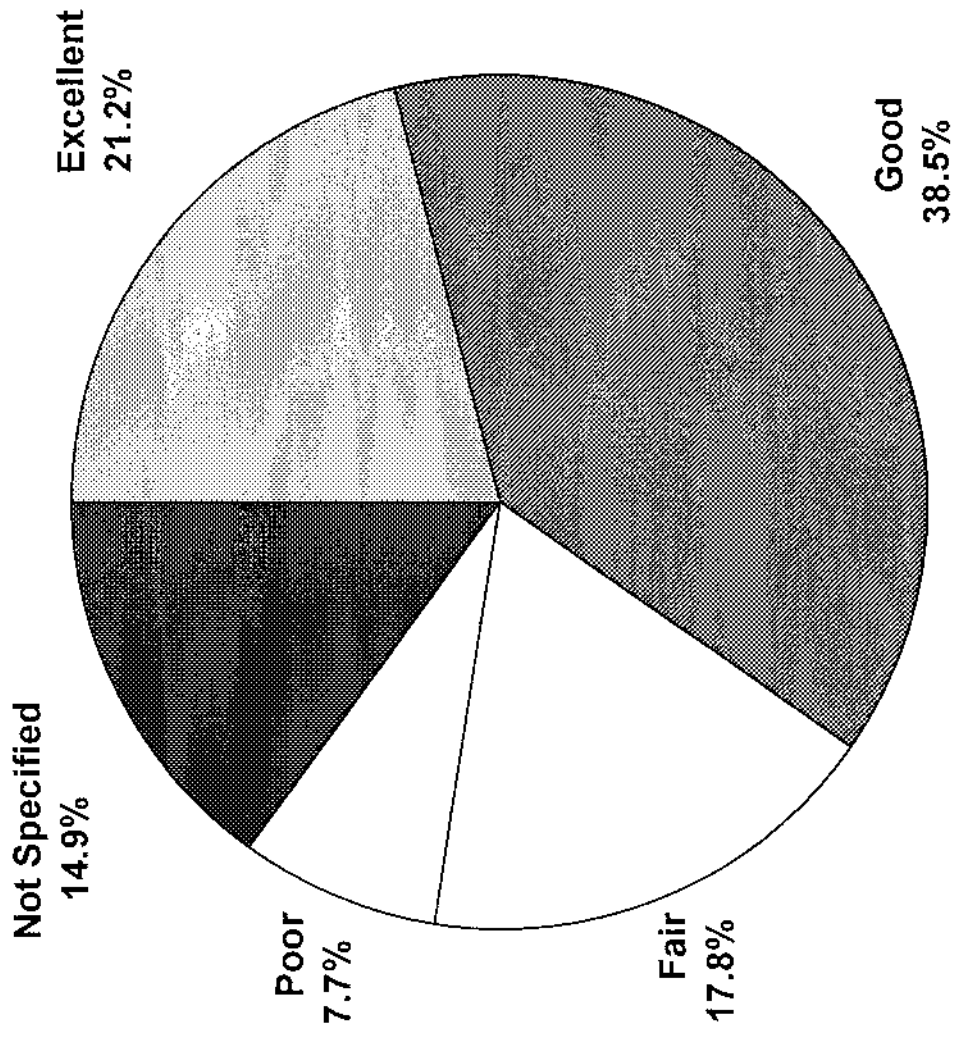


## Estimated Annual Household Income (1837 Responses)



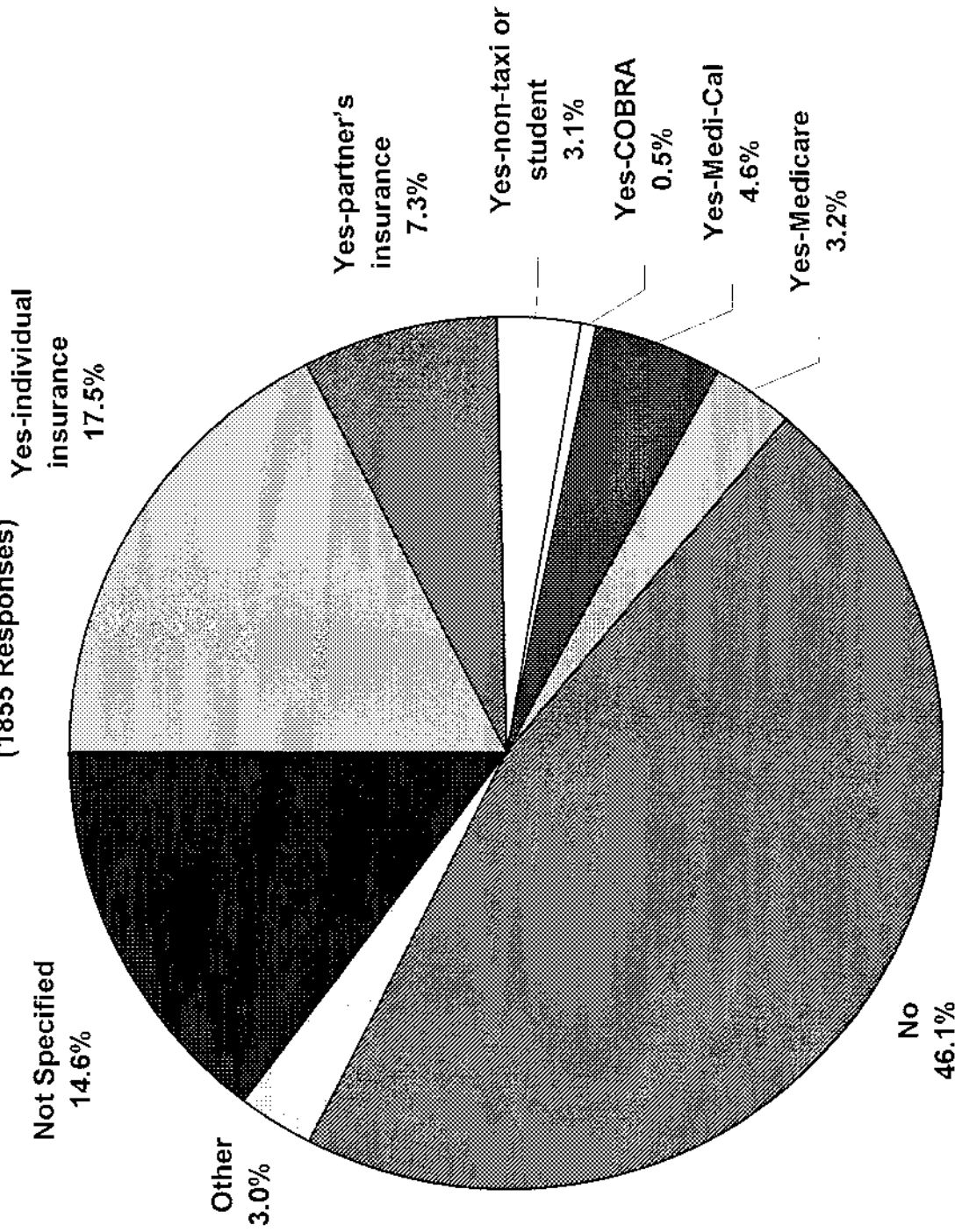


### Current Health Status (1837 Responses)

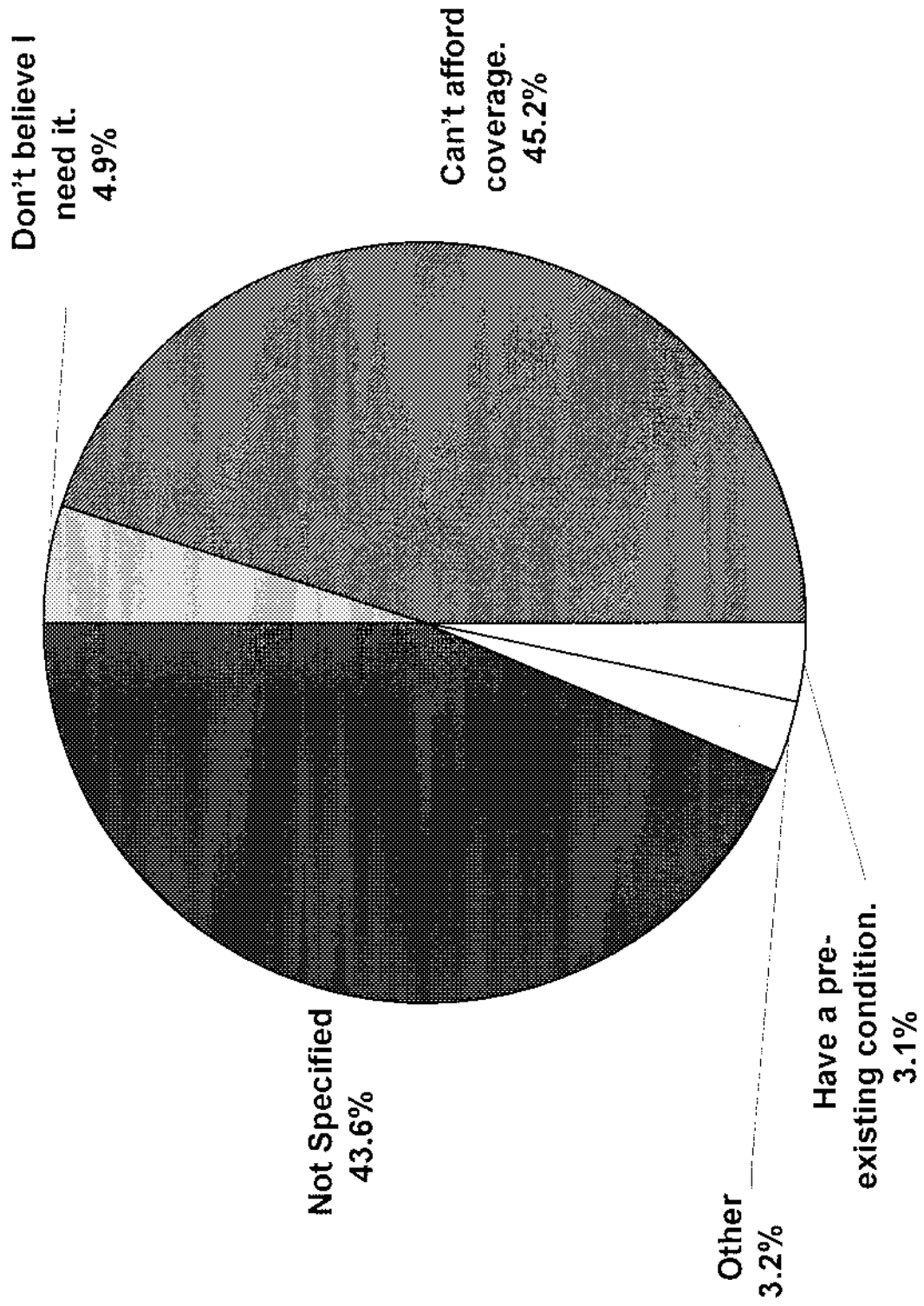


# Do you have health insurance?

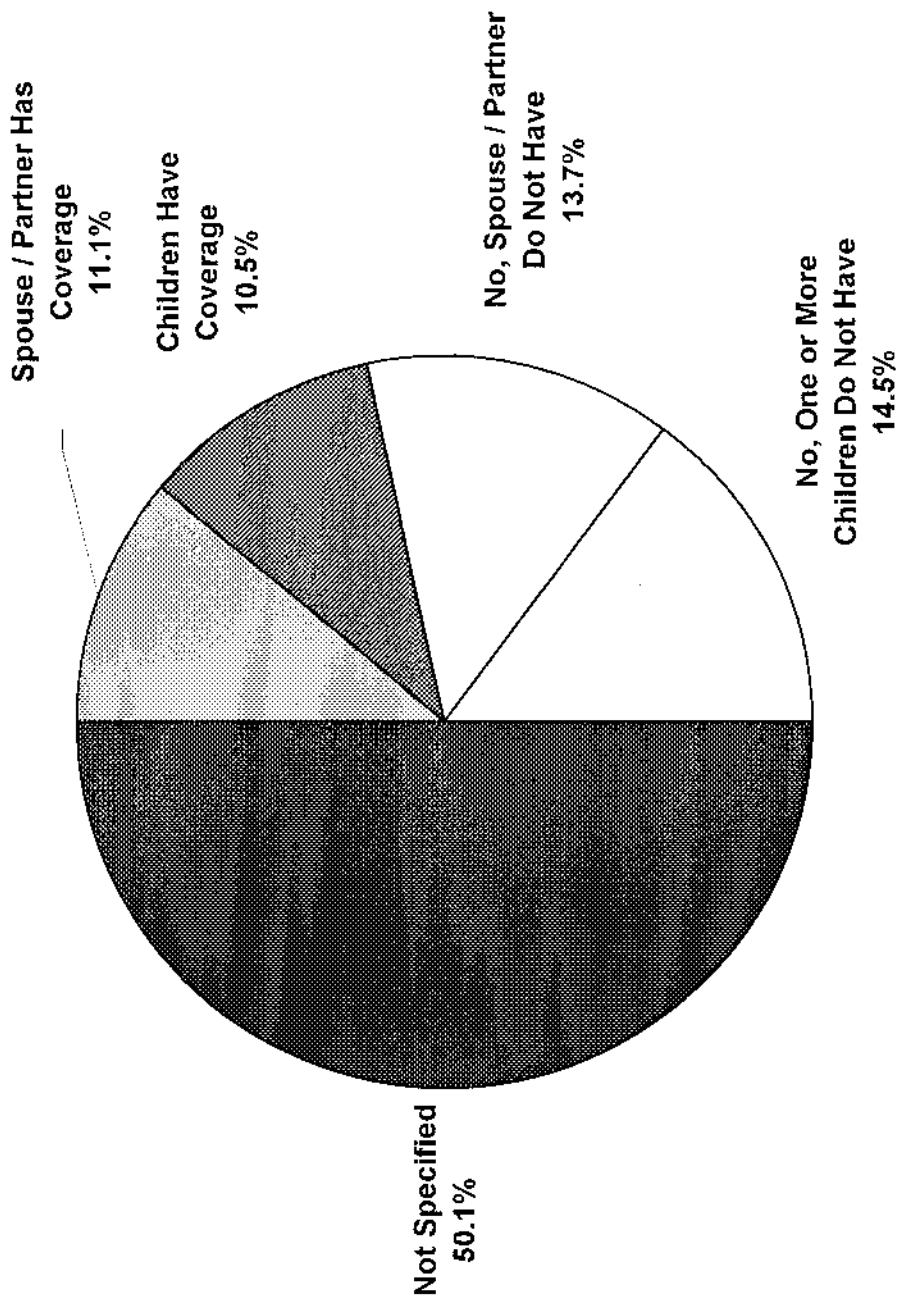
(1855 Responses)



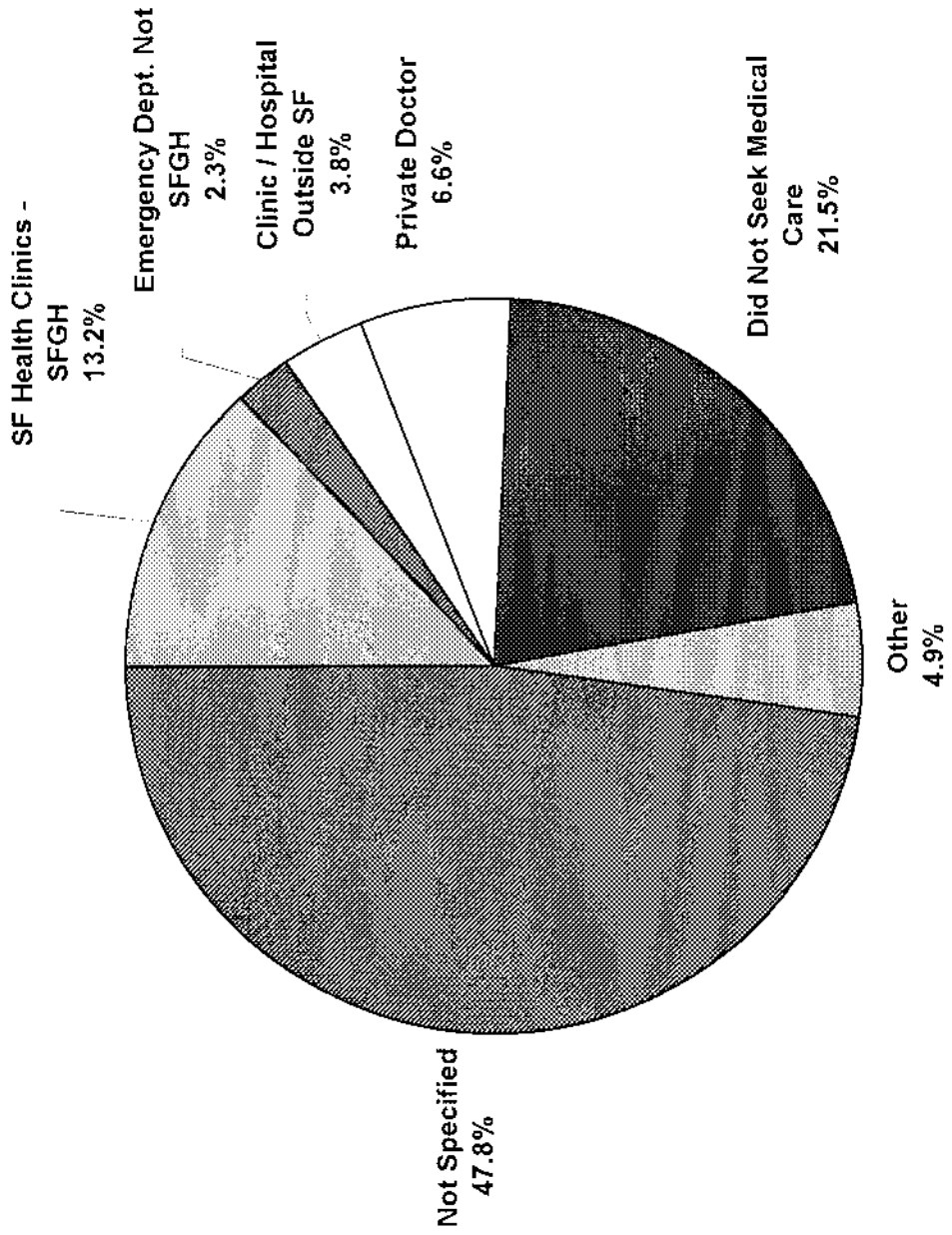
**If you do not have health insurance, why?**  
(1838 responses)



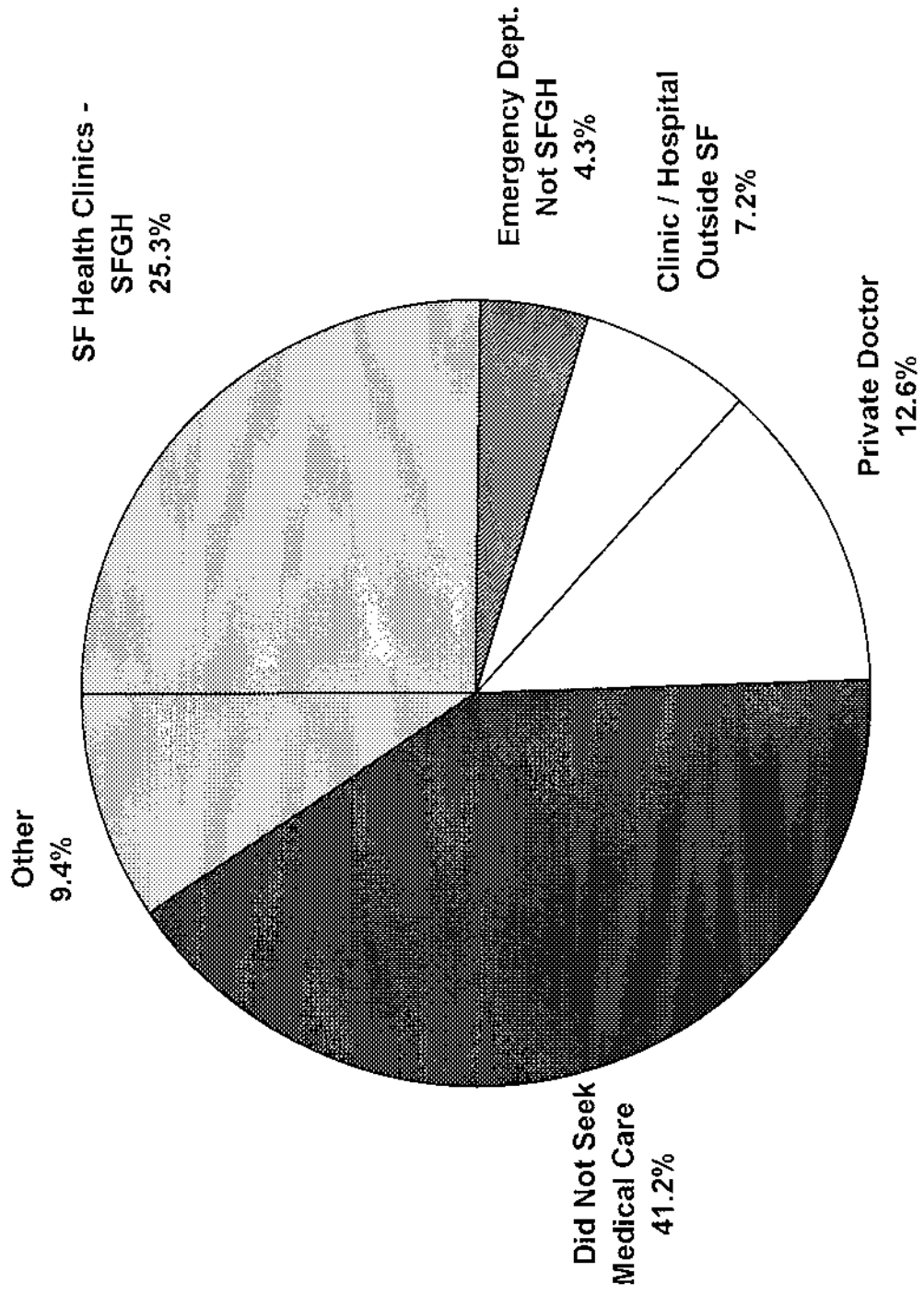
**If you do not have health insurance,  
do other members of your family have health insurance?  
(1915 responses)**



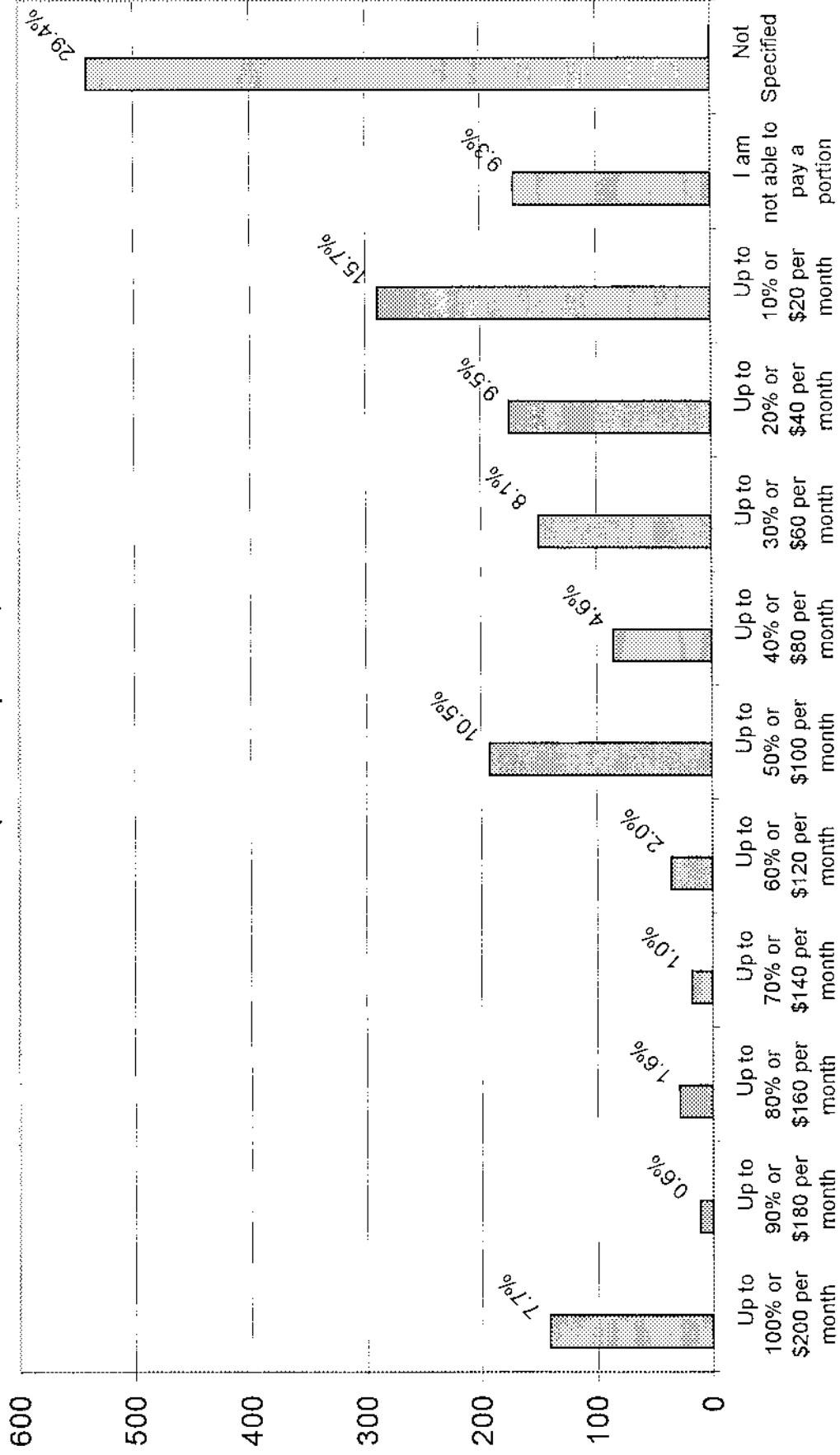
**If you do not have coverage, where did you receive medical care...?**  
(1857 Responses)



**If you do not have health insurance,  
where did you receive medical care... (excluding Not Specified)?**  
(970 Responses)

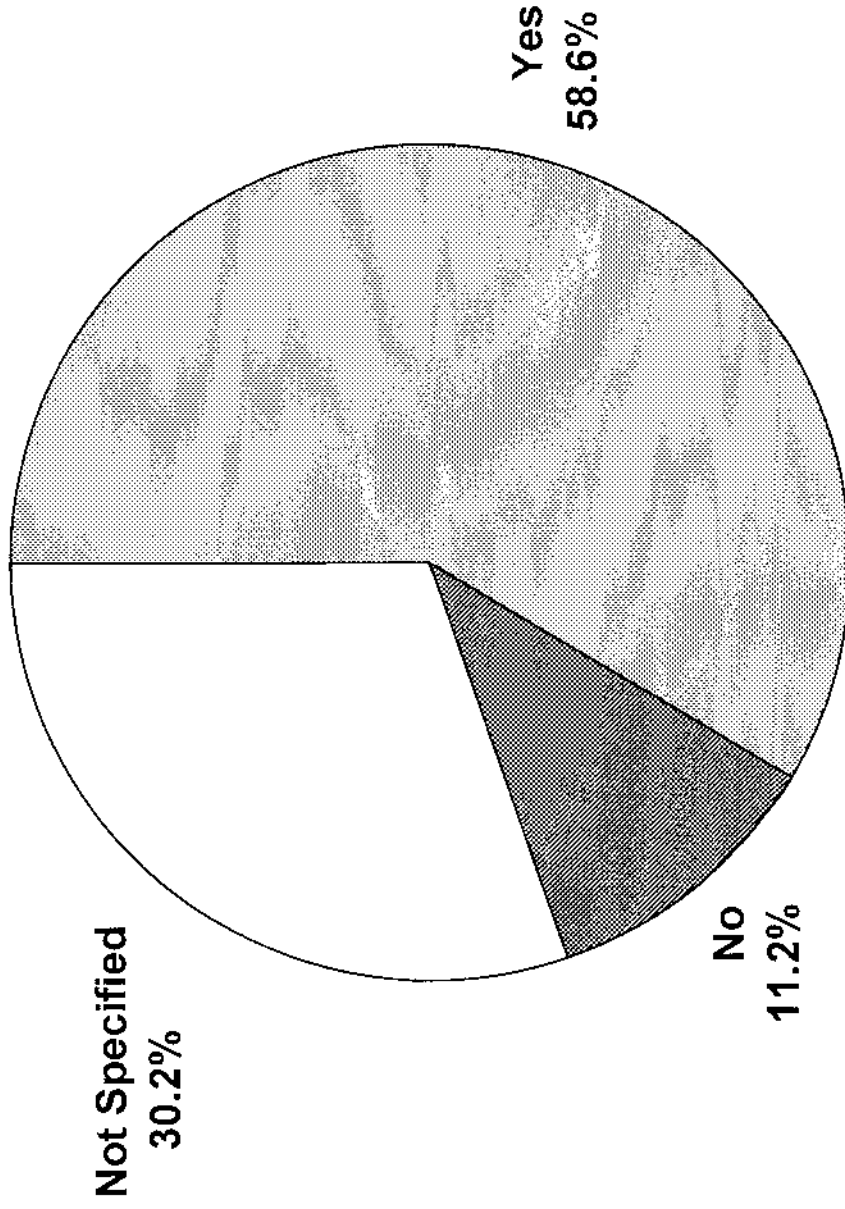


**Ability to Pay for Driver-Only Health Insurance,  
Assuming a \$200 Monthly Insurance Plan / Benefit Cost  
(1837 Responses)**



If you could get health insurance for the amount you selected in the prior survey question, would you sign up for it?

(1837 responses)





# **Appendix C**

## **Taxi Driver Survey**

in

**English**

**Arabic**

**Chinese**

**Portuguese**

**Russian**

**Spanish**

# TAXI DRIVER SURVEY

City & County of San Francisco - Taxi Commission

Please complete the survey. Your responses are anonymous. Page 1 of 2

## TAXI DRIVER INFORMATION

Age

<input type="checkbox"/>	18-24
<input type="checkbox"/>	25-34
<input type="checkbox"/>	35-44
<input type="checkbox"/>	45-54
<input type="checkbox"/>	55-64
<input type="checkbox"/>	65 or older

Gender

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male

What is the main language spoken in your home?

<input type="checkbox"/>	Arabic
<input type="checkbox"/>	English
<input type="checkbox"/>	Hindi & Other Indian Dialects
<input type="checkbox"/>	Mandarin / Cantonese
<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Urdu
<input type="checkbox"/>	Other (please explain): _____

How many people live in your household?

<input type="checkbox"/>	# of adults (19 years of age and over)
<input type="checkbox"/>	# of children (under 19 years of age)

What is your county of residence?

<input type="checkbox"/>	San Francisco
<input type="checkbox"/>	Alameda
<input type="checkbox"/>	Contra Costa
<input type="checkbox"/>	Marin
<input type="checkbox"/>	Napa
<input type="checkbox"/>	San Mateo
<input type="checkbox"/>	Santa Clara
<input type="checkbox"/>	Solano
<input type="checkbox"/>	Sonoma
<input type="checkbox"/>	Other (please explain): _____

Vehicles... Please check all that apply to you.

<input type="checkbox"/>	I drive a CNG vehicle.
<input type="checkbox"/>	I drive a special or ramped taxi vehicle.
<input type="checkbox"/>	I drive a standard sedan.

## TAXI DRIVER INFORMATION

Driving Arrangement... Please check all that apply to you.

<input type="checkbox"/>	I pay daily gates and gas by the shift.
<input type="checkbox"/>	I lease the taxi for the full day and pay gates and gas.
<input type="checkbox"/>	I lease a taxi by the week or the month and pay gates and gas.
<input type="checkbox"/>	I have a long-term lease of a medallion.
<input type="checkbox"/>	I drive for someone who has a long-term lease of a medallion.
<input type="checkbox"/>	I drive for a medallion holder.
<input type="checkbox"/>	I am an employee of a color scheme and drive for a company.

Medallions... Please check all that apply to you.

<input type="checkbox"/>	I hold a Pre-K medallion.
<input type="checkbox"/>	I hold a Post-K medallion.
<input type="checkbox"/>	I am on the list to get a medallion.
<input type="checkbox"/>	None of the above apply to me.

On average, over the past 12 months, how many hours did you drive per week?

<input type="checkbox"/>	9 or fewer
<input type="checkbox"/>	10 to 19
<input type="checkbox"/>	20 to 29
<input type="checkbox"/>	30 to 39
<input type="checkbox"/>	40 to 49
<input type="checkbox"/>	50 to 59
<input type="checkbox"/>	60 or more

Over the past 12 months, how many fares did you have during a typical 10-hour shift?

<input type="checkbox"/>	More than 30 fares per 10-hour shift
<input type="checkbox"/>	26 to 30 fares per 10-hour shift
<input type="checkbox"/>	21 to 25 fares per 10-hour shift
<input type="checkbox"/>	16 to 20 fares per 10-hour shift
<input type="checkbox"/>	11 to 15 fares per 10-hour shift
<input type="checkbox"/>	10 fares or less per 10-hour shift

Over the past 12 months, describe your average fare including tips.

<input type="checkbox"/>	\$20 or greater
<input type="checkbox"/>	\$15 to \$19.99
<input type="checkbox"/>	\$10 to \$14.99
<input type="checkbox"/>	\$5 to \$9.99
<input type="checkbox"/>	Less than \$5

# TAXI DRIVER SURVEY

City & County of San Francisco - Taxi Commission

Please complete the survey. Your responses are anonymous. Page 2 of 2

## TAXI DRIVER INCOME & HEALTHCARE

What is your estimated annual income from driving a taxi?

[Take-home pay from driving only. Please exclude medallion lease if you have a medallion.]

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$44,999
- \$45,000 to \$49,999
- \$50,000 or greater

What is your estimated annual household income?

[Please include all income earned by adults in your family.]

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$44,999
- \$45,000 to \$49,999
- \$50,000 to \$54,999
- \$55,000 to \$59,999
- \$60,000 or greater

How would you rate your current health status?

- Excellent
- Good
- Fair
- Poor

Do you have health insurance coverage?

- Yes, I'm currently covered through individual insurance.
- Yes, I'm currently covered through a spouse or domestic partner's insurance.
- Yes, I'm currently covered through my other (non-taxi) job or as a student.
- Yes, I'm currently covered through COBRA.
- Yes, I'm currently covered through Medi-Cal.
- Yes, I'm currently covered through Medicare.
- No, I'm not covered.
- Other (please explain): \_\_\_\_\_

## TAXI DRIVER HEALTHCARE

If you do not have health insurance coverage, why?

- I don't believe I need it.
- I can't afford coverage.
- I can't get coverage because I have a pre-existing condition(s).
- Other (please explain): \_\_\_\_\_

If you do not have health insurance, do other members of your family have health insurance? Please check all that apply.

- My spouse / domestic partner has coverage.
- My children have coverage.
- No, my spouse / domestic partner does not have coverage.
- No, one or more of my children do not have coverage.

If you do not have coverage, where did you get medical care over the past 12 months? Please check all that apply.

- SF Health Clinics and / or San Francisco General Hospital (SFGH)
- Emergency Department at a San Francisco hospital other than SFGH
- Clinic and/or Hospital outside of San Francisco
- Private doctor
- I did not seek any medical care in over the last 12 months.
- Other (please explain): \_\_\_\_\_

If health insurance costs \$200 per month for driver-only coverage, how much would you be able to pay out of your own pocket?

- up to 100% or \$200 per month.
- up to 90% or \$180 per month.
- up to 80% or \$160 per month.
- up to 70% or \$140 per month.
- up to 60% or \$120 per month.
- up to 50% or \$100 per month.
- up to 40% or \$80 per month.
- up to 30% or \$60 per month.
- up to 20% or \$40 per month.
- up to 10% or \$20 per month.
- I am not able to pay for any portion of the cost.

If you could get insurance for the amount you selected in the question above, would you sign up for it?

- Yes
- No

يرجى ملء الاستبيان. وستكون أجوبتكم سرية.

إستبيان خاص بسائقي سيارات الأجرة  
مدينة ومحافظة سان فرانسيسكو - هيئة سائقي سيارات الأجرة

دخل سائقي سيارات الأجرة	
كم يبلغ دخلك السنوي بتقدير كسائق سيارة أجرة؟ الأجر الصافي فقط الرجاء استثناء استئجار الرخصة إذا كنت تملك واحدة]	
أقل من \$10.000	
\$14.999 إلى \$10.000	
\$19.999 إلى \$15.000	
\$24.999 إلى \$20.000	
\$29.999 إلى \$25.000	
\$34.999 إلى \$30.000	
\$39.999 إلى \$35.000	
\$44.999 إلى \$40.000	
\$49.999 إلى \$45.000	
\$50.000 أو أكثر	

كم يبلغ بتقديرك الدخل السنوي لأسرتك؟ [الرجاء ذكر كافة المداخل للكبار من أفراد أسرتك]	
أقل من \$10.000	
\$14.999 إلى \$10.000	
\$19.999 إلى \$15.000	
\$24.999 إلى \$20.000	
\$29.999 إلى \$25.000	
\$34.999 إلى \$30.000	
\$39.999 إلى \$35.000	

معلومات عن السائق

العمر
24-18
34-25
44-35
54-45
64-55
65 وما فوق

الجنس

أنثى

ذكر

ما هي اللغة الرئيسية المستخدمة في المنزل؟

العربية
الإنكليزية
الهندي واللغات الهندية الأخرى
المدرين / الكانتونية
البرتغالية
الروسية
الإسبانية
الأورو
غيرها (تحديد):

\$44.999 الى \$40.000	كم يبلغ عدد أفراد أسرتك؟
\$49.999 الى \$45.000	# الكبار (19 عاماً وما فوق)
\$54.999 الى \$50.000	# الأطفال (أقل من 19 عاماً)
\$59.000 الى \$55.000	
\$60.000 أو أكثر	

ما تقييمك لوضعك الصحي الراهن؟	في أي محافظة تسكن؟
ممتاز	San Francisco
جيد	Alameda
معتدل	Contra Costa
سيء	Marin
	Napa
	San Matteo
	Santa Clara
	Solano
	Sonoma
	غيرها (تحديد):

هل لديك تأمين صحي؟	السيارات... الرجاء وضع علامة أمام الجواب الصحيح
نعم، لدي تأمين صحي فردي	أقود سيارة تعمل على الغاز
نعم، لدي تأمين صحي للزوجة أو للشريك	أقود سيارة أجرة خاصة أو مجهزة للمقعدين
نعم، لدي تأمين من خلال وظيفتي الأخرى (كغير سائق سيارة أجرة) أو كطالب	أقود سيارة عادية
نعم، لدي تأمين صحي بفضل COBRA	
نعم، لدي تأمين صحي بفضل Medi-Cal	
نعم، لدي تأمين صحي بفضل Medicare	
كلا، ليس لدي أي تأمين صحي	
غيرها (تحديد):	

الرعاية الصحية لسائقي سيارات الأجرة
- إذا لم يكن لديك تأمين صحي، ما هي الأسباب؟
لا أرى حاجة إليه
وضعي المالي لا يسمح بذلك

لا يمكنني الحصول على تأمين صحي بسبب وضع (أوضاع) صحي	ترتيبات القيادة. الرجاء وضع علامة أمام الأجوبة الصحيحة
سابق	أدفع بدل يومي للدخول والغاز بحسب ساعات الدوام
غيرها (تحديد):	أستأجر سيارة الأجرة ليوم كامل وأدفع بدل الدخول والغاز
إذا لم يكن لديك تأمين صحي، هل للأفراد الآخرين في أسرتك تأمين صحي؟ الرجاء وضع علامة أمام الأجوبة الصحيحة	أستأجر سيارة الأجرة بالأسبوع أو بالشهر وأدفع بدل الدخول والغاز
زوجتي/شريكي لديه تأمين صحي	لدي إيجار طويل الأمد للرخصة
أولادي لديهم تأمين صحي	أقود لحساب شخص يحمل رخصة
كلا، زوجتي/شريكي ليست لديه أي تأمين صحي	أقود لحساب شخص يحمل رخصة
كلا، أحد أولادي أو أكثر ليست لديهم أي تأمين صحي	أعمل كموظف في شركة سيارات أجرة وأقود لحساب الشركة
إذا لم يكن لديك تأمين صحي، أين حصلت على الرعاية الطبية في الأشهر الإثني عشر الماضية؟ الرجاء وضع علامة أمام الأجوبة الصحيحة.	الرجاء... الرجاء وضع علامة أمام الأجوبة الصحيحة
المعاملات الطبية في سان فرانسيسكو/ أو مستشفى سان فرانسيسكو	أحمل رخصة Pre-K
العام	أحمل رخصة Post-K
قسم الطوارئ في إحدى مستشفيات سان فرانسيسكو غير مستشفى سان فرانسيسكو العام	أسمي على لائحة الانتظار للحصول على رخصة
عيادة و/أو مستشفى خارج سان فرانسيسكو	ولا جواب
طبيب خاص	كم بلغ معدل ساعات القيادة في الأسبوع في الأشهر الإثني عشر الماضية؟
لم أحتاج إلى أي رعاية طبية في الأشهر الإثني عشر الماضية	9 أو أقل
غيرها (تحديد):	10 إلى 19
إذا كانت كلمة التأمين الصحي لسائق سيارة الأجرة فقط تبلغ \$200، بكم يمكنك أن تساهم من جيبك الخاص؟	20 إلى 29
حتى \$100 أو 200\$ في الشهر	30 إلى 39
حتى \$90 أو 180\$ = =	40 إلى 49
	50 إلى 59
	60 أو أكثر
	في الأشهر الإثني عشر الماضية، كم بلغ عدد الرحلات في الدوام المتعد لعشر ساعات؟
	أكثر من 30 رحلة في 10 ساعات
	26 إلى 30 = = =

- |   |   |          |     |  |
|---|---|----------|-----|--|
| = | = | \$160 أو | حتى |  |
| = | = | \$140 أو | حتى |  |
| = | = | \$120 أو | حتى |  |
| = | = | \$100 أو | حتى |  |
| = | = | \$80 أو  | حتى |  |
| = | = | \$60 أو  | حتى |  |
| = | = | \$40 أو  | حتى |  |
| = | = | \$20 أو  | حتى |  |
- إني عاجز عن دفع أي قسط من الكلفة

لو كان بالإمكان الحصول على تأمين مقابل القيمة التي اخترتها في السؤال السابق، فهل تقبل بها؟

نعم
كلا

- |   |   |   |   |                    |  |
|---|---|---|---|--------------------|--|
| = | = | = | = | 21 إلى             |  |
| = | = | = | = | 20 إلى             |  |
| = | = | = | = | 15 إلى             |  |
|   |   |   |   | 10 رحلات أو أقل في |  |

في الأشهر الاثني عشر الماضية، كم بلغ معدل الأجر زائد البقشيش؟

	\$20 أو أكثر	
	\$19.99 إلى \$15	
	\$14.99 إلى \$10	
	\$ 9.99 إلى 5	
	أقل من \$5	

## 计程车司机资料

年龄

18-24	<input type="checkbox"/>
25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>
55-64	<input type="checkbox"/>
65 以上	<input type="checkbox"/>

性别

女	<input type="checkbox"/>
男	<input type="checkbox"/>

你家里是说什么主要语言?

阿拉伯语	<input type="checkbox"/>
英语	<input type="checkbox"/>
印度语或其他印度方言	<input type="checkbox"/>
中文-普通话 / 广东话	<input type="checkbox"/>
葡萄牙语	<input type="checkbox"/>
俄语	<input type="checkbox"/>
西班牙语	<input type="checkbox"/>
乌尔都语	<input type="checkbox"/>
其他 (请说明): _____	<input type="checkbox"/>

你家里有多少人住在一起

成人 (19 岁以上)	<input type="checkbox"/>
儿童 (19 岁以下)	<input type="checkbox"/>

你是那个县的居民?

三藩市 San Francisco	<input type="checkbox"/>
阿拉米达 Alameda	<input type="checkbox"/>
康推卡斯特 Contra Costa	<input type="checkbox"/>
马连 Marin	<input type="checkbox"/>
奈帕 Napa	<input type="checkbox"/>
圣马刁 San Mateo	<input type="checkbox"/>
圣塔克拉拉 Santa Clara	<input type="checkbox"/>
索拉努 Solano	<input type="checkbox"/>
森罗玛 Sonoma	<input type="checkbox"/>
其他 (请说明): _____	<input type="checkbox"/>

驾驶机动车辆... 请选择所有适用于你的

我驾驶一辆 CNG 机动车	<input type="checkbox"/>
我驾驶一辆特殊的或有升降平台装备的计程车/机动车	<input type="checkbox"/>
我驾驶一辆标准型的轿车	<input type="checkbox"/>

## 计程车司机资料

驾驶安排... 请选择所有适用于你的

我依照轮班时间自付通行费和汽油费	<input type="checkbox"/>
我租用全天计程车并且自付通行费和汽油费	<input type="checkbox"/>
我租用一个星期或一个月计程车并且自付通行费和汽油费	<input type="checkbox"/>
我有一份长期租赁计程车合约的许可证	<input type="checkbox"/>
我为有长期租赁计程车合约许可证的人驾驶计程车	<input type="checkbox"/>
我为拥有计程车许可证所有的人驾驶计程车	<input type="checkbox"/>
我是一个有特定颜色计程车的雇员并且我为一家公司驾驶计程车	<input type="checkbox"/>

许可证... 请选择所有适用于你的

我持有一张 Pre-K 许可证	<input type="checkbox"/>
我持有一张 Post-K 许可证	<input type="checkbox"/>
我是在等候领取许可证的时候补各单上	<input type="checkbox"/>
以上的都不适用于我	<input type="checkbox"/>

平均在过去 12 个月里, 每个星期你驾驶多少小时?

9 或以下	<input type="checkbox"/>
10-19	<input type="checkbox"/>
20-29	<input type="checkbox"/>
30-39	<input type="checkbox"/>
40-49	<input type="checkbox"/>
50-59	<input type="checkbox"/>
60 或以上	<input type="checkbox"/>

过去 12 个月里, 在一个典型的 10 小时轮班里你接载乘客多少次?

在每 10 小时轮班里接载乘客超过 30 次	<input type="checkbox"/>
在每 10 小时轮班里接载乘客 26-30 次	<input type="checkbox"/>
在每 10 小时轮班里接载乘客 21-25 次	<input type="checkbox"/>
在每 10 小时轮班里接载乘客 16-20 次	<input type="checkbox"/>
在每 10 小时轮班里接载乘客 11-15 次	<input type="checkbox"/>
在每 10 小时轮班里接载乘客 10 次或以下	<input type="checkbox"/>

过去 12 个月里, 请问一次包括小费在内的车费平均是多少?

\$20 或以上	<input type="checkbox"/>
\$15-\$19.99	<input type="checkbox"/>
\$10-\$14.99	<input type="checkbox"/>
\$5-\$9.99	<input type="checkbox"/>
\$5 以下	<input type="checkbox"/>



## 计程车司机的收入和保健

驾驶计程车你估计你的全年收入是多少?

(仅计算驾驶的净收入, 如果你有一份许可证, 请勿把许可证和租的费用计算在内。)

- \$10,000 以下
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$34,999
- \$35,000-\$39,999
- \$40,000-\$44,999
- \$45,000-\$49,999
- \$50,000 或以上

你估计你的全年家庭收入是多少? (请包括你家庭中所有成年人的收入所得)

- \$10,000 以下
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$34,999
- \$35,000-\$39,999
- \$40,000-\$44,999
- \$45,000-\$49,999
- \$50,000-\$54,999
- \$55,000-\$59,999
- \$60,000 以上

你怎样评估你在你的健康状况?

- 很好
- 好
- 一般
- 差

你有没有健康保险?

- 是, 我现有有我个人的保险
- 是, 我现有在我的配偶或伙伴的保险
- 是, 我现有在我其他的 (非计程车) 工作的保险, 或学生健康保险
- 是, 我现有在 COBRA 保险
- 是, 我现有在 Medi-Cal 保险
- 是, 我现有在 Medicare 保险
- 不, 我没有保险
- 其他 (请说明): \_\_\_\_\_

## 计程车司机收入和保健

如果你没有健康保险, 为什么?

- 我不认为我需要保险
- 我买不起保险
- 我买不到保险, 因为我有病情存在
- 其他 (请说明): \_\_\_\_\_

如果你没有健康保险的, 你其他的家庭成员有健康保险吗?

请选择所有适用于你的。

- 我的配偶或伙伴有保险
- 我的孩子有保险
- 不, 我的配偶或伙伴没有保险
- 不, 我的一个或以上的孩子没有保险

如果你没有健康保险, 过去 12 个月里你在那里取得医疗照顾?

请选择所有适用于你的。

- 三藩市健康医疗所和/或三藩市公立医院 (SFGH)
- 三藩市公立医院 SFGH 以外的三藩市医院的急救部门,
- 三藩市以外的医疗所和/或医院
- 私人医生
- 在过去 12 个月里我没有寻找任何医疗照顾
- 其他 (请说明): \_\_\_\_\_

如果计程车司机个人的健康保险需要花费 \$200 每个月,

你能够自行支付多少钱?

- 最多 100% 或每个月 \$200
- 最多 90% 或每个月 \$180
- 最多 80% 或每个月 \$160
- 最多 70% 或每个月 \$140
- 最多 60% 或每个月 \$120
- 最多 50% 或每个月 \$100
- 最多 40% 或每个月 \$80
- 最多 30% 或每个月 \$60
- 最多 20% 或每个月 \$40
- 最多 10% 或每个月 \$20
- 我没有能力支付任何数额的保险月费

如果你能得到你在上一个问题中所选择的金额的保险, 你是不是会报名参加呢?

- 是
- 不是

**INFORMAÇÕES SOBRE O MOTORISTA**

Idade

<input type="checkbox"/>	18-24
<input type="checkbox"/>	25-34
<input type="checkbox"/>	35-44
<input type="checkbox"/>	45-54
<input type="checkbox"/>	55-64
<input type="checkbox"/>	65 ou mais

Sexo

<input type="checkbox"/>	Feminino
<input type="checkbox"/>	Masculino

Qual é a língua mais falada em sua casa?

<input type="checkbox"/>	Árabe
<input type="checkbox"/>	Inglês
<input type="checkbox"/>	Hindú e outros dialetos indianos
<input type="checkbox"/>	Mandarin / Cantonês
<input type="checkbox"/>	Português
<input type="checkbox"/>	Russo
<input type="checkbox"/>	Espanhol
<input type="checkbox"/>	Urdu (dialeto do Hindu)
<input type="checkbox"/>	Outra (por favor indique): _____

Quantas pessoas moram em sua casa?

<input type="checkbox"/>	Número de adultos (com 19 anos de idade ou mais)
<input type="checkbox"/>	Número de crianças e adolescentes (com menos de 19 anos)

Em que "county" (condado) você mora?

<input type="checkbox"/>	San Francisco
<input type="checkbox"/>	Alameda
<input type="checkbox"/>	Contra Costa
<input type="checkbox"/>	Marin
<input type="checkbox"/>	Napa
<input type="checkbox"/>	San Mateo
<input type="checkbox"/>	Santa Clara
<input type="checkbox"/>	Solano
<input type="checkbox"/>	Sonoma
<input type="checkbox"/>	Outra (por favor indique): _____

Veículo: por favor indique todas as respostas que se aplicam a você.

<input type="checkbox"/>	Eu trabalho com veículo "CNG" (gás natural).
<input type="checkbox"/>	Eu trabalho com veículo com acesso a cadeira de rodas.
<input type="checkbox"/>	Eu trabalho com automóvel sedan (carro de passageiros regular)

**INFORMAÇÕES SOBRE O MOTORISTA**

Acordos de concessão. Marque todos que se aplicam a você.

<input type="checkbox"/>	Eu pago o aluguel (gate) e a gasolina diariamente, por turno (shift).
<input type="checkbox"/>	Eu alugo o taxi por um dia inteiro e pago o aluguel e a gasolina.
<input type="checkbox"/>	Eu alugo o taxi por semana or por mês e pago o aluguel (gate) e a gasolina
<input type="checkbox"/>	Eu tenho um contrato de arrendamento de longo prazo - "Medallion".
<input type="checkbox"/>	Eu trabalho para uma pessoa que tem um contrato de longo prazo - Medalli
<input type="checkbox"/>	Eu trabalho para uma pessoa que detém os direitos de "Medallion"
<input type="checkbox"/>	Sou empregado de uma companhia de taxis.

Detentores de "Medallion", marque todas as respostas que se aplicam a voc

<input type="checkbox"/>	Eu tenho uma Pre-K medallion.
<input type="checkbox"/>	Eu tenho uma Post-K medallion.
<input type="checkbox"/>	Estou na lista de espera por uma medallion.
<input type="checkbox"/>	Nenhuma das respostas se aplica a mim.

Em média, nos últimos 12 meses, quantas horas você trabalhou por semana?

<input type="checkbox"/>	9 ou menos
<input type="checkbox"/>	10 a 19
<input type="checkbox"/>	20 a 29
<input type="checkbox"/>	30 a 39
<input type="checkbox"/>	40 a 49
<input type="checkbox"/>	50 a 59
<input type="checkbox"/>	60 ou mais

Durante os últimos 12 meses, quantas corridas você fez em um turno típico de 10 horas?

<input type="checkbox"/>	Mais de 30 corridas por turno de 10 horas
<input type="checkbox"/>	26 a 30 corridas por turno de 10 horas
<input type="checkbox"/>	21 a 25 corridas por turno de 10 horas
<input type="checkbox"/>	16 a 20 corridas por turno de 10 horas
<input type="checkbox"/>	11 a 15 corridas por turno de 10 horas
<input type="checkbox"/>	10 corridas ou menos por turno de 10 horas

Informe o valor médio de suas corridas nos últimos 12 anos.

<input type="checkbox"/>	\$20 ou mais
<input type="checkbox"/>	\$15 a \$19.99
<input type="checkbox"/>	\$10 a \$14.99
<input type="checkbox"/>	\$5 a \$9.99
<input type="checkbox"/>	Menos de \$5

**RENDA E SAÚDE DO MOTORISTA DE TAXI**

Qual é sua renda anual estimada do trabalho com o Taxi?

[Valor líquido. Exclua o valor recebido por "Medallion", se tiver medallion.]

- 3.  Menos de \$10,000
- \$10,000 a \$14,999
- \$15,000 a \$19,999
- \$20,000 a \$24,999
- \$25,000 a \$29,999
- \$30,000 a \$34,999
- \$35,000 a \$39,999
- \$40,000 a \$44,999
- \$45,000 a \$49,999
- \$50,000 ou mais

Qual é a renda anual estimada da sua família?

[Inclua todos os valores de salários recebidos por adultos da sua família na sua casa]

- Menos de \$10,000
- \$10,000 a \$14,999
- \$15,000 a \$19,999
- \$20,000 a \$24,999
- \$25,000 a \$29,999
- \$30,000 a \$34,999
- \$35,000 a \$39,999
- \$40,000 a \$44,999
- \$45,000 a \$49,999
- \$50,000 a \$54,999
- \$55,000 a \$59,999
- \$60,000 ou mais

Como você consideraria seu estado de saúde atual?

- Excelente
- Bom
- Regular
- Ruim

Você tem cobertura de plano de saúde?

- Sim. No momento tenho plano de saúde individual.
- Sim. No momento tenho plano através do(a) meu(minha) cônjuge ou parceiro(a).
- Sim. No momento tenho plano através de outro trabalho (não-taxi) ou como estudante.
- Sim. No momento tenho o plano COBRA.
- Sim. No momento tenho o Medi-Cal.
- Sim. No momento tenho o Medicare.
- Não. Não tenho plano de saúde.
- Outra opção (por favor, explique): \_\_\_\_\_

**SAÚDE DO TAXISTA**

Se você não tem plano de saúde, por quê?

- Eu não acho que eu preciso.
- É muito caro para mim.
- Eu não posso ter plano porque tenho condição pré-existente (tenho uma doença que o plano não aceita cobrir)
- Outras razões. (por favor explique): \_\_\_\_\_

Se você não tem plano de saúde, outros membros da sua família têm?

Marque todas as respostas que se aplicam.

- Meu(minha) esposo(a) / parceiro(a) tem plano de saúde
- Meus filhos têm plano de saúde
- Não, meu(minha) esposo(a) / parceiro(a) não tem plano de saúde.
- Não, um ou mais dos meus filhos não tem plano de saúde.

Se você não tem plano de saúde, onde você obteve assistência médica nos últimos 12 meses? Marque todas as respostas que se aplicam.

- Clínicas de Saúde de SF e/ou no San Francisco General Hospital (SFGH)
- No setor de emergências de um hospital de SF, que não o SFGH
- Clínica e/ou hospital fora de San Francisco
- Com médico privado
- Eu não busquei assistência médica nos últimos 12 meses.
- Outra (por favor, descreva): \_\_\_\_\_

Se um plano de saúde custasse \$200 por mês para cobertura somente do taxista, quanto você poderia pagar, do seu próprio bolso?

- até 100% ou \$200 por mês.
- até 90% ou \$180 por mês.
- até 80% ou \$160 por mês.
- até 70% ou \$140 por mês.
- até 60% ou \$120 por mês.
- até 50% ou \$100 por mês.
- até 40% ou \$80 por mês.
- até 30% ou \$60 por mês.
- até 20% ou \$40 por mês.
- até 10% ou \$20 por mês.
- Não posso pagar nenhuma parte do custo.

Se você pudesse ter um plano de saúde pelo valor que você selecionou na pergunta acima, você se inscreveria para tal plano?

- Sim
- Não

## ОПРОС ТАКСИСТОВ

Пожалуйста, ответьте на следующие вопросы  
анонимно

Сан Франциско и близлежащие графства

### ИНФОРМАЦИЯ О ТАКСИСТАХ:

Возраст

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 и старше

Пол

- жен.
- муж.

На каком языке Вы говорите дома?

- арабский
- английский
- хинди и другие индийские языки
- мандаринский/ кантонский диалект китайского языка
- португальский
- русский
- испанский
- урду
- другие языки (уточните)

Сколько человек в вашей семье?

- количество взрослых (старше 19 лет)
- количество детей (младше 19 лет)

В каком графстве Вы проживаете?

- Сан Франциско
- Аламед
- Контра Коста
- Марин
- Напа
- Сан Матео
- Санта Клара
- Солено
- Сонома
- другие (уточните)

3 стр.

Каким видом транспорта Вы владеете?

- у меня машина, работающая на газе
- у меня такси, оборудованное для транспортировки инвалидов
- у меня стандартный легковой автомобиль

Содержание по вопросам использования машины

- я плачу арендную плату за машину и за бензин посменно
- я плачу арендную плату за машину и за бензин ежедневно
- я беру на прокат машину на неделю или месяц и плачу за прокат и за бензин
- я заключил долгосрочный контракт на лицензию владения такси
- я работаю на человека, который заключил долгосрочный контракт на лицензию
- я работаю на владельца лицензии такси
- я работаю на компанию, владеющую такси

Лицензии на владение такси

- я владею лицензией При-К
- я владею лицензией Пост-К
- я собираюсь получить лицензию

Сколько часов в неделю в среднем Вы работали за последние 12 месяцев?

- менее 9
- от 10 до 19
- от 20 до 29
- от 30 до 39
- от 40 до 49
- от 50 до 59
- более 60

Количество платежей за 10-часовую смену в течение последних 12 месяцев?

- более 30 за 10 часов
- от 26 до 30 за 10 часов
- от 21 до 25 за 10 часов
- от 16 до 20 за 10 часов
- от 11 до 15 за 10 часов
- менее 10 за 10 часов

Средний заработок (включая чаевые) за последние 12 месяцев?

- более \$20
- от \$15 до \$19.99
- от \$10 до \$14.99
- от \$5 до \$9.99
- менее \$5

## ДОХОДИ И МЕДИЦИНСКАЯ СТРАХОВКА ТАКСИСТОВ

Ваш ежегодный доход (не включая доход с лицензии, если она у Вас есть)?

- менее \$10
- от \$10.000 до \$14.999
- от \$15.000 до \$19.999
- от \$20.000 до \$24.999
- от \$25.000 до \$29.999
- от \$30.000 до \$34.999
- от \$35.000 до \$39.999
- от \$40.000 до \$44.999
- от \$45.000 до \$49.999
- более \$50.000

Ежегодный доход вашей семьи (вкл. всех взрослых членов вашей семьи)?

- менее \$10
- от \$10.000 до \$14.999
- от \$15.000 до \$19.999
- от \$20.000 до \$24.999
- от \$25.000 до \$29.999
- от \$30.000 до \$34.999
- от \$35.000 до \$39.999
- от \$40.000 до \$44.999
- от \$45.000 до \$49.999
- от \$50.000 до \$54.999
- от \$55.000 до \$59.999
- более \$60.000

Как Вы оцениваете состояние вашего здоровья на данный момент?

- отличное
- хорошее
- удовлетворительное
- плохое

У Вас есть медицинская страховка?

- да, у меня есть индивидуальная страховка
- да, у меня есть мед. страховка благодаря работе моего мужа/моей жены
- да, у меня есть студенческая страховка или страховка благодаря другой работе
- да, у меня есть мед. страховка КОБРА(COBRA)
- да, у меня страховка Меди-Кала(Medi-Cal)
- да, у меня страховка Медикер(Medicare)
- нет, у меня нет медицинской страховки
- другие мед. страховки, которыми Вы пользуетесь (объясните)

Если у Вас нет медицинской страховки, объясните почему у Вас её нет.  
я в ней не нуждаюсь  
я не могу её себе позволить  
я не в состоянии купить мед. страховку по состоянию здоровья  
другие причины (объясните)

Если у Вас нет мед. страховки, есть ли она у других членов вашей семьи?  
у моего мужа/моей жены есть страховка  
у моих детей есть медицинская страховка  
у моего мужа/моей жены нет страховки  
у моих детей нет страховки

Если у Вас нет страховки, куда Вы обращаетесь за медицинской помощью?  
в поликлиники и/или в государственную больницу в Сан Франциско  
в отделение неотложной помощи в других больницах Сан Франциско  
в поликлиники и/или больницы за пределами Сан Франциско  
к частному врачу  
другие источники (укажите)

Если бы медицинская страховка стоила таксисту \$200 в месяц, сколько Вы смогли бы выплачивать из своей зарплаты?

- 100% или \$200 в месяц
- 90% или \$180 в месяц
- 80% или \$160 в месяц
- 70% или \$140 в месяц
- 60% или \$120 в месяц
- 50% или \$100 в месяц
- 40% или \$80 в месяц
- 30% или \$60 в месяц
- 20% или \$40 в месяц
- 10% или \$20 в месяц
- я не в состоянии выплачивать никакой процент стоимости страховки

Если Вы выбрали процент от стоимости медицинской страховки, который Вы можете ежемесячно выплачивать, готовы ли Вы подписаться под этим?

- да
- нет

Encuesta de Taxista  
 Ciudad y Condado de San Francisco - Comisión de Taxista

Por favor, complete la encuesta. Sus respuestas son anónimas

Información de Taxista

Edad \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 18-24 \_\_\_\_\_  
 25-34 \_\_\_\_\_  
 35-44 \_\_\_\_\_  
 45-54 \_\_\_\_\_  
 55-64 \_\_\_\_\_  
 65 o mayor de edad \_\_\_\_\_

Género

\_\_\_\_\_ Mujer \_\_\_\_\_  
 \_\_\_\_\_ Hombre \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

¿Cuál es el idioma principal en su casa?

\_\_\_\_\_ árabe \_\_\_\_\_  
 \_\_\_\_\_ inglés \_\_\_\_\_  
 \_\_\_\_\_ hindi y otros dialectos indios \_\_\_\_\_  
 \_\_\_\_\_ mandarín/cantones \_\_\_\_\_  
 \_\_\_\_\_ portugués \_\_\_\_\_  
 \_\_\_\_\_ ruso \_\_\_\_\_  
 \_\_\_\_\_ español \_\_\_\_\_  
 \_\_\_\_\_ urdu \_\_\_\_\_

¿Cuántas personas viven en su casa?

\_\_\_\_\_ # de adultos (19 años de edad y más) \_\_\_\_\_  
 \_\_\_\_\_ # de hijos (menos de 19 años de edad) \_\_\_\_\_

¿Cuál es su condado de residencia?

\_\_\_\_\_ San Francisco \_\_\_\_\_  
 \_\_\_\_\_ Alameda \_\_\_\_\_  
 \_\_\_\_\_ Contra Costa \_\_\_\_\_  
 \_\_\_\_\_ Marin \_\_\_\_\_  
 \_\_\_\_\_ Napa \_\_\_\_\_  
 \_\_\_\_\_ Santa Clara \_\_\_\_\_  
 \_\_\_\_\_ Solano \_\_\_\_\_  
 \_\_\_\_\_ Sonoma \_\_\_\_\_

Vehículos. Por Favor marque todo lo que le concierne a usted

\_\_\_\_\_ Conduzco un vehículo de gasolina natural \_\_\_\_\_  
 \_\_\_\_\_ Conduzco un vehículo accesible a personas en silla de ruedas \_\_\_\_\_  
 \_\_\_\_\_ Conduzco un sedán estándar \_\_\_\_\_

Arreglo de conducir... Por favor marque todo lo que le concierne a usted.

\_\_\_\_\_ Pago diario de los honorarios de alquiler (gates) y la gasolina por el turno.  
 \_\_\_\_\_ Arriendo un taxi por el día completo y pago los honorarios de alquiler (gates) y la gasolina.  
 \_\_\_\_\_ Arriendo un taxi por semana o por mes y pago de los honorarios (gates) y la gasolina.  
 \_\_\_\_\_ Tengo un contrato a largo plazo de un permiso (medallion).  
 \_\_\_\_\_ Conduzco por alguien que tiene un contrato a largo plazo de un permiso (medallion).  
 \_\_\_\_\_ Soy un empleado de una compañía de taxi y conduzco para una compañía de taxi.

Permisos (Medallions)... Por favor marque todo lo que le concierne a usted.

\_\_\_\_\_ Tengo un permiso (medallion) Pre-K.  
 \_\_\_\_\_ Tengo un permiso (medallion) Post K.  
 \_\_\_\_\_ Estoy en la lista para conseguir un permiso (medallion).  
 \_\_\_\_\_ Ninguno de estas categorías es aplicable.

¿En término medio, durante los últimos doce meses, ¿cuántas horas condujo usted cada semana?

\_\_\_\_\_ 9 o menos \_\_\_\_\_  
 \_\_\_\_\_ 10 a 19 \_\_\_\_\_  
 \_\_\_\_\_ 20 a 29 \_\_\_\_\_  
 \_\_\_\_\_ 30 a 39 \_\_\_\_\_  
 \_\_\_\_\_ 40 a 49 \_\_\_\_\_  
 \_\_\_\_\_ 50 a 59 \_\_\_\_\_  
 \_\_\_\_\_ 60 o más \_\_\_\_\_

¿Durante los últimos doce meses, ¿cuántos clientes tuvo usted durante un turno típico de diez horas?

\_\_\_\_\_ Más de 30 clientes cada turno de 10 horas \_\_\_\_\_  
 \_\_\_\_\_ 26 a 30 clientes cada turno de 10 horas \_\_\_\_\_  
 \_\_\_\_\_ 21 a 25 clientes cada turno de 10 horas \_\_\_\_\_  
 \_\_\_\_\_ 16 a 20 clientes cada turno de 10 horas \_\_\_\_\_  
 \_\_\_\_\_ 11 a 15 clientes cada turno de 10 horas \_\_\_\_\_  
 \_\_\_\_\_ 10 clientes o menos cada turno de 10 horas \_\_\_\_\_

Durante los últimos doce meses, describa el pasaje medio incluyendo propinas.

\_\_\_\_\_ \$20 o más \_\_\_\_\_  
 \_\_\_\_\_ \$10 a 14,99 \_\_\_\_\_  
 \_\_\_\_\_ \$5 a 9,99 \_\_\_\_\_  
 \_\_\_\_\_ Menos de \$5 \_\_\_\_\_

¿Si pudiera usted conseguir seguro por la cantidad elegida en la pregunta anterior, podría comprar una póliza de seguro?

\_\_\_\_\_ Sí \_\_\_\_\_  
 \_\_\_\_\_ No \_\_\_\_\_



Ingreso del Taxista y Cuidado Médico

Cuidado Médico Para Taxistas

Aproximadamente, ¿Cuál es su salario anual por conducir un taxi?

Pago neto por conducir solamente.

Por favor, excluya el arrendamiento de permiso (medallion.)

- Menos de \$10,000
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$34,999
- \$35,999-\$39,999
- \$40,000-\$44,999
- \$50,000-\$54,999
- \$55,000-\$59,999
- \$60,000 o más

Aproximadamente, ¿Cuál es el salario anual de la familia? Por favor incluya todos los miembros de los adultos de la familia.

- Menos de \$10,000
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$34,999
- \$35,000-\$39,999
- \$40,000-\$44,999
- \$45,000-\$49,999
- \$50,000-\$54,999
- \$55,000-\$59,999
- \$60,000 o más

¿Tiene usted seguro médico?

- Sí, tengo seguro médico individual.
- Sí, tengo seguro médico por mi esposa/o o pareja doméstica.
- Sí, tengo seguro médico por mi otro trabajo (no del taxi) o como un estudiante.
- Sí, tengo seguro médico por COBRA.
- Sí, tengo seguro médico por Medi-Cal.
- Sí, tengo seguro médico por Medicare.
- No, no tengo seguro médico.
- Otra razón (Por favor explique):

¿Si no tiene usted seguro médico, por qué?

- No creo que lo necesite.
- No puedo proporcionar el precio del seguro médico.
- No puedo conseguir seguro médico porque tengo una condición previa.
- Otra razón (por favor explique):

¿Si no tiene usted seguro médico, tiene seguro médico otro miembro de su familia?

- Por favor marque todo lo que le concierne a usted.
- Mi esposa/esposa /pareja doméstica tiene seguro médico.
- Mis hijos tienen seguro médico.
- No, mi esposa/esposa/pareja doméstica no tiene seguro médico.
- No, uno o más no tiene seguro médico.

¿Si no tiene usted seguro médico, dónde ha recibido usted cuidado médico durante los últimos doce meses? Por favor marque todo lo que le concierne a usted.

- Las clínicas de salud y/o el hospital San Francisco General
- El Departamento de emergencia en otro hospital además del hospital San Francisco General
- Una clínica y/o un hospital fuera de San Francisco
- Un doctor privado
- No busque ningún cuidado médico durante los últimos doce meses.
- Otra razón (por favor explique):

Si el seguro médico cuesta \$200,00 por mes sólo para conducir, cuánto podría pagar de su salario cada mes?

- Hasta 100% o \$200,00 mensual
- Hasta 90% o \$180,00 mensual
- Hasta 80% o \$160,00 mensual
- Hasta 70% o \$140,00 mensual
- Hasta 60% o \$120,00 mensual
- Hasta 50% o \$100,00 mensual
- Hasta 40% o \$80,00 mensual
- Hasta 30% o \$60,00 mensual
- Hasta 20% o \$40,00 mensual
- Hasta 10% o \$20,00 mensual

¿Cómo juzgaría su condición de salud en este momento?

- Excelente
- Buena
- Adecuada
- Pobre