

**TAXI-DRIVER SAFETY STUDY
RETROSPECTIVE QUESTIONNAIRE, DRIVERS**

1. How many years have you been a taxi driver?
2. Do you drive mostly full-time or part-time? (please tick appropriate box)
 mostly full-time mostly part-time
3. Approximately how many hours do you usually work as a taxi-driver per week? (please tick appropriate box)
 under 20 hours
 20 - 40 hours
 40 - 60 hours
 60 - 80 hours
 over 80 hours
4. Do you own or part-own the taxi you drive? (please tick appropriate box)
 yes no
5. Has anyone ever tried to rob you while driving a taxi? (please tick appropriate box)
 yes no (go to question 6)
- 5a. Approximately how long ago was it when this **FIRST** happened?
.....
- 5b. How many times has it happened to you altogether?
.....
- 5c. When was the most **RECENT** time this happened?
.....

6. Apart from the incidents mentioned above has anyone ever assaulted you while driving a taxi? (please tick appropriate box)

yes no (go to question 7)

6a. Approximately how long ago was it when this **FIRST** happened?

.....

6b. How many times has it happened to you altogether?

.....

6c. When was the most **RECENT** time this happened?

.....

7. Are you apprehensive in picking up certain type(s) of passenger? (please tick appropriate box)

yes no (go to question 8)

7a. Briefly outline those types and you reasons for being apprehensive.

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8. What, in your experience, are the predominant forms of serious passenger aggression? (In this context, aggression should be taken to include robbery, assaults and other threatening behaviour you consider extreme, such as violent swearing or gestures.)

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9. Strictly in your experience, is passenger aggression on the increase, decrease or about the same? (please tick appropriate box)

increase

decrease

no change

10. Have you any recommendations how to best reduce passenger aggression?
If so, briefly outline below:

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Finally, we would like to know just a little about you so we can see how different types of drivers feel about the issues we have been examining.

11. Are you: (please tick appropriate box)

male female

12. How old are you? (please tick appropriate box)

under 20 years
 20 - 24 years
 25 - 29 years
 30 - 39 years
 40 - 49 years
 50 - 59 years
 over 60 years

13. How old were you when you first started driving?

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Many thanks for your co-operation. When you have completed the questionnaire could you please place it in the envelope provided, seal, and return to the Chaucer Street office.
