

**National Inmate Survey: Year 3 Pilot**  
**Questionnaire Specifications for Full Instrument**  
**DRAFT: 7/29/09**

- A1 TYPE OF INTERVIEW:
- 1 ENGLISH MALE
  - 2 ENGLISH FEMALE
  - 3 SPANISH MALE
  - 4 SPANISH FEMALE

INTRO As I mentioned before, the National Inmate Survey is a research study being done by the Bureau of Justice Statistics and RTI International, a not-for-profit research organization in North Carolina.

This interview will take about 30 minutes. Your name will never be connected with the information you provide in this interview. We will treat everything you say as private and confidential. We will not share any information you provide with anyone outside or at the facility or anyone who is not working on the project.

OMB INTERVIEWER: IF RESPONDENT ASKS ANY QUESTIONS ABOUT OMB APPROVAL FOR THIS STUDY, YOU MAY READ THE INFORMATION BELOW. OTHERWISE TOUCH THE NEXT BUTTON TO GO TO THE NEXT SCREEN.

**Notice:** Public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 1121-0311.

- I0 FACILITY TYPE
- 1 JAIL
  - 2 PRISON

I1 FACILITY ID

\_\_\_\_\_

I2 ENTER YOUR INTERVIEWER ID NUMBER:

\_\_\_\_\_ [ALLOW 6 DIGITS]

I3 IS AN INCENTIVE BEING OFFERED TO INMATES AT THIS FACILITY?

- 1 YES
- 2 NO

## Section A – Demographics (CAPI)

The first few questions are for statistical purposes only, to help us analyze the results of the study.

**A2** In what year were you born?

4-DIGIT YEAR: \_\_\_\_\_

DK/REF

DEFINE CALCAGE:

CALCAGE = AGE CALCULATED BY SUBTRACTING A2 YEAR FROM CURRENT YEAR.

**A3** [IF A2 NE (DK OR REF)] Are you CALCAGE – 1 or CALCAGE?

1 CALCAGE – 1

2 CALCAGE

DK/REF

NOTE TO PROGRAMMER: The actual age should be written to the file in addition to the respondent's actual answer to A3.

**A4** [IF (A2=DK OR REF) OR A3 = DK OR REF] How old are you?

AGE: \_\_\_\_\_

DK/REF

NOTE: IF A4 NE BLANK, THEN REDEFINE CALCAGE = A4

**I4** [IF CALCAGE < 18] HAS THIS FACILITY APPROVED PARTICIPATION FOR 16 AND 17-YEAR OLDS?

NOTE: THIS INFORMATION IS INCLUDED IN THE FACILITY LOGISTICS PLAN.

1 YES

2 NO

**A4a** [IF CALCAGE < 16 AND I4 = 1] Thank you for your willingness to participate, but we cannot interview anyone who is younger than 16 for this study.

[IF CALCAGE < 18 AND I4 = 2] Thank you for your willingness to participate, but we cannot interview anyone who is younger than 18 for this study.

PRESS NEXT BUTTON TO END INTERVIEW.

**Note to Programmers: Route these cases to M20**

**A4b** [IF A4 = DK/REF] Thank you for your willingness to participate, but we cannot interview if we don't know how old you are.

PRESS NEXT BUTTON TO END INTERVIEW.

**Note to Programmers: Route these cases to M20**

**B1.** How old were you the **first time** you were arrested or taken into custody for any offense?

AGE: \_\_\_\_\_ [RANGE: 6 – CALCAGE]  
DK/REF

**A5** When were you admitted to this facility?

A5a. 2-DIGIT MONTH: \_\_\_\_\_ [RANGE: 1 – 12] DK/REF  
A5b. 2-DIGIT DAY: \_\_\_\_\_ [RANGE: 1 – 31] DK/REF  
A5c. 4-DIGIT YEAR: \_\_\_\_\_ [RANGE: 1915 – current year] DK/REF

**A6** [IF A5a = DK/REF AND A5c NE DK OR REF] What time of year was it? Was it winter, spring, summer, or fall when you were admitted to this facility?

1 WINTER  
2 SPRING  
3 SUMMER  
4 FALL  
DK/REF

**DEFINE CALCTIME:**  
CALCTIME = CALCULATED BY “SUBTRACTING” DATE OF INCARCERATION FROM DATE OF INTERVIEW AND THEN ROUNDING. (less than 2 months report as days; 2 – 11 months report as months; 12 months or more round to nearest year)

**DEFINE DOAFILL1:**

If facility admission date is at least 12 months ago then DOAFILL1 = During the past 12 months  
If facility admission date is less than 12 months ago then DOAFILL1 = Since you arrived at this facility

**DEFINE DOAFILL2:**

If facility admission date is at least 12 months ago then DOAFILL2 = during the past 12 months  
If facility admission date is less than 12 months ago then DOAFILL2 = since you arrived at this facility

**A7** [IF CALCTIME NE MISSING] That means you have been here for about [CALCTIME]. Is that correct?

1 YES  
2 NO

**A8** [IF (A5=DK OR REF) OR A7 = 2] How long have you been in this facility?

INTERVIEWER: PROBE THOROUGHLY TO AVOID A DK OR REFUSE RESPONSE IF AT ALL POSSIBLE.

1 LESS THAN 1 WEEK  
2 AT LEAST 1 WEEK BUT LESS THAN 1 MONTH  
3 AT LEAST 1 MONTH BUT LESS THAN 2 MONTHS  
4 AT LEAST 2 MONTHS BUT LESS THAN 6 MONTHS  
5 AT LEAST 6 MONTHS BUT LESS THAN 1 YEAR  
6 AT LEAST 1 YEAR BUT LESS THAN 5 YEARS  
7 AT LEAST 5 YEARS BUT LESS THAN 10 YEARS  
8 10 YEARS OR MORE  
DK/REF

**UPDATE DOAFILL1:**

IF A8 = 1 – 5 THEN DOAFILL1 = Since you arrived at this facility  
IF A8 = 6 – 8 OR DK OR REF, THEN DOAFILL1 = During the past 12 months

UPDATE DOAFILL2:

IF A8 = 1 – 5 THEN DOAFILL2 = since you arrived at this facility

IF A8 = 6 – 8 OR DK OR REF, THEN DOAFILL2 = during the past 12 months

**A9.** Which of the following best describes the housing unit where you spent last night?

- 1 An open dorm
  - 2 A dorm with cubicles
  - 3 A unit with cells
  - 4 A unit with rooms
  - 5 An area not originally intended as housing, such as a gym, classroom, or day room
  - 6 Administrative segregation or solitary confinement
  - 7 NONE OF THESE
- DK/REF

**A10.** ~~[IF A9 = 6 OR DK] Where did you spend last night?~~

~~\_\_\_\_\_ [ALLOW 80 CHARACTERS]~~

## SECTION C: ACASI Tutorial

- C1** [NO AUDIO REQUIRED] You will complete the rest of this interview on your own using the computer and headphones. Before you start, we'll go through a short practice session together so you can learn how to use this computer to answer the interview questions. After this introduction, I will move away from the computer and will not be able to see your answers so that you can take the interview in privacy.
- You do not need the mouse or keyboard to answer questions. You can simply touch the buttons on the screen using your finger.
- MOVE COMPUTER SO RESPONDENT CAN SEE THE SCREEN.  
For each question, the answers will appear as buttons on the screen, like these yes and no buttons. POINT TO YES AND NO BUTTONS ON SCREEN. To choose an answer you will need to use your finger to touch the button for your answer on the computer screen, like this.  
PRESS **YES** BUTTON.  
After you choose your answer, you must touch the **NEXT** button at the bottom of the screen. TOUCH THE **NEXT** BUTTON.
- C2** [NO AUDIO REQUIRED] If you want to go back to the previous question, this is the **BACK** button. POINT TO BACK BUTTON.
- Now I will show you how to use the back button to go back to the previous question and change the answer to no.
- NOW DEMONSTRATE USE OF BACK BUTTON BY PRESSING IT TO GO BACK TO THE PREVIOUS SCREEN AND CHANGE YOUR ANSWER TO NO. THEN RETURN TO THIS SCREEN BY PRESSING NEXT.
- You can also use the back button to see your previous answer without changing it.
- If you don't know the answer to the question, touch the **DON'T KNOW** button [POINT TO DON'T KNOW ] at the bottom of the screen and you will go on to the next question. PRESS **DON'T KNOW** BUTTON.
- C3** [NO AUDIO REQUIRED] If you don't want to answer the question, you can touch the **REFUSE** button [POINT TO THE REFUSE BUTTON] and you will go on to the next question. PRESS **REFUSE** BUTTON.
- C4** [NO AUDIO REQUIRED] If you want the computer to read the question again, you can press the REPEAT button [POINT TO REPEAT BUTTON].
- C5** [NO AUDIO REQUIRED] You can adjust the volume here [DEMONSTRATE VOLUME ADJUSTMENT, ON THE HEADPHONE CORD]. Or if you want to turn the volume off you can adjust it on your headphones or take your headphones off.
- Please put on your headphones. When you are ready, let me know.
- MOVE COMPUTER SO RESPONDENT CAN USE IT. ONCE RESPONDENT HAS HEADPHONES ON, TOUCH THE **NEXT** BUTTON SO RESPONDENT CAN BEGIN PRACTICE SESSION.

### PLAY AUDIO FOR ALL FOLLOWING SCREENS

- C6** This screen will play while you adjust the volume in your headphones. When you have

adjusted the volume to a level that is comfortable to you, touch the **NEXT** button on the bottom of your screen to continue with the practice session.

- C7** Welcome to RTI’s self-interviewing system, which lets you control the interview and answer in complete privacy. In this system, you can read the questions on the computer screen and hear them read through the headphones. Nobody, not even your interviewer will know how you answer the questions.

First, you will learn how to use the system and complete some practice questions. You will learn how to enter answers and how to back-up if you make a mistake and want to change an answer.

If you would like to just see the questions on the screen, you can turn off the voice on your headphones or take them off.

Touch the large **NEXT** button on the bottom of your screen.

- C8** After you hear the question, you will hear the possible answers. Each answer will be highlighted as it is read. To answer the question, you simply use your finger to touch the button on the screen with your answer on it and then touch the **NEXT** button.

Do you like ice cream?

Yes  
No

- C9** The last question was a Yes-No question. Other questions will have more answers to choose from, and you will pick your answer from a list.

What is your favorite color? Touch the answer button on the screen that best fits you and then touch the **NEXT** button.

Blue  
Red  
Yellow  
Green  
Some other color

- C10** For some questions you will enter your answer using a keypad like the one shown below. Try using the keypad to answer the question below. If you need to change your answer touch the ‘**Clear**’ button to remove what you have already entered and then put in a new answer.

How many brothers and sisters do you have?

NUMBER: \_\_\_\_\_ [RANGE: 0 – 999]

- C11** Sometimes there will be more than one question to answer on a screen like the example shown below. For these questions the answer choices and the Refused and Don’t Know buttons are shown to the right of each question. Try answering the questions below and then press the **NEXT** button to go to the next screen.

Has a doctor or other health care provider **ever** told you that you are allergic to...

Pollen? Y/N/DK/REF

Dust? Y/N/DK/REF  
Mold? Y/N/DK/REF

**C13** You can tell the computer to repeat a question by touching the **REPEAT** button. Try this now.

How many times did you listen to this question?

*I have listened to this screen more than once.*

*I have only listened to this screen one time*

**C14** If you have any questions, ask your interviewer now. If not, tell the interviewer you are ready to begin and she will move away from the computer. Touch the **NEXT** button when you are ready to begin.

**CONTINUATION OF SECTION A: DEMOGRAPHICS**

**A11** Are you of Hispanic, Latino, or Spanish origin?

- 1 Yes
- 2 No
- DK/REF

**A12** [IF A11 = 1] Which of these categories describes your origin or descent?

	Yes	No
A12a. Mexican-American?	1	2
A12b. Mexican?	1	2
A12c. Cuban?	1	2
A12d. Puerto Rican or other Caribbean?	1	2
A12e. Central or South American Spanish?	1	2
A12f. Some other Spanish group?	1	2

**A13** Which of these categories describes your race?

	Yes	No
A13a. White?	1	2
A13b. Black or African American?	1	2
A13c. American Indian or Alaska Native?	1	2
A13d. Asian?	1	2
A13e. Native Hawaiian or other Pacific Islander?	1	2

**A14a** [IF GENDER = FEMALE] How tall are you?

- 1 Less than 4 feet
- 2 4 feet 1 inch – 4 feet 6 inches
- 3 4 feet 7 inches – 4 feet 11 inches
- 4 5 feet – 5 feet 2 inches
- 5 5 feet 3 inches – 5 feet 5 inches
- 6 5 feet 6 inches – 5 feet 8 inches
- 7 5 feet nine inches or taller
- DK/REF

**A15b** [IF GENDER = MALE] How tall are you?

- 1 Less than 4 feet
- 2 4 feet 1 inch – 4 feet 6 inches
- 3 4 feet 7 inches – 4 feet 11 inches
- 4 5 feet – 5 feet 4 inches
- 5 5 feet 5 inches – 5 feet 8 inches
- 6 5 feet 9 inches – 5 feet 11 inches
- 7 6 feet – 6 feet 2 inches
- 8 6 feet three inches – 6 feet five inches
- 9 6 feet six inches or taller
- DK/REF

**A16** How much do you **currently** weigh in pounds?

CURRENT WEIGHT: \_\_\_\_\_ [RANGE: 50 – 700]



DK/REF

**A17** Did you graduate from high school?

1 Yes

2 No

DK/REF

**A18** [IF A17 = 1] Did you receive a high school diploma or a GED for finishing high school?

1 HIGH SCHOOL DIPLOMA

2 GED

DK/REF

**A19** [If A17 = 2] Did you receive a GED?

1 Yes

2 No

DK/REF

**A20** [IF A17 =1 OR A19 =1] What is the highest level of school you have completed?

1 High School or GED

2 Some college but you did not receive a degree

3 Associate Degree

4 Bachelor's Degree

5 An advanced degree such as a Master's, MBA, or PhD

DK/REF

**A21** [IF A17 =2 AND A19 =2] Did you attend high school?

1 Yes

2 No

DK/REF

**Section V – Veteran Status**

The next questions are about service in the United States Armed Forces.

**V1.** Have you **ever** served in the United States Armed Forces?

- 1 Yes
- 2 No
- DK/REF

**V2.** [IF V1 = 1 OR DK OR REF] Have you served in the...

	Yes	No
V2a Army, including the Army National Guard or Reserve?	1	2
V2b Navy, including the Reserve?	1	2
V2c. Marine Corps, including the Reserve?	1	2
V2d. Air Force, including the Air National Guard or Reserve?	1	2
V2e. Coast Guard, including the Reserve?	1	2

**V3.** [IF V1 = 1 OR V2a = 1 OR V2b = 1 OR V2c = 1 OR V2d = 1 OR V2e = 1] In what year did you **first** enter the United States Armed Forces? Use the keypad below to enter the year.

YEAR: \_\_\_\_ [RANGE: 1920 – CURRENT YEAR]  
DK/REF

**V4.** [IF V1 = 1 OR V2a = 1 OR V2b = 1 OR V2c = 1 OR V2d = 1 OR V2e = 1] Are you **currently** serving in the United States Armed Forces?

- 1 Yes
- 2 No
- DK/REF

**V5.** [IF V4 = 2] In what year were you last discharged from the United States Armed Forces? Use the keypad below to enter the year.

YEAR: \_\_\_\_ [RANGE: 1920 – CURRENT YEAR]  
DK/REF

**V6a.** [IF V4 = 1] While serving in the United States Armed Forces, have you seen combat in a line or combat unit?

[IF V4 = 2 OR DK/REF] While you were serving in the United States Armed Forces, did you see combat in a line or combat unit?

- 1 Yes
- 2 No
- DK/REF

**V6b.** [IF V6a = 1] Did you see combat in a line or combat unit in...

	Yes	No
V6b1. World War II?	1	2
V6b2. the Korean Conflict?	1	2

V6b3. the Vietnam War?	1	2
V6b4. the Persian Gulf War?	1	2
V6b5. Afghanistan?	1	2
V6b6. Iraq	1	2
V6b7. Some other military operation which may include peacekeeping operations	1	2

**V7.** [IF V4 = 1] Altogether, how much time have you served in the United States Armed Forces?

[IF V4 = 2 OR DK/REF] Altogether, how much time did you serve in the United States Armed Forces?

- 1 Less than 1 year
- 2 At least one year but less than 3 years
- 3 At least 3 years but less than 5 years
- 4 At least 5 years but less than 10 years
- 5 At least 10 years but less than 15 years
- 6 At least 15 years but less than 20 years
- 7 20 years or more
- DK/REF

**V8.** [IF V4 = 2] What type of discharge did you receive from the United States Armed Forces?

- 1 Honorable
- 2 General under honorable conditions
- 3 Other than honorable
- 4 Bad conduct
- 5 Dishonorable
- 6 Some other type of discharge
- DK/REF

## Section B – Criminal History

**B0.** These next questions are about your experience with crime and the criminal justice system.

**B2.** Altogether, how many times have you been arrested or taken into custody for any offense?

- 1 One time
- 2 2-3 times
- 3 4-10 times
- 4 11 times or more
- DK/REF

**B3.** Before you were admitted to this facility, had you ever spent time as an adult or juvenile in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No
- DK/REF

**B3a.** [IF B3 = 1 OR DK OR REF] Before you were admitted to this facility, how much time altogether had you spent as an adult or juvenile in a prison, jail, or other correctional facility?

- 1 Less than 30 days
- 2 More than 30 days but less than 6 months
- 3 More than 6 months but less than 1 year
- 4 More than 1 year but less than 5 years
- 5 More than 5 years
- DK/REF

**B4.** [IF I0 = 1] Are you **currently** in this facility because you have been sentenced to serve time for an offense?

- 1 Yes
- 2 No
- DK/REF

**B5.** [IF B4 = 2 OR DK OR REF] Are you currently being held in this jail for a property offense? Property offenses include crimes like burglary, larceny, theft, auto theft, bad checks, fraud, forgery, arson, or possession of stolen goods.

- 1 Yes
- 2 No
- DK/REF

**B6.** [IF B4 = 2 OR DK OR REF] Are you currently being held in this jail for a drug offense? Drug offenses include crimes like possessing, selling, trafficking, importing, smuggling, or manufacturing illegal drugs or drug paraphernalia.

- 1 Yes
- 2 No
- DK/REF

**B7.** [IF B4 = 2 OR DK OR REF] Are you currently being held in this jail for a violent offense? Violent offenses include crimes like physical or sexual assault, rape, robbery, manslaughter, murder, attempted murder, or kidnapping.

1 Yes  
2 No  
DK/REF

- B8.** [IF B4 = 2 OR DK OR REF] Are you currently being held in this jail for other crimes against people? Other crimes against people include crimes like vehicular homicide, hit and run, reckless endangerment, child neglect, harassment, or stalking.

1 Yes  
2 No  
DK/REF

- B9.** [IF B4 = 2 OR DK OR REF] Are you currently being held in this jail for a sexual offense? Sexual offenses include crimes like rape, statutory rape, sexual assault, child molestation, pornography, incest, or indecent exposure.

1 Yes  
2 No  
DK/REF

- B10.** [IF B4 = 2 OR DK OR REF] Are you currently being held in this jail for a probation or parole violation?

1 Yes  
2 No  
DK/REF

- B11.** [IF B4 = 2 OR DK OR REF] Are you currently being held in this jail for a procedural violation? Procedural violations include things like failure to appear in court, violating a restraining order, failure to obey a lawful order of a police officer, contempt, escape, resisting arrest without violence, or a regulatory or tax offense.

1 Yes  
2 No  
DK/REF

- B12.** [IF B4 = 2 OR DK OR REF] Are you currently being held in this jail for driving under the influence or driving while intoxicated?

1 Yes  
2 No  
DK/REF

- B13.** [IF B4 = 2 OR DK OR REF] Are you currently being held in this jail for some other offense? Other offenses include crimes like loitering, prostitution, gambling, drunkenness, disorderly conduct, trespassing, minor traffic violations, weapons charges, or immigration violations.

1 Yes  
2 No  
DK/REF

- B14.** [IF I0 = 2 OR IF B4 = 1] Are you currently serving time in this facility for a property offense? Property offenses include crimes like burglary, larceny, theft, auto theft, bad checks, fraud, forgery, arson, or possession of stolen goods.

1 Yes

2 No  
DK/REF

- B15.** [IF I0 = 2 OR IF B4 = 1] Are you currently serving time in this facility for a drug offense? Drug offenses include crimes like possessing, selling, trafficking, importing, smuggling, or manufacturing illegal drugs or drug paraphernalia.

1 Yes  
2 No  
DK/REF

- B16.** [IF I0 = 2 OR IF B4 = 1] Are you currently serving time in this facility for a violent offense? Violent offenses include crimes like physical or sexual assault, rape, robbery, manslaughter, murder, attempted murder, or kidnapping.

1 Yes  
2 No  
DK/REF

- B17.** [IF I0 = 2 OR IF B4 = 1] Are you currently serving time in this facility for other crimes against people? Other crimes against people include crimes like vehicular homicide, hit and run, reckless endangerment, child neglect, harassment, or stalking.

1 Yes  
2 No  
DK/REF

- B18.** [IF I0 = 2 OR IF B4 = 1] Are you currently serving time in this facility for a sexual offense? Sexual offenses include crimes like rape, statutory rape, sexual assault, child molestation, pornography, incest, or indecent exposure.

1 Yes  
2 No  
DK/REF

- B19.** [IF I0 = 2 OR IF B4 = 1] Are you currently serving time in this facility for a probation or parole violation?

1 Yes  
2 No  
DK/REF

- B20.** [IF I0 = 2 OR IF B4 = 1] Are you currently serving time in this facility for a procedural violation? Procedural violations include things like failure to appear in court, violating a restraining order, failure to obey a lawful order of a police officer, contempt, escape, resisting arrest without violence, or a regulatory or tax offense.

1 Yes  
2 No  
DK/REF

- B21.** [IF I0 = 2 OR IF B4 = 1] Are you currently serving time in this facility for driving under the influence or driving while intoxicated?

1 Yes  
2 No  
DK/REF

**B22.** [IF I0 = 2 OR IF B4 = 1] Are you currently serving time in this facility for some other offense? Other offenses include crimes like loitering, prostitution, gambling, drunkenness, disorderly conduct, trespassing, minor traffic violations, weapons charges, or immigration violations.

- 1 Yes
- 2 No
- DK/REF

**B23.** [IF (I0 = 1 AND B4 =1) OR IF I0 = 2] Are you currently serving a life sentence or a life sentence without parole?

- 1 Yes
- 2 No
- DK/REF

**B24.** [IF B23 = 2 OR DK OR REF] Are you currently serving a death sentence?

- 1 Yes
- 2 No
- DK/REF

**B25a.** [IF (I0 = 1 AND B4 =1) AND (B23 = 2 OR DK OR REF) OR (B24 = 2 OR DK OR REF)] What is your total maximum sentence length for all of the sentences you are serving?

- 1 Less than 30 days
- 2 More than 30 days but less than 6 months
- 3 More than 6 months but less than 1 year
- 4 More than 1 year but less than 5 years
- 5 More than 5 years
- DK/REF

**B25b.** [IF I0 = 2 AND (B24 = 2 OR DK OR REF) OR (B24 = 2 OR DK OR REF)] What is your total maximum sentence length for all of the sentences you are serving?

- 1 Less than 1 year
- 2 More than 1 year but less than 5 years
- 3 More than 5 years but less than 10 years
- 4 More than 10 years but less than 20 years
- 5 More than 20 years
- DK/REF

**B26.** [IF I0 = 1 AND B23 NE 1 AND B24 NE 1] Do you have a **definite date** on which you expect to be released from jail or prison?

[IF I0 = 2 AND B23 NE 1 AND B24 NE 1] Do you have a **definite date** on which you expect to be released from prison?

- 1 Yes
- 2 No
- DK/REF

**B27.** [(IF B26 = 1 OR DK OR REF)] How much more time do you think you will serve before you are released?

- 1 Less than 30 days

- 2 More than 30 days but less than 1 year
  - 3 More than 1 year but less than 5 years
  - 4 More than 5 years but less than 10 years
  - 5 More than 10 years
- DK/REF



**SECTION D: MISCELLANEOUS**

- D1** Are you currently married, widowed, divorced or separated, or have you never married?
- 1 Married
  - 2 Widowed
  - 3 Divorced
  - 4 Separated (For reasons other than incarceration)
  - 5 Never married
- DK/REF
- D2** Are you male, female, or transgender?
- 1 Male
  - 2 Female
  - 3 Transgender
- DK/REF
- D3** Before you entered this facility, about how many different partners had you ever had sex with? By sex we mean vaginal, oral, or anal sex.
- 1 0
  - 2 1
  - 3 2 – 4
  - 4 5 – 10
  - 5 11 – 20
  - 6 21 or more
- DK/REF
- D4** [IF D3 NE 1] Before you entered this facility, had you had sex with men only, women only, or both men and women?
- 1 Men only
  - 2 Women only
  - 3 Both men and women
- DK/REF
- D5** Do you consider yourself to be heterosexual or 'straight', bisexual, or homosexual or gay?
- 1 Heterosexual or 'Straight'
  - 2 Bi-sexual
  - 3 [D2 = 1] Homosexual or Gay
  - 4 [D2 = 2 OR 3 OR DK OR REF] Homosexual, Gay, or Lesbian
  - 5 Other
- DK/REF

### **Randomizing Information**

**This portion of the instrument contains only those questions that will be asked of the 90% of the sample that receives the victimization questions. For the 10% receiving the alternative questionnaire, jump to Section L.**

**D6** [IF GENDER=F] **Before you entered this facility**, had anyone ever physically forced you to have sex or sexual contact – that is unwanted touching of the breasts, genitals, or butt or vaginal, oral, or anal sex?

[IF GENDER=M] **Before you entered this facility**, had anyone ever physically forced you to have sex or sexual contact – that is unwanted touching of the genitals or butt or vaginal, oral or anal sex?

- 1 Yes
- 2 No
- DK/REF

**D7** [IF GENDER=F] **Before you entered this facility**, had anyone pressured you or made you feel you had to have sex or sexual contact – that is unwanted touching of the breasts, genitals, or butt or vaginal, oral, or anal sex?

[IF GENDER=M] **Before you entered this facility**, had anyone ever pressured you or made you feel you had to have sex or sexual contact – that is unwanted touching of the genitals or butt or vaginal, oral or anal sex?

- 1 Yes
- 2 No
- DK/REF

DEFINE SECTYPE1:

IF D6 = 1 AND D7 NE 1, SECTYPE1 = “physically forced”

IF D6 NE 1 AND D7 =1, SECTYPE1 = “pressured or made to feel that you had”

IF D6 = 1 AND D7 = 1, SECTYPE1 = “physically forced, pressured, or made to feel that you had”

ELSE SECTYPE1 = BLANK

**D8** [IF D6 =1 OR D7 = 1] How many times were you [SECTYPE1 FILL] to have sex or sexual contact before you entered this facility?

- 1 1 time
- 2 2 times
- 3 3 – 10 times
- 4 11 times or more
- DK/REF

**D8a** [IF D8 = 3] How many times were you [SECTYPE1 FILL] to have sex or sexual contact before you entered this facility?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

**D8b** [IF D8 = 4] How many times were you [SECTYPE1 FILL] to have sex or sexual contact before you entered this facility?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 999]

DK/REF

**D9** [IF D8 NE 1 AND SECTYPE1 NE BLANK AND CALCAGE = 18 OR OLDER] Were you [SECTYPE1 FILL] to have sex or sexual contact before you were 18 years old, after you turned 18, or both?

- 1 Before you were 18
- 2 After you turned 18
- 3 Both

DK/REF

**D10** [IF D8 = 1 AND CALCAGE = 18 OR OLDER] Were you [SECTYPE1 FILL] to have sex or sexual contact before you were 18 years old?

- 1 Yes
- 2 No

DK/REF

**D11** [IF (D6 = 1 OR D7 = 1) AND B3=1] **Before you entered this facility**, were you [SECTYPE1 FILL] to have sex or sexual contact while you were an adult or juvenile in a jail, prison, or other correctional facility?

- 1 Yes
- 2 No

DK/REF

## Section E: Sexual Activity with Inmates

**E1** These next questions are about both wanted and unwanted sex or sexual contact you have had with other inmates in this facility **DOAFILL2**. Touch the NEXT button to go to the next screen.

<b>Males</b>		<b>Females</b>	
<b>E2</b>	[IF GENDER = MALE] <b>DOAFILL1</b> , have <b>you</b> been touched on your butt, thighs, or penis in a sexual way by another inmate?  1 Yes 2 No DK/REF	<b>E2</b>	[IF GENDER = FEMALE] <b>DOAFILL1</b> , have <b>you</b> been touched on your butt, thighs, breasts, or vagina in a sexual way by another inmate?  1 Yes 2 No DK/REF
<b>E6</b>	[IF GENDER = MALE] <b>DOAFILL1</b> , have you given <b>or</b> received a handjob? A 'handjob' is when someone's penis is rubbed by somebody else.  1 Yes 2 No DK/REF		
<b>E8</b>	[IF GENDER = MALE] <b>DOAFILL1</b> , have you given <b>or</b> received oral sex or a blow job? Oral sex or a blow job is when one inmate puts their mouth on the penis or butt of another inmate.  1 Yes 2 No DK/REF	<b>E8</b>	[IF GENDER = FEMALE] <b>DOAFILL1</b> , have you given <b>or</b> received oral sex? Oral sex is when one inmate puts their mouth on the vagina or butt of another inmate.  1 Yes 2 No DK/REF
		<b>E10</b>	[IF GENDER=F] <b>DOAFILL1</b> , have you had vaginal sex? Vaginal sex is when one inmate inserts their finger or an object into another inmate's vagina.  1 Yes 2 No DK/REF
<b>E12</b>	[IF GENDER = M] <b>DOAFILL1</b> , have you had anal sex? Anal sex is when one inmate inserts their finger, penis, or an object into another inmate's butt.  1 Yes 2 No	<b>E12</b>	[IF GENDER = F] <b>DOAFILL1</b> , have you had anal sex? Anal sex is when one inmate inserts their finger or an object into another inmate's butt.  1 Yes 2 No

DK/REF	DK/REF
<p><b>E14</b> [IF GENDER=M] <b>DOAFILL1</b>, have you had any type of sex or sexual contact with another inmate <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?</p> <p>1 Yes 2 No</p> <p>DK/REF</p>	<p><b>E14</b> [IF GENDER=F] <b>DOAFILL1</b>, have you had any type of sex or sexual contact with another inmate <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?</p> <p>1 Yes 2 No</p> <p>DK/REF</p>
<p><b>E15</b> [IF E2 = 1 OR E6 = 1 OR E8 = 1 OR E12 = 1 OR E14 = 1] These next questions are <b>only</b> about unwanted sex or sexual contact. Touch the NEXT button to go to the next screen.</p>	<p><b>E15</b> [IF E2 = 1 OR E8 = 1 OR E10 = 1 OR E12 = 1 OR E14 = 1] These next questions are <b>only</b> about unwanted sex or sexual contact. Touch the NEXT button to go to the next screen.</p>
<p><b>E16</b> [IF E2=1] <b>DOAFILL1</b>, did another inmate use physical force to touch your butt, thighs, or penis in a sexual way?</p> <p>1 Yes 2 No</p> <p>DK/REF</p> <p><b>E17</b> [IF E2 = 1] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, or penis in a sexual way?</p> <p>1 Yes 2 No</p> <p>DK/REF</p>	
	<p><b>E18</b> [IF E2=1] <b>DOAFILL1</b>, did another inmate use physical force to touch your butt, thighs, breasts, or vagina in a sexual way?</p> <p>1 Yes 2 No</p> <p>DK/REF</p> <p><b>E19</b> [IF E2 = 1] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, breasts, or vagina in a sexual way?</p> <p>1 Yes</p>

		2 No DK/REF
<b>E22</b>	[IF E6 =1] <b>DOAFILL1</b> , did another inmate use physical force to make you give <b>or</b> receive a handjob?  1 Yes 2 No DK/REF	
<b>E23</b>	[IF E6 = 1] <b>DOAFILL1</b> , did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive a handjob?  1 Yes 2 No DK/REF	
	<b>E24</b>	[IF E8 = 1] <b>DOAFILL1</b> , did another inmate use physical force to make you give <b>or</b> receive oral sex?  1 Yes 2 No DK/REF
	<b>E25</b>	[IF E8 = 1] <b>DOAFILL1</b> , did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive oral sex?  1 Yes 2 No DK/REF
<b>E26</b>	[IF E8 =1] <b>DOAFILL1</b> , did another inmate use physical force to make you give <b>or</b> receive oral sex or a blow job?  1 Yes 2 No DK/REF	
<b>E27</b>	[IF E8 = 1] <b>DOAFILL1</b> , did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive oral sex or a blow job?  1 Yes 2 No	

DK/REF			
		<b>E28</b>	[IF E10 = 1] <b>DOAFILL1</b> , did another inmate use physical force to make you have vaginal sex?  1 Yes 2 No DK/REF
		<b>E29</b>	[IF E10 = 1] <b>DOAFILL1</b> , did another inmate, without using physical force, pressure you or make you feel that you had to have vaginal sex?  1 Yes 2 No DK/REF
<b>E32</b>	[IF E12 = 1] <b>DOAFILL1</b> , did another inmate use physical force to make you have anal sex?  1 Yes 2 No DK/REF	<b>E32</b>	[IF E12 = 1] <b>DOAFILL1</b> , did another inmate use physical force to make you have anal sex?  1 Yes 2 No DK/REF
<b>E33</b>	[IF E12 = 1] <b>DOAFILL1</b> , did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?  1 Yes 2 No DK/REF	<b>E33</b>	[IF E12 = 1] <b>DOAFILL1</b> , did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?  1 Yes 2 No DK/REF
<b>E34</b>	[IF E14 = 1] <b>DOAFILL1</b> , did another inmate use physical force to make you have any type of sex or sexual contact <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?  1 Yes 2 No DK/REF	<b>E34</b>	[IF E14 = 1] <b>DOAFILL1</b> , did another inmate use physical force to make you have any type of sex or sexual contact <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?  1 Yes 2 No DK/REF
<b>E35</b>	[IF E14 = 1] <b>DOAFILL1</b> , did another inmate, without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact <b>other than</b> sexual touching, handjobs, oral sex or	<b>E35</b>	[IF E14 = 1] <b>DOAFILL1</b> , did another inmate, without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact <b>other than</b> sexual touching, oral sex, vaginal sex, or



blowjobs, or anal sex?  1        Yes 2        No DK/REF	anal sex?  1        Yes 2        No DK/REF
---	--

**E36** [IF GENDER = M AND (E22 = 1 OR E23 = 1 OR E26 = 1 OR E27 = 1 OR E32 = 1 OR E33 = 1)] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E22 OR E23 = 1] Give or receive a handjob,
- [IF E26 OR E27 = 1] Give or receive oral sex or a blow job, or
- [IF E32 OR E33 = 1] Have anal sex?

- 1        1 time
- 2        2 times
- 3        3 – 10 times
- 4        11 times or more
- DK/REF

**E36a** [IF E36 = 3] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E22 OR E23 = 1] Give or receive a handjob,
- [IF E26 OR E27 = 1] Give or receive oral sex or a blow job, or
- [IF E32 OR E33 = 1] Have anal sex?

- 1        3 times
- 2        4 times
- 3        5 times
- 4        6 times
- 5        7 times
- 6        8 times
- 7        9 times
- 8        10 times
- DK/REF

**E36b** [IF E36 = 4] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E22 OR E23 = 1] Give or receive a handjob,
- [IF E26 OR E27 = 1] Give or receive oral sex or a blow job, or
- [IF E32 OR E33 = 1] Have anal sex?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]  
DK/REF

**E37** [IF GENDER = F AND (E24 = 1 OR E25 = 1 OR E28 = 1 OR E29 = 1 OR E32 = 1 OR E33 = 1)] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E24 OR E25 = 1] Give or receive oral sex,
- [IF E28 OR E29 = 1] Have vaginal sex, or
- [IF E32 OR E33 = 1] Have anal sex?

- 1 1 time
- 2 2 times
- 3 3 – 10 times
- 4 11 times or more

DK/REF

**E37a** [IF E37 = 3] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E24 OR E25 = 1] Give or receive oral sex,
- [IF E28 OR E29 = 1] Have vaginal sex, or
- [IF E32 OR E33 = 1] Have anal sex?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times

DK/REF

**E37b** [IF E37 = 4] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E24 OR E25 = 1] Give or receive oral sex,
- [IF E28 OR E29 = 1] Have vaginal sex, or
- [IF E32 OR E33 = 1] Have anal sex?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

**E38** [IF E16 = 1 OR E17 = 1] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your butt, thighs, or penis in a sexual way?

- 1 1 time
- 2 2 times
- 3 3 – 10 times
- 4 11 times or more

DK/REF

**E38a** [IF E38 = 3] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your butt, thighs, or penis in a sexual way:

- 1 3 times

- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times

DK/REF

**E38b** [IF E38 = 4] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your butt, thighs, or penis in a sexual way:

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

**E39** [IF E18 = 1 OR E19 = 1] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your thighs, breasts, or vagina in a sexual way?

- 1 1 time
- 2 2 times
- 3 3 – 10 times
- 4 11 times or more

DK/REF

**E39a** [IF E39 = 3] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your thighs, breasts, or vagina in a sexual way:

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times

DK/REF

**E39b** [IF E39 = 4] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your thighs, breasts, or vagina in a sexual way:

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

**E40** [IF NSCA = 1 AND (E36 > 1 OR E37 > 1)] How soon after you arrived at this facility were you [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate for the **first time**?

[IF NSCA = 1 AND (E36 = 1 OR E37 = 1)] How soon after you arrived at this facility were you [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate?

- 1 Within the first 24 hours after you arrived here
  - 2 More than 24 hours but within your first 3 days here
  - 3 More than 3 days but within your first 30 days here
  - 4 More than 30 days after you arrived here
- DK/REF

**LCM1 DOAFILL1**, did another inmate use physical force, pressure you, or make you feel that you had to have any type of sex or sexual contact?

- 1 Yes
  - 2 No
- DK/REF

**LCM2a** How long has it been since another inmate in this facility used physical force, pressured you, or made you feel that you had to have any type of sex or sexual contact?

- 1 Within the past 7 days
  - 2 More than 7 days ago but within the past 30 days
  - 3 More than 30 days ago but within the past 12 months
  - 4 More than 12 months ago
  - 5 This has not happened to me at this facility
- DK/REF

<p><b>E162</b></p> <p>[IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to touch your butt, thighs, or penis in a sexual way?</p> <ul style="list-style-type: none"> <li>1 Yes</li> <li>2 No</li> </ul> <p>DK/REF</p>	
<p><b>E172</b></p> <p>[IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, or penis in a sexual way <b>DOAFILL2?</b></p> <ul style="list-style-type: none"> <li>1 Yes</li> <li>2 No</li> </ul> <p>DK/REF</p>	
	<p><b>E182</b></p> <p>[IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force</p>

	<p>to touch your butt, thighs, breasts, or vagina in a sexual way?</p> <p>1        Yes 2        No DK/REF</p> <p><b>E192</b></p> <p>[IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, breasts, or vagina in a sexual way?</p> <p>1        Yes 2        No DK/REF</p>
<p><b>E222</b></p> <p>[IF E2 = 2 AND E6 = 2 AND E8 = 2 AND AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive a handjob?</p> <p>1        Yes 2        No DK/REF</p> <p><b>E232</b></p> <p>[IF E2 = 2 AND E6 = 2 AND E8 = 2 AND AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive a handjob?</p> <p>1        Yes 2        No DK/REF</p>	
	<p><b>E242</b></p> <p>[IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive oral sex?</p> <p>1        Yes 2        No</p>

	<p>DK/REF</p> <p><b>E252</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive oral sex?</p> <p>1 Yes 2 No DK/REF</p>
<p><b>E262</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you give <b>or</b> receive oral sex or a blow job?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E272</b> [IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to give <b>or</b> receive oral sex or a blow job?</p> <p>1 Yes 2 No DK/REF</p>	
	<p><b>E282</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you have vaginal sex?</p> <p>1 Yes 2 No DK/REF</p> <p><b>E292</b> [IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or</p>

			<p>make you feel that you had to have vaginal sex?</p> <p>1 Yes 2 No DK/REF</p>
<b>E322</b>	<p>[IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you have anal sex?</p> <p>1 Yes 2 No DK/REF</p>	<b>E322</b>	<p>[IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you have anal sex?</p> <p>1 Yes 2 No DK/REF</p>
<b>E332</b>	<p>[IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?</p> <p>1 Yes 2 No DK/REF</p>	<b>E332</b>	<p>[IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?</p> <p>1 Yes 2 No DK/REF</p>
<b>E342</b>	<p>[IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you have any type of sex or sexual contact <b>other than</b> sexual touching, handjobs, oral sex or blowjobs, or anal sex?</p> <p>1 Yes 2 No DK/REF</p>	<b>E342</b>	<p>[IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate use physical force to make you have any type of sex or sexual contact <b>other than</b> sexual touching, oral sex, vaginal sex, or anal sex?</p> <p>1 Yes 2 No DK/REF</p>
<b>E352</b>	<p>[IF E2 = 2 AND E6 = 2 AND E8 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact <b>other than</b> sexual touching, handjobs, oral sex or</p>	<b>E352</b>	<p>[IF E2 = 2 AND E8 = 2 AND E10 = 2 AND E12 = 2 AND E14 = 2 AND (LCM1 = 1 OR LCM2 = 1 OR 2 OR 3)] <b>DOAFILL1</b>, did another inmate, without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact <b>other than</b> sexual touching, oral sex, vaginal sex, or</p>

blowjobs, or anal sex?	anal sex?
1      Yes	1      Yes
2      No	2      No
DK/REF	DK/REF

**E353** [IF GENDER = M AND (E222 = 1 OR E232 = 1 OR E262 = 1 OR E272 = 1 OR E322 = 1 OR E332 = 1)] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E222 OR E232 = 1] Give or receive a handjob,
- [IF E262 OR E272 = 1] Give or receive oral sex or a blow job, or
- [IF E322 OR E332 = 1] Have anal sex?

- 1      1 time
- 2      2 times
- 3      3 – 10 times
- 4      11 times or more
- DK/REF

**E354** [IF E353 = 3] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E222 OR E232 = 1] Give or receive a handjob,
- [IF E262 OR E272 = 1] Give or receive oral sex or a blow job, or
- [IF E322 OR E332 = 1] Have anal sex?

- 1      3 times
- 2      4 times
- 3      5 times
- 4      6 times
- 5      7 times
- 6      8 times
- 7      9 times
- 8      10 times
- DK/REF

**E355** [IF E353 = 4] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E222 OR E232 = 1] Give or receive a handjob,
- [IF E262 OR E272 = 1] Give or receive oral sex or a blow job, or
- [IF E322 OR E332 = 1] Have anal sex?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]  
DK/REF

**E356** [IF GENDER = F AND (E242 = 1 OR E252 = 1 OR E282 = 1 OR E292 = 1 OR E322 = 1 OR E332 = 1)] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):



- [IF E242 OR E252 = 1] Give or receive oral sex,
- [IF E282 OR E292 = 1] Have vaginal sex, or
- [IF E322 OR E332 = 1] Have anal sex?

- 1 1 time
  - 2 2 times
  - 3 3 – 10 times
  - 4 11 times or more
- DK/REF

**E357** [IF E356 = 3] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E242 OR E252 = 1] Give or receive oral sex,
- [IF E282 OR E292 = 1] Have vaginal sex, or
- [IF E322 OR E332 = 1] Have anal sex?

- 1 3 times
  - 2 4 times
  - 3 5 times
  - 4 6 times
  - 5 7 times
  - 6 8 times
  - 7 9 times
  - 8 10 times
- DK/REF

**E358** [IF E356 = 4] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to):

- [IF E242 OR E252 = 1] Give or receive oral sex,
- [IF E282 OR E292 = 1] Have vaginal sex, or
- [IF E322 OR E332 = 1] Have anal sex?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]  
DK/REF

**E359** [IF E162 = 1 OR E172 = 1] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your butt, thighs, or penis in a sexual way?

- 1 1 time
  - 2 2 times
  - 3 3 – 10 times
  - 4 11 times or more
- DK/REF

**E360** [IF E359 = 3] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your butt, thighs, or penis in a sexual way:

- 1 3 times
- 2 4 times

- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times

DK/REF

**E361** [IF E359 = 4] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your butt, thighs, or penis in a sexual way:

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

**E362** [IF E182 = 1 OR E192 = 1] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your thighs, breasts, or vagina in a sexual way?

- 1 1 time
- 2 2 times
- 3 3 – 10 times
- 4 11 times or more

DK/REF

**E363** [IF E362 = 3] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your thighs, breasts, or vagina in a sexual way:

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times

DK/REF

**E364** [IF E362 = 4] **DOAFILL1**, how many times altogether were you (physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to) let another inmate touch your thighs, breasts, or vagina in a sexual way:

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]

DK/REF

## Section F: Description of NCSAs

DEFINE NCSA:

```
IF E16 = 1 OR E17 = 1 OR E18 = 1 OR E19 = 1 OR E22 = 1 OR E23 = 1 OR E24 = 1
OR E25 = 1 OR E26 = 1 OR E27 = 1 OR E28 = 1 OR E29 = 1 OR E32 = 1 OR E33 = 1
OR E34 = 1 OR E35 = 1 OR E162 = 1 OR E172 = 1 OR E182 = 1 OR E192 = 1 OR
E222 = 1 OR E232 = 1 OR E242 = 1 OR E252 = 1 OR E262 = 1 OR E272 = 1 OR E282
= 1 OR E292 = 1 OR E322 = 1 OR E332 = 1 OR E332 = 1 OR E342 = 1 OR E352 = 1
THEN NCSA = 1
ELSE NCSA = 2
```

DEFINE forced:

```
If at least one of (E16, E18, E22, E24, E26, E28, E32, E34, E162, E182, E222, E242, E262, E282,
E322, E342) is YES,
then forced = YES
else forced = NO
```

DEFINE pressured:

```
If at least one of (E17, E19, E23, E25, E27, E29, E33, E35, E172, E192, E232, E252, E272, E292,
E332, E352) is YES,
then pressured = YES
else pressured = NO
```

DEFINE forcedOrPressuredFill2:

```
If forced = YES AND pressured = NO
then forcedOrPressuredFill2 = "physically forced"
Else if forced = NO AND pressured = YES
then forcedOrPressuredFill2 = "pressured or made to feel that you had"
Else if forced = YES AND pressured = YES
then forcedOrPressuredFill2 = "physically forced, pressured, or made to feel that you had"
Else
forcedOrPressuredFill2 = "????"
```

Note that if forced and pressured are both NO, the fill won't be used so it doesn't matter what it is.

DEFINE #NCSA1

```
IF E36 + E37 + E38 + E39 = 1 THEN #NCSA1 = did it
```

```
IF E36 + E37 + E38 + E39 > 1 THEN #NCSA1 = did it ever
```

DEFINE #NCSA2

```
IF E36 + E37 + E38 + E39 = 1 THEN #NCSA2 = were you
```

```
IF E36 + E37 + E38 + E39 > 1 THEN #NCSA2 = were you ever
```

DEFINE #NCSA3

```
IF E36 + E37 + E38 + E39 = 1 THEN #NCSA3 = was it
```

```
IF E36 + E37 + E38 + E39 > 1 THEN #NCSA3 = was it ever
```

DEFINE #NCSA4

```
IF E36 + E37 + E38 + E39 = 1 THEN #NCSA4 = did you
```

```
IF E36 + E37 + E38 + E39 > 1 THEN #NCSA4 = did you ever
```

DEFINE #NCSA5

```
IF E36 + E37 + E38 + E39 = 1 THEN #NCSA5 = why didn't you
```

```
IF E36 + E37 + E38 + E39 > 1 THEN #NCSA5 = why didn't you ever
```

**F1** [IF NCSA = 1] **DOAFILL1**, when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA1 FILL] involve **more than one inmate?**

- 1 Yes
- 2 No

- F2** [IF NCSA=1] **DOAFILL1**,when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA1 FILL] happen...

	Yes	No
F2a. Between 6:00 in the morning and noon?	1	2
F2b. After noon but before 6:00 in the evening?	1	2
F2c. After 6:00 in the evening but before midnight?	1	2
F2d. After midnight but before 6:00 in the morning?	1	2

- F3** [IF NCSA=1] **DOAFILL1**,when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA1 FILL] happen...

	Yes	No
F3a. In your own cell, room, or sleeping area?	1	2
F3b. In the cell, room, or housing area of another inmate?	1	2
F3c. Somewhere else in the facility?	1	2
F3d. Off facility grounds?	1	2

- F4** [IF F3c =1] **DOAFILL1**,when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA1 FILL] happen ...

	Yes	No
F4a. In a shower?	1	2
F4b. In a bathroom?	1	2
F4c. In the yard or recreation area?	1	2
F4d. In a classroom or library?	1	2
F4e. In a workshop, kitchen, or other workplace?	1	2
F4f. In a closet?	1	2
F4g. In an office or other locked room?	1	2
F4h. On the stairs?	1	2

- F5** [IF F3d =1] **DOAFILL1**,when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA1] happen in...

	Yes	No
F5a. A bus, van, or car?	1	2
F5b. A courthouse?	1	2
F5c. Some other type of temporary holding facility?	1	2
F5d. A hospital or other type of medical facility?	1	2

- F6** [IF NCSA = 1] **DOAFILL1**,when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NSCA2 FILL] ...

	Yes	No

F6a. Persuaded or talked into it?	1	2
F6b. Given a bribe?	1	2
F6c. Blackmailed?	1	2
F6d. Given drugs or alcohol to get you drunk or high?	1	2
F6e. Offered protection from other inmates?	1	2
F6f. Trying to pay off or settle a debt that you owed?	1	2
F6g. Threatened with harm?	1	2
F6h. Physically held down or restrained?	1	2
F6i. Physically harmed or injured?	1	2
F6j. Threatened with a weapon?	1	2

**F7** [IF NCSA = 1] **DOAFILL1**, when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA1] involve an inmate of Hispanic or Latino origin?

- 1 Yes
- 2 No
- DK/REF

**F7a** [IF NCSA = 1] **DOAFILL1**, when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA1] involve an inmate who was...

	Yes	No
F7a1. White	1	2
F7a2. Black or African American	1	2
F7a3. American Indian or Alaska Native	1	2
F7a4. Asian	1	2
F7a5. Native Hawaiian or other Pacific Islander	1	2

**F8** [IF NCSA = 1] **DOAFILL1**, when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA3] initiated by a gang?

- 1 Yes
- 2 No
- DK/REF

**F9** [IF NCSA = 1] **DOAFILL1**, when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA2] injured?

- 1 Yes
- 2 No
- DK/REF

**F10** [IF F9 = 1] **DOAFILL1**, when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA4] ...

	Yes	No
F10a. Receive knife or stab wounds	1	2

F10b. Receive broken bones	1	2
F10c. Have [anal/anal or vaginal] tearing	1	2
F10d. Have your teeth chipped or knocked out	1	2
F10e. Receive internal injuries	1	2
F10f. Get knocked unconscious	1	2
F10g. Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts	1	2

**F11** [IF F9 = 1] **DOAFILL1**, when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA4] see a doctor, nurse, or other health care provider for any of the injuries you received?

- 1 Yes  
2 No  
DK/REF

**F12** [IF NCSA = 1] **DOAFILL1**, when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA4] report it to facility staff?

- 1 Yes  
2 No  
DK/REF

**F13** [IF F12 = 1] **DOAFILL1**, when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA4] report it to...

	Yes	No
F13a. A correctional officer	1	2
F13b. An administrative staff person	1	2
F13c. A medical or healthcare staff person	1	2
F13d. An instructor or teacher	1	2
F13e. A counselor or other mental health care provider	1	2
F13f. A chaplain or other religious official	1	2
F13g. A volunteer	1	2
F13h. Some other type of facility staff person	1	2
F13i. A telephone hotline	1	2
F13j. Another inmate	1	2
F13k. A family member or friend	1	2

**F24** [IF F12 =1] **DOAFILL1**, when you reported that you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, was your report investigated by facility staff or another investigative unit?

- 1 Yes  
2 No  
DK/REF

**F14** [IF F12 = 1] **DOAFILL1**, when you made a report to a facility staff person that you were [physically forced to/pressured or made to feel that you had to/physically forced,

pressured, or made to feel that you had to] have sex or sexual contact with another inmate, did any of the following things happen to you?

	Yes	No
F14a. You were moved to administrative segregation or some other protective housing	1	2
F14b. You were placed in a medical unit, ward, or hospital	1	2
F14c. You were confined to your own cell, room, or housing area	1	2
F14d. You were given a higher level of custody within the facility	1	2
F14e. You were offered a transfer to another facility	1	2
F14f. You were written up	1	2

**F15** [IF F12 =2] **DOAFILL1**, when you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate, [#NCSA5] report it to facility staff?

	Yes	No
F15a. [IF F1 = 2] You were afraid or scared of the inmate involved [IF F1 = 1] You were afraid or scared of the inmates involved	1	2
F15b. You were afraid or scared of being punished by facility staff	1	2
F15c. You were embarrassed or ashamed that it happened	1	2
F15d. You didn't think staff would investigate	1	2
F15e. [IF F1 = 2] You didn't think the inmate involved would be punished [IF F1 = 1] You didn't think the inmates involved would be punished	1	2

**F16** [IF NSCA = 1 AND (E36 > 1 OR E37 > 1)] How long has it been since you were last [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate in this facility?

[IF NSCA = 1 AND (E36 = 1 OR E37 = 1)] How long has it been since you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with another inmate in this facility?

- 1 Within the past 7 days
- 2 More than 7 days ago but within the past 30 days
- 3 More than 30 days ago but within the past 3 months
- 4 More than 3 months ago but within the past 6 months
- 5 More than 6 months ago but within the past 9 months
- 6 More than 9 months ago but within the past 12 months
- 7 More than 12 months ago

DK/REF

## Section G: Staff Sexual Misconduct

**G1** These next questions are about the behavior of staff at this facility **DOAFILL2**. By staff we mean the employees of this facility and anybody who works as a volunteer in this facility. Touch the NEXT button to go to the next screen.

**G4** **DOAFILL1**, have any facility staff pressured you or made you feel that you had to let them have sex or sexual contact with you?

- 1 Yes
- 2 No
- DK/REF

**G5** **DOAFILL1**, have you been physically forced by any facility staff to have sex or sexual contact?

- 1 Yes
- 2 No
- DK/REF

### DEFINE SECTYPE2

IF G4 = 1 AND G5 = 1 THEN SECTYPE2 = physically forced, pressured, or made to feel that you had to

IF G4 = 1 AND G5 NE 1 THEN SECTYPE2 = pressured or made to feel that you had to

IF G4 NE 1 AND G5 = 1 THEN SECTYPE2 = physically forced to

**G6** [IF G4 = 1 OR G5 = 1] **DOAFILL1**, how many times were you [SECTYPE2 FILL] have sex or sexual contact with any facility staff?

- 1 1 time
- 2 2 times
- 3 3 – 10 times
- 4 11 times or more
- DK/REF

**G6a.** [IF G6 = 3] **DOAFILL1**, how many times were you [SECTYPE2 FILL] have sex or sexual contact with any facility staff?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times
- DK/REF

**G6b.** [IF G6 = 4] **DOAFILL1**, how many times were you [SECTYPE2 FILL] have sex or sexual contact with any facility staff?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]  
DK/REF

**G8** [IF (G4 = 1 OR G5 = 1) AND G6 > 1] How soon after you arrived at this facility were you [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with facility staff for the **first time**?



[IF (G4 = 1 OR G5 = 1) AND G2 = 1] How soon after you arrived at this facility were you [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with facility staff?

- 1 Within the first 24 hours after you arrived here
  - 2 More than 24 hours but within your first 3 days here
  - 3 More than 3 days but within your first 30 days here
  - 4 More than 30 days after you arrived here
- DK/REF

**G7** **DOAFILL1**, have any facility staff offered you favors or special privileges in exchange for sex or sexual contact?

- 1 Yes
  - 2 No
- DK/REF

**G2** **DOAFILL1**, have you **willingly** had sex or sexual contact with any facility staff?

- 1 Yes
  - 2 No
- DK/REF

**G3** [IF G2 = 1] **DOAFILL1**, how many times have you **willingly** had sex or sexual contact with facility staff?

- 1 1 time
  - 2 2 times
  - 3 3 – 10 times
  - 4 11 times or more
- DK/REF

**G3a** [IF G3 = 3] **DOAFILL1**, how many times have you **willingly** had sex or sexual contact with any facility staff?

- 1 3 times
  - 2 4 times
  - 3 5 times
  - 4 6 times
  - 5 7 times
  - 6 8 times
  - 7 9 times
  - 8 10 times
- DK/REF

**G3b** [IF G3 = 4] **DOAFILL1**, how many times have you **willingly** had sex or sexual contact with any facility staff?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 300]  
DK/REF

**G9** [IF G4 = 1 OR G5 = 1] **DOAFILL1**, on any occasion when you were [SEXTYPE2 FILL] have sex or sexual contact with facility staff, did you report it to other facility staff?

- 1 Yes

2 No  
DK/REF

**G10** [IF G2 = 1 OR G4 = 1 OR G5 = 1] These next questions are about any sex or sexual contact you have had with facility staff **DOAFILL2**, whether you wanted to have it or not. Touch the NEXT button to go to the next screen.

**G11** [IF G2 = 1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, which of the following types of sex or sexual contact did you have with a facility staff person?

	Yes	No
G11a. You touched a facility staff person's body or had your body touched in a sexual way	1	2
G11b. You gave or received a handjob	1	2
G11c. You gave or received oral sex or a blowjob	1	2
G11d. You had vaginal sex	1	2
G11e. You had anal sex	1	2

**G12** [IF G2 =1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff, did it ever involve **more than one** facility staff person?

1 Yes  
2 No  
DK/REF

**G13** [IF G2 =1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff, did it **ever** happen...

	Yes	No
G13a. Between 6:00 in the morning and noon	1	2
G13b. After noon but before 6:00 in the evening	1	2
G13c. After 6:00 in the evening but before midnight	1	2
G13d. After midnight but before 6:00 in the morning	1	2

**G14** [IF G2 =1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff, did it **ever** happen...

	Yes	No
G14a. In your own cell, room, or sleeping area	1	2
G14b. In the cell, room, or housing area of another inmate	1	2
G14c. Somewhere else in the facility	1	2
G14d. Off facility grounds	1	2

**G15** [IF G14c = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff did it **ever** happen ...

	Yes	No
G15a. In a shower	1	2
G15b. In a bathroom	1	2
G15c. In the yard or recreation area	1	2
G15d. In a classroom or library	1	2

G15e. In a workshop, kitchen, or other workplace	1	2
G15f. In a closet	1	2
G15g. In an office or other locked room	1	2
G15h. On the stairs	1	2

**G16** [IF G14d = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff, did it **ever** happen in ...

	Yes	No
G16a. A bus, van, or car	1	2
G16b. A courthouse	1	2
G16c. Some other type of temporary holding facility	1	2
G16d. A hospital or other type of medical facility	1	2

**G17** [IF G2 = 1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff were any of the following methods used to get you to participate?

	Yes	No
G17a. You were persuaded or talked into it	1	2
G17b. You were given a bribe	1	2
G17c. You were offered favors or special privileges	1	2
G17d. You were blackmailed	1	2
G17e. You were given drugs or alcohol to get you drunk or high	1	2
G17f. You were offered protection from other inmates	1	2
G17g. You were offered protection from another correctional officer	1	2
G17h. You were trying to pay off or settle a debt that you owed	1	2
G17i. You were threatened with harm	1	2
G17j. You were physically held down or restrained	1	2
G17k. You were physically harmed or injured	1	2
G17l. You were threatened with a weapon	1	2

**G28** [IF G2 = 1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, did you have sex or sexual contact with any **correctional officers** at this facility?

- 1 Yes
- 2 No
- DK/REF

**G28a** [IF G28 = 1] **DOAFILL1**, did you have sex or sexual contact with male correctional officers, female correctional officers, or both male and female correctional officers?

- 1 Male correctional officers
- 2 Female correctional officers
- 3 Both male and female correctional officers

**G29** [IF G2 = 1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, did you have sex or sexual contact with any staff at this facility who were not correctional officers?

- 1 Yes
- 2 No
- DK/REF

**G29a** [IF G29 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff other than correctional officers, was it with male facility staff, female facility staff, or both male and female facility staff?

- 1 Male facility staff
- 2 Female facility staff
- 3 Both male and female facility staff

**G19** [IF G2 =1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff, were you ever injured?

- 1 Yes
- 2 No
- DK/REF

**G20** [IF G19 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff, did you ever ...

	Yes	No
G30a. Receive knife or stab wounds	1	2
G30b. Receive broken bones	1	2
G30c. Have [anal/anal or vaginal] tearing	1	2
G30d. Have your teeth chipped or knocked out	1	2
G30e. Receive internal injuries	1	2
G30f. Get knocked unconsciousness	1	2
G30g. Receive bruises, a black eye, sprains, cuts, scratches, swelling, or welts	1	2

**G21** [IF G19 = 1] **DOAFILL1**, when you were injured as a result of having sex or sexual contact with facility staff, did you see a doctor, nurse, or other health care provider?

- 1 Yes
- 2 No
- DK/REF

**G22** [IF G2 =1 OR G4 = 1 OR G5 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff did you ever report it to any facility staff person?

- 1 Yes
- 2 No
- DK/REF

**G23** [IF G22 = 1] **DOAFILL1**, when you had sex or sexual contact with facility staff, did you ever report it to...

	Yes	No
G23a. A correctional officer	1	2
G23b. An administrative staff person	1	2
G23c. A medical or healthcare staff person	1	2
G23d. An instructor, or teacher	1	2
G23e. A counselor or other mental health care provider	1	2
G23f. A chaplain or other religious official	1	2
G23g. A volunteer	1	2
G23h. Some other type of facility staff person	1	2

G23i. A telephone hotline	1	2
G23j. Another inmate	1	2
G23k. A family member or friend	1	2

**G24** [IF G22 =1] **DOAFILL1**, when you reported that you had sex or sexual contact with facility staff, was your report investigated by facility staff or another investigative unit?

- 1 Yes
- 2 No
- DK/REF

**G25** [IF G22 = 1] **DOAFILL1**, when you reported that you had sex or sexual contact with facility staff, did any of the following things happen to you?

	Yes	No
G25a. You were moved to administrative segregation or some other protective housing	1	2
G25b. You were placed in a medical unit, ward, or hospital	1	2
G25c. You were confined to your own cell, room, or housing area	1	2
G25d. You were given a higher level of custody within the facility	1	2
G25e. You were offered a transfer to another facility	1	2
G25f. You were written up	1	2

**G26** [IF G22 =2] **DOAFILL1**, when you had sex or sexual contact with facility staff, why didn't you report it to a facility staff person?

	Yes	No
G26a. You were afraid or scared of being punished by facility staff	1	2
G26b. You were embarrassed or ashamed that it happened	1	2
G26c. You didn't think staff would investigate	1	2
G26d. You had the sex or sexual contact willingly	1	2
G26e. You didn't want the facility staff person to get in trouble	1	2

**G27** [IF (G4 = 1 OR G5 = 1) AND G2 > 1] How long has it been since you were last [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with staff in this facility?

[IF (G4 = 1 OR G5 = 1) AND G2 = 1] How long has it been since you were [physically forced to/pressured or made to feel that you had to/physically forced, pressured, or made to feel that you had to] have sex or sexual contact with staff in this facility?

- 1 Within the past 7 days
- 2 More than 7 days ago but within the past 30 days
- 3 More than 30 days ago but within the past 3 months
- 4 More than 3 months ago but within the past 6 months
- 5 More than 6 months ago but within the past 9 months
- 6 More than 9 months ago but within the past 12 months
- 7 More than 12 months ago

DK/REF

**Section X: Other Victimization While Incarcerated**

**XINTRO** These next questions are about other things that may have happened to you in this facility. Touch the NEXT button to go to the next screen.

**X1.** **DOAFILL1**, have you been injured in a fight, assault, or incident in which another inmate hurt you?

- 1  Yes
- 2  No
- DK/REF

**X2.** [IF X1 = 1] **DOAFILL1**, how many times have you been injured in a fight, assault, or incident in which another inmate hurt you?

- 1  1 time
- 2  2 times
- 3  3 to 10 times
- 4  11 times or more
- DK/REF

**X2a** [IF X2 = 3] How many times have you been injured in a fight, assault, or incident in which another inmate hurt you?

- 1  3 times
- 2  4 times
- 3  5 times
- 4  6 times
- 5  7 times
- 6  8 times
- 7  9 times
- 8  10 times
- DK/REF

**X2b** [IF X2 = 4] How many times were you injured in a fight, assault, or incident in which an inmate hurt you?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 - 999]

**X3.** [IF X1 = 1] **DOAFILL1**, what injuries did you receive in a fight, assault, or incident in which another inmate hurt you?

	Yes	No
X3a. You received knife or stab wounds	<input type="checkbox"/>	<input type="checkbox"/>
X3b. You received broken bones	<input type="checkbox"/>	<input type="checkbox"/>
X3c. Your teeth were chipped or knocked out	<input type="checkbox"/>	<input type="checkbox"/>
X3d. You received internal injuries	<input type="checkbox"/>	<input type="checkbox"/>
X3e. You were knocked unconscious	<input type="checkbox"/>	<input type="checkbox"/>
X3f. You received bruises, a black eye, sprains, cuts, scratches, swelling, or welts	<input type="checkbox"/>	<input type="checkbox"/>

**X4.** [IF X1 NE 1] **Not including any accidental injuries**, **DOAFILL2**, have you been injured in any of the following ways by another inmate?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

X4a. You received knife or stab wounds	1	N
X4b. You received broken bones	1	N
X4c. Your teeth were chipped or knocked out	1	N
X4d. You received internal injuries	1	N
X4e. You were knocked unconscious	1	N
X4f. You received bruises, a black eye, sprains, cuts, scratches, swelling, or welts	1	N

**X5.** [IF X3a = 1 OR X3b = 1 OR X3c = 1 OR X3d = 1 OR X3e = 1 OR X3f = 1 OR X4a = 1 OR X4b = 1 OR X4c = 1 OR X4d = 1 OR X4e = 1 OR X4f = 1] Did you see a doctor, nurse, or other health care provider for your injuries?

- 1 Yes
- 2 No
- DK/REF

**LCM3** [IF A1 = MALE] **DOAFILL1**, did another inmate use physical force, pressure you, or make you feel that you had to have oral or anal sex?

[IF A1 = FEMALE] **DOAFILL1**, did another inmate use physical force, pressure you, or make you feel that you had to have oral, vaginal, or anal sex?

- 1 Yes
- 2 No
- DK/REF

**LCM4a** [IFA1 = MALE] How long has it been since another inmate in this facility used physical force, pressured you, or made you feel that you had to have oral or anal sex?

[IF A1 = FEMALE] How long has it been since another inmate in this facility used physical force, pressured you, or made you feel that you had to have oral, vaginal, or anal sex?

- 1 Within the past 7 days
- 2 More than 7 days ago but within the past 30 days
- 3 More than 30 days ago but within the past 12 months
- 4 More than 12 months ago
- 5 This has not happened to me at this facility
- DK/REF

**LCM7** [IF A1 = MALE] **DOAFILL1**, did you have oral or anal sex with any staff at this facility whether you wanted to or not?

[IF A1 = FEMALE] **DOAFILL1**, did you have oral, vaginal, or anal sex with any staff at this facility whether you wanted to or not?

- 1 Yes
- 2 No
- DK/REF

**LCM8a** [IF A1 = MALE] How long has it been since you had oral or anal sex with any staff at this facility whether you wanted to or not?

[IF A1 = FEMALE] How long has it been since you had oral, vaginal, or anal sex with any staff at this facility whether you wanted to or not?

- 1 Within the past 7 days
  - 2 More than 7 days ago but within the past 30 days
  - 3 More than 30 days ago but within the past 12 months
  - 4 More than 12 months ago
  - 5 This has not happened to me at this facility
- DK/REF

**X6a.** DOAFILL1, have you been written up or charged with assaulting another inmate?

- 1 Yes
  - 2 No
- DK/REF

**X6b.** [IF X6a = 1] DOAFILL1, how many times have you been written up or charged with assaulting another inmate?

- 1 1 time
  - 2 2 times
  - 3 3 - 10 times
  - 4 11 times or more
- DK/REF

**X6c** [IFX6b = 3] How many times have you been written up or charged with assaulting another inmate?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times
- 8 10 times

DK/REF

**X6d** [IF X6b = 4] How many times have you been written up or charged with assaulting another inmate?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 999]

DK/REF

**X7a.** DOAFILL1, have you been written up or charged with physically assaulting a correctional officer or other facility staff person?

- 1 Yes
  - 2 No
- DK/REF

**X7b.** [IF X7a = 1] DOAFILL1, how many times have you been written up or charged with physically assaulting a correctional officer or other facility staff person?

- 1 1 time
- 2 2 times
- 3 3 – 10 times



4 11 times or more  
DK/REF

**X7c** [IFX7b= 3] How many times have you been written up or charged with **physically assaulting** a correctional officer or other facility staff person?

1 3 times  
2 4 times  
3 5 times  
4 6 times  
5 7 times  
6 8 times  
7 9 times  
8 10 times

DK/REF

**X7d** [IF X7b = 4] How many times have you been written up or charged with **physically assaulting** a correctional officer or other facility staff person?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 999]

**X8a. DOAFILL1**, have you been written up or charged with **verbally assaulting** a correctional officer or other facility staff person?

1 Yes  
2 No  
DK/REF

**X8b.** [IF X8a = 1] **DOAFILL1**, how many times have you been written up or charged with **verbally assaulting** a correctional officer or other facility staff person?

1 1 time  
2 2 times  
3 3 – 10 times  
4 11 times or more  
DK/REF

**X8c** [IFX8b= 3] **DOAFILL1**, how many times have you been written up or charged with **verbally assaulting** a correctional officer or other facility staff person?

1 3 times  
2 4 times  
3 5 times  
4 6 times  
5 7 times  
6 8 times  
7 9 times  
8 10 times

DK/REF

**X8d** [IF X8b = 4] **DOAFILL1**, how many times have you been written up or charged with **verbally assaulting** a correctional officer or other facility staff person?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 999]

DK/REF

**X9a. DOAFILL1**, have you spent **any time** in disciplinary or administrative segregation or solitary confinement?

- 1 Yes
- 2 No
- DK/REF

**X9b. [IF X9a = 1] DOAFILL1**, how much total time have you spent in disciplinary or administrative segregation or solitary confinement?

- 1 1 day or less
- 2 More than 1 day but less than 7 days
- 3 At least 7 days but less than 14 days
- 4 At least 14 days but less than 30 days
- 5 30 days or more
- DK/REF

**LCM5 DOAFILL1**, have you had any sex or sexual contact with staff in this facility whether you wanted to have it or not?

- 1 Yes
- 2 No
- DK/REF

**LCM6a** How long has it been since you had any sex or sexual contact with staff in this facility whether you wanted to or not?

- 1 Within the past 7 days
- 2 More than 7 days ago but within the past 30 days
- 3 More than 30 days ago but within the past 12 months
- 4 More than 12 months ago
- 5 This has not happened to me at this facility
- DK/REF

**Section L: Pat Downs and Strip Searches (All Respondents Receive These Questions)**

**L22a DOAFILL1**, how often have you been strip searched?

- 1 Once a week or more
  - 2 Several times a month
  - 3 Once a month
  - 4 Less than once a month
  - 5 Never
- DK/REF

**L22b DOAFILL1**, how often have you been patted down?

- 1 Once a week or more
  - 2 Several times a month
  - 3 Once a month
  - 4 Less than once a month
  - 5 Never
- DK/REF

**L23.** [IF G11a = 1] Earlier you reported that, **DOAFILL2**, you touched a facility staff person's body or had your body touched in a sexual way. Did this happen as part of a **strip search**?

- 1 Yes
  - 2 No
- DK/REF

**L24.** [IF G11a1 = 1] **DOAFILL1**, when you touched a facility staff person's body or had your body touched in a sexual way, did this happen when it was **not** part of a strip search?

- 1 Yes
  - 2 No
- DK/REF

**L25.** [IF G11a = 1] **DOAFILL1**, when you touched a facility staff person's body or had your body touched in a sexual way, did this happen as part of a **pat down**?

- 1 Yes
  - 2 No
- DK/REF

**L26.** [IF G11a1 = 1] **DOAFILL1**, when you touched a facility staff person's body or had your body touched in a sexual way, did this happen when it was **not** part of a pat down?

- 1 Yes
  - 2 No
- DK/REF

**Section S: Facility Conditions / Support / Safety (All Respondents Receive These Questions)**

**S0** These next questions are about everyday living in this facility.

Touch the NEXT button to go to the next screen.

**S1** Are there inmates in this facility who you think of as your friends?

- 1 Yes
- 2 No
- DK/REF

**S2** Are there inmates in this facility who you can talk to about your personal problems?

- 1 Yes
- 2 No
- DK/REF

**S3** Are there inmates in this facility who would protect you if another inmate was trying to hurt you?

- 1 Yes
- 2 No
- DK/REF

**S4** Are there correctional officers or other staff at this facility who you can talk to about your personal problems?

- 1 Yes
- 2 No
- DK/REF

**S5** Are there correctional officers or other staff at this facility who would protect you if another inmate was trying to hurt you?

- 1 Yes
- 2 No
- DK/REF

**S6** How crowded is it in your housing unit?

- 1 Not at all crowded
- 2 Slightly crowded
- 3 Pretty crowded
- 4 Very crowded
- DK/REF

**S7** How crowded is it outside of the housing units – for example, in the dining hall, classrooms, gym, or work areas?

- 1 Not at all crowded
- 2 Slightly crowded
- 3 Pretty crowded
- 4 Very crowded

DK/REF

**S8** How much privacy do you have in your housing unit?

- 1 None
  - 2 A little
  - 3 Some
  - 4 A lot
- DK/REF

**S9** Please indicate whether you agree or disagree with each of the following statements.

Staff at this facility...

	Agree	Disagree
S9a. Are generally fair	1	2
S9b. Do their best to make this facility safe and secure	1	2
S9c. Try to meet the needs of the inmates	1	2
S9d. Break up fights quickly	1	2
S9e. Use physical force only when necessary	1	2
S9f. Let inmates know what is expected of them	1	2
S9g. Generally treat inmates with respect	1	2
S9h. Follow facility rules when handling inmate complaints and grievances	1	2
S9i. Often write up inmates who don't deserve it	1	2

**S10** DOAFILL1, how often have you been visited by your family or friends?

- 1 Frequently
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
- DK/REF

**S11** DOAFILL1, how often have you received letters from your family or friends?

- 1 Frequently
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
- DK/REF

**S12** DOAFILL1, how often have you talked on the telephone with your family or friends?

- 1 Frequently
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
- DK/REF

**S13** DOAFILL1, how often are inmates at this facility hit, punched, or assaulted by other inmates?

- 1 Frequently
- 2 Sometimes

- 3 Rarely
- 4 Never
- DK/REF

**S14 DOAFILL1**, how often do **you** worry about being hit, punched, or assaulted by other inmates in this facility?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

**S15 DOAFILL1**, how often have you **seen** other inmates with some type of weapon?

- 1 Frequently
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

**S16 DOAFILL1**, how much gang activity has there been at this facility?

- 1 None
- 2 A little
- 3 Some
- 4 A lot
- DK/REF

**S17 DOAFILL1**, have you been in a fight, assault, or incident in which **another inmate** tried to harm you?

- 1 Yes
- 2 No
- DK/REF

**S18 [IF S17 = 1] DOAFILL1**, how many times have you been in a fight, assault, or other incident in which another inmate tried to harm you?

- 1 1 time
- 2 2 times
- 3 3 – 10 times
- 4 11 times or more
- DK/REF

**S19 [IF S18 = 3] DOAFILL1**, how many times have you been in a fight, assault, or other incident in which another inmate tried to harm you?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times

- 7 9 times
- 8 10 times
- DK/REF

**S20** [IF S18 = 4] **DOAFILL1**, how many times have you been in a fight assault, or other incident in which another inmate tried to harm you?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 999]  
DK/REF

**X3** [IF S17 = 1] **DOAFILL1**, what injuries did you receive in a fight, assault, or incident in which another inmate hurt you?

	Yes	No
X3a. You received knife or stab wounds	1	2
X3b. You received broken bones	1	2
X3c. Your teeth were chipped or knocked out	1	2
X3d. You received internal injuries	1	2
X3e. You were knocked unconscious	1	2
X3f. You received bruises, a black eye, sprains, cuts, scratches, swelling, or welts	1	2

**X5** [IF X3a = 1 OR X3b = 1 OR X3c = 1 OR X3d = 1 OR X3e = 1 OR X3f = 1] Did you see a doctor, nurse, or other health care provider for your injuries?

- 1 Yes
- 2 No
- DK/REF

**S21** **DOAFILL1**, have you been in a fight, assault, or incident in which a **correctional officer or other facility staff person** tried to harm you?

- 1 Yes
- 2 No
- DK/REF

**S22** [IF S21 = 1] **DOAFILL1**, how many times have you been in a fight, assault, or incident in which a correctional officer or other facility staff person tried to harm you?

- 1 1 time
- 2 2 times
- 3 3 – 10 times
- 4 11 times or more
- DK/REF

**S23** [IF S22 = 3] **DOAFILL1**, how many times have you been in a fight, assault, or other incident in which a correctional officer or other facility staff person tried to harm you?

- 1 3 times
- 2 4 times
- 3 5 times
- 4 6 times
- 5 7 times
- 6 8 times
- 7 9 times

8 10 times  
DK/REF

**S24** [IF S22 = 4] **DOAFILL1**, how many times have you been in a fight, assault, or other incident in which a correctional officer or other facility staff person tried to harm you?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 999]  
DK/REF

**S34** [IF S21 = 1] **DOAFILL1**, what injuries did you receive in a fight, assault, or incident in which a correctional officer or other facility staff person tried to harm you?

	Yes	No
S34a. You received knife or stab wounds	1	2
S34b. You received broken bones	1	2
S34c. Your teeth were chipped or knocked out	1	2
S34d. You received internal injuries	1	2
S34e. You were knocked unconscious	1	2
S34f. You received bruises, a black eye, sprains, cuts, scratches, swelling, or welts	1	2

**S35** [IF S34a = 1 OR S34b = 1 OR S34c = 1 OR S34d = 1 OR S34e = 1 OR S34f = 1] Did you see a doctor, nurse, or other health care provider for your injuries?

1 Yes  
2 No  
DK/REF

**S25** **DOAFILL1**, have any of your personal possessions or belongings been taken by another inmate without your permission?

1 Yes  
2 No  
DK/REF

**S26** [IF S25 = 1] **DOAFILL1**, how many times have any of your personal possessions or belongings been taken by another inmate without your permission?

1 1 time  
2 2 times  
3 3 – 10 times  
4 11 times or more  
DK/REF

**S27** [IF S26 = 3] **DOAFILL1**, how many times have any of your personal possessions or belongings been taken by another inmate without your permission?

1 3 times  
2 4 times  
3 5 times  
4 6 times  
5 7 times  
6 8 times  
7 9 times  
8 10 times



DK/REF

**S28** [IF S26 = 4] **DOAFILL1**, how many times have any of your personal possessions or belongings been taken by another inmate without your permission?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 999]  
DK/REF

**S29** **DOAFILL1**, do you think there has been enough staff at this facility to provide for the safety and security of inmates?

1 Yes  
2 No  
DK/REF

**S30** **DOAFILL1**, have you filed a grievance for any reason?

1 Yes  
2 No  
DK/REF

**S31** [IF S30 = 1] **DOAFILL1**, how many times have you filed a grievance for any reason?

1 1 time  
2 2 times  
3 3 – 10 times  
4 11 times or more  
DK/REF

**S32** [IF S31 = 3] **DOAFILL1**, how many times have you filed a grievance for any reason?

1 3 times  
2 4 times  
3 5 times  
4 6 times  
5 7 times  
6 8 times  
7 9 times  
8 10 times  
DK/REF

**S33** [IF S31 = 4] **DOAFILL1**, how many times have you filed a grievance for any reason?

NUMBER OF TIMES: \_\_\_\_\_ [RANGE: 11 – 999]  
DK/REF

## Section R – Mental Health (All Respondents Receive R1 – R6)

**R1** The next questions are about how you have been feeling during the past 30 days.

About how often during the past 30 days did you feel nervous?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

**R2** During the past 30 days, about how often did you feel hopeless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

**R3** During the past 30 days, about how often did you feel restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

**R4** How often in the past 30 days did you feel so depressed that nothing could cheer you up?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

**R5** About how often in the past 30 days did you feel that everything was an effort?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

**R6** About how often in the past 30 days did you feel worthless?

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
  - 5 None of the time
- DK/REF

**R7 – R23: ALTERNATIVE INSTRUMENT ONLY**

**R7** Did you **ever** in your life have a month or longer when you felt sad or depressed most of the time?

- 1 Yes
  - 2 No
- DK/REF

**R8** [IF R7 = 1] During those times when your feelings of sadness or depression were at their worst, did you also have other problems like low energy, changes in your sleep or appetite, or problems with your ability to concentrate?

- 1 Yes
  - 2 No
- DK/REF

**R9** [IF R8 = 1] You mentioned feeling sad or depressed for a month or longer in your life and having other problems like low energy, changes in your sleep or appetite, or an inability to concentrate. About how many weeks in the past 12 months did you have problems like this?

Use the keypad below to enter the number of weeks. You can enter any number from 0 to 52.

NUMBER OF WEEKS: \_\_\_\_\_ [RANGE: 0 – 52]  
DK/REF

**R10** Did you **ever** in your life have times lasting a month or longer when you were nervous, edgy, anxious, or worried most of the time?

- 1 Yes
  - 2 No
- DK/REF

**R11** [IF R10 = 1] During those times, did you also have other problems like being restless, irritable, easily tired, or have difficulty falling asleep?

- 1 Yes
  - 2 No
- DK/REF

**R12** [IF R11 = 1] About how many weeks in the last 12 months did you have problems like this – of being nervous or anxious or worried along with other problems like being irritable or having trouble sleeping?

Use the keypad below to enter the number of weeks. You can enter any number from 0 to 52.

NUMBER OF WEEKS: \_\_\_\_\_ [RANGE 0 – 52]  
DK/REF

**R13** Some people have feelings of fright or panic. They have physical sensations like a pounding heart, shortness of breath, dizziness, or a feeling like they are going to throw up. They sometimes even feel like they are going to lose control, go crazy, or die. Did you ever in your life have an episode like this, often called an anxiety or panic attack?

- 1 Yes
- 2 No
- DK/REF

**R14** [IF R13 = 1] About how many weeks in the last 12 months did you have at least one anxiety or panic attack?

Use the keypad below to enter the number of weeks. You can enter any number from 0 to 52.

NUMBER OF WEEKS: \_\_\_\_\_ [RANGE: 0 – 52]  
DK/REF

**R15** Did you ever in your life have anger attacks -- when all of a sudden you lost control and either yelled, broke things, or tried to hurt someone?

- 1 Yes
- 2 No
- DK/REF

**R16** [IF R15 = 1] About how many weeks in the last 12 months did you have at least one anger attack?

Use the keypad below to enter the number of weeks. You can enter any number from 0 to 52.

NUMBER OF WEEKS: \_\_\_\_\_ [RANGE: 0 – 52]  
DK/REF

**R17** Some people have times lasting several days or longer when they feel much more excited or manic or more full of energy than usual. Their minds go too fast. They talk a lot. They are very restless and sometimes do things unusual for them, such as driving too fast or spending too much money. Have you ever in your life had an episode like this lasting several days or longer?

- 1 Yes
- 2 No
- DK/REF

**R18** [IF R17 = 1] About how many weeks in the last 12 months did you have an episode of being more excited or manic or more full of energy than usual?

Use the keypad below to enter the number of weeks. You can enter any number from 0 to 52.

ENTER NUMBER OF WEEKS: \_\_\_\_\_ [RANGE: 0 – 52]  
DK/REF

**R19** [IF R17 = 2 OR DK OR REF] Have you ever in your life had an episode lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people, or hit people?

- 1 Yes
- 2 No
- DK/REF

**R20** [IF R19 = 1] About how many weeks in the last 12 months did you have an episode of being very irritable or grouchy?

Use the keypad below to enter the number of weeks. You can enter any number from 0 to 52.

ENTER NUMBER OF WEEKS: \_\_\_\_\_ [RANGE: 0 – 52]  
DK/REF

**R21** Did you ever in your life have any of the following experiences happen to you:

	Yes	No
R21a. A serious physical or sexual assault?	1	2
R21b. A life-threatening accident or injury?	1	2
R21c. The murder or suicide of a loved one?	1	2
R21d. The accidental death of a loved one?	1	2
R21e. Witnessed someone being seriously injured or killed?	1	2
R21f. Any experience that put you at risk of death?	1	2

**R22** [IF R21a = 1 OR R21b = 1 OR R21c = 1 OR R21d = 1 OR R21e = 1 OR R21f = 1] Experiences like the ones listed on the last screen can cause emotional problems like nightmares, very upsetting thoughts, anxiety, depression, feeling detached from other people, and avoiding situations that remind you of the experience. Did you ever have problems like these after any of the experiences that have happened to you?

1 Yes  
2 No  
DK/REF

**R23** [IF R22 = 1] What is the longest amount of time you ever had any kinds of emotional problems after any of the experiences that have happened to you?

1 Less than 1 month  
2 1 – 3 months  
3 4 – 6 months  
4 7 – 12 months  
5 More than a year  
DK/REF

**R24 – R35: ALL RESPONDENTS**

**R24** Have you ever been told by a mental health professional, such as a psychiatrist or psychologist, that you had...

	Yes	No
R24a. Manic depression, a bipolar disorder, or mania?	1	2
R24b. A depressive disorder?	1	2
R24c. Schizophrenia or another psychotic disorder?	1	2
R24d. Post-traumatic stress disorder or PTSD?	1	2
R24e. Another anxiety disorder, such as panic disorder?	1	2
R24f. A personality disorder, such as antisocial or borderline personality	1	2
R24g. A mental or emotional condition other than those listed above?	1	2

**R25** The next questions are about any times you may have stayed overnight in any type of hospital or other facility for any problem with your emotions, nerves, or mental health. Please do **not** include any overnight hospital stays for alcohol or drug use.

Touch the NEXT button to go to the next screen.

**R26** Have you **ever** stayed overnight or longer in any type of hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health?

1 Yes  
2 No  
DK/REF

**R27** [IF R26 = 1 AND FACILITY = JAIL] During the 12 months before you were admitted to this facility, did you stay overnight or longer in any type of hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health?

[IF R26 = 1 AND FACILITY = PRISON] During the 12 months before you were admitted to any facility to serve time on your **current sentence**, did you stay overnight or longer in any type of hospital or other facility to receive treatment or counseling for problems you were having with your emotions, nerves, or mental health?

1 Yes  
2 No  
DK/REF

**R28** The next questions are about services you may have received for any problem with your emotions, nerves, or mental health. As you answer these questions please do **not** include any services you may have received for drug or alcohol use. Some questions ask about prescription medicine. Prescription medicines are drugs that you take if a doctor authorizes them for you.

Touch the NEXT button to go to the next screen.

**R29** Have you **ever** taken any prescription medicine for any problem you were having with your emotions, nerves, or mental health?

1 Yes  
2 No  
DK/REF

**R30** [IF B4 = 1 AND R29 = 1] At the time of the offense for which you are currently serving time, were you taking prescription medicine for any problem you were having with your emotions, nerves, or mental health?

[IF B4 = 2 OR DK OR REF AND R29 = 1] At the time of the offense for which you are currently being held, were you taking prescription medicine for any problem you were having with your emotions, nerves, or mental health?

1 Yes  
2 No  
DK/REF

**R31** [IF FACILITY = PRISON AND R29 = 1] Since you were admitted to any facility to serve time on your **current sentence**, have you taken prescription medicine for any problem you were having with your emotions, nerves, or mental health?

[IF FACILITY = JAIL AND R29 = 1] Since you were admitted to this facility, have you taken prescription medicine for any problem you were having with your emotions, nerves, or mental health?

1 Yes  
2 No  
DK/REF

**R32** [IF R29 = 1] Are you **currently** taking prescription medicine for any problem with your emotions, nerves, or mental health?

1 Yes  
2 No  
DK/REF

**R33** Have you **ever** received counseling or therapy from a trained professional such as a psychiatrist, psychologist, social worker, or nurse for any problem you were having with your emotions, nerves, or mental health?

1 Yes  
2 No  
DK/REF

**R34** [IF R33 = 1 AND FACILITY = PRISON] Since you were admitted to any facility to serve time on your **current sentence**, have you received counseling or therapy from a trained professional such as a psychiatrist, psychologist, social worker, or nurse for any problem you were having with your emotions, nerves, or mental health?

[IF R33 = 1 AND FACILITY = JAIL] Since you were admitted to this facility, have you received counseling or therapy from a trained professional such as a psychiatrist, psychologist, social worker, or nurse for any problem you were having with your emotions, nerves, or mental health?

1 Yes  
2 No  
DK/REF

**R35** [IF R33 = 1] Are you **currently** receiving any counseling or therapy from a trained professional such as a psychiatrist, psychologist, social worker, or nurse for any problem with your emotions, nerves, or mental health?

1 Yes  
2 No  
DK/REF

**REMAINDER OF SECTION R FOR ALTERNATIVE INSTRUMENT ONLY**

**R36** [IF FACILITY TYPE = JAIL AND R24a = 1] At the time you were admitted to this facility, did you have manic depression, a bipolar disorder, or mania?

[IF FACILITY TYPE = PRISON AND R24a = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have manic depression, a bipolar disorder, or mania?

- 1 Yes
- 2 No
- DK/REF

**R37** [IF FACILITY TYPE = JAIL AND R36 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your manic depression, bipolar disorder, or mania?

[IF FACILITY TYPE = PRISON AND R36 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your manic depression, bipolar disorder, or mania?

- 1 Yes
- 2 No
- DK/REF

**R38** [IF FACILITY TYPE = JAIL AND R36 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your manic depression, bipolar disorder, or mania?

[IF FACILITY TYPE = PRISON AND R36 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your manic depression, bipolar disorder, or mania?

- 1 Yes
- 2 No
- DK/REF

**R39** [IF FACILITY = JAIL AND R36 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had manic depression, a bipolar disorder, or mania?

[IF FACILITY = PRISON AND R36 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had manic depression, a bipolar disorder, or mania?

- 1 Yes
- 2 No
- DK/REF

**R40** [IF FACILITY = JAIL AND (R36 =1 OR R39 =1)] Since you were admitted to this facility, have you taken any prescription medicine for your manic depression, bipolar disorder, or mania?

[IF FACILITY = PRISON AND (R36 =1 OR R39 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your manic depression, bipolar disorder, or mania?

- 1 Yes
- 2 No
- DK/REF

**R41** [IF FACILITY = JAIL AND (R36 =1 OR R39 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your manic depression, bipolar disorder, or mania?



[IF FACILITY = PRISON AND (R36 =1 OR R39 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your manic depression, bipolar disorder, or mania?

- 1 Yes
- 2 No
- DK/REF

**R42** [IF FACILITY = JAIL AND R39 = 1 AND R40 = 1], How soon after you were told that you had manic depression, a bipolar disorder, or mania did you start taking prescription medicine at this facility for manic depression, bipolar disorder, or mania?

[IF FACILITY = PRISON AND R39 = 1 AND R40 = 1] Think about when you were first told that you had manic depression, a bipolar disorder, or mania after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your manic depression, bipolar disorder, or mania?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R43** [IF FACILITY = JAIL AND R39 = 1 AND R41 =1] How soon after you were told that you had manic depression, a bipolar disorder, or mania did you start receiving any medical treatment other than prescription medicine at this facility for manic depression, a bipolar disorder, or mania?

[IF FACILITY = PRISON AND R39 =1 AND R41 = 1] Think about when you were first told that you had manic depression, a bipolar disorder, or mania after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your manic depression, bipolar disorder, or mania?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R44** [IF FACILITY = JAIL AND R36 = 1 AND R40 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your manic depression, bipolar disorder, or mania?

[IF FACILITY = PRISON AND R36 = 1 AND R40 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your manic depression, bipolar disorder, or mania?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R45** [IF FACILITY = JAIL AND R36 = 1 AND R41 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your manic depression, bipolar disorder, or mania?

[IF FACILITY = PRISON AND R36 = 1 AND R41 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your manic depression, bipolar disorder, or mania?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R46** [IF R24a = 1] Are you **currently** taking prescription medicine for your manic depression, bipolar disorder, or mania?

- 1 Yes
- 2 No
- DK/REF

**R47** [IF R24a = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your manic depression, bipolar disorder, or mania?

- 1 Yes
- 2 No
- DK/REF

**R48** [IF R46 = 2] Why aren't you currently taking prescription medicine for your manic depression, bipolar disorder, or mania?

	Yes	No
R48a. You have not seen a doctor to get the medicine	1	2
R48b. The doctor at the facility doesn't think you need medicine	1	2
R48c. You don't like taking the medicine	1	2
R48d. You don't think you need the medicine	1	2
R48e. The facility will not provide the medicine to you	1	2
R48f. Some other reason	1	2

**R49** [IF FACILITY TYPE = JAIL AND R24b = 1] At the time you were admitted to this facility, did you have a depressive disorder?

[IF FACILITY TYPE = PRISON AND R24b = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have a depressive disorder?

- 1 Yes
- 2 No
- DK/REF

**R50** [IF FACILITY TYPE = JAIL AND R49 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your depressive disorder?

[IF FACILITY TYPE = PRISON AND R49 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your depressive disorder?

- 1 Yes
- 2 No
- DK/REF

**R51** [IF FACILITY TYPE = JAIL AND R49 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your depressive disorder?

[IF FACILITY TYPE = PRISON AND R49 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for a depressive disorder?

- 1 Yes
- 2 No
- DK/REF

**R52** [IF FACILITY = JAIL AND R49 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had a depressive disorder?

[IF FACILITY = PRISON AND R49 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had a depressive disorder?

- 1 Yes
- 2 No
- DK/REF

**R53** [IF FACILITY = JAIL AND (R49 =1 OR R52 =1)] Since you were admitted to this facility, have you taken any prescription medicine for your depressive disorder?

[IF FACILITY = PRISON AND (R49 =1 OR R52 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your depressive disorder?

- 1 Yes
- 2 No
- DK/REF

**R54** [IF FACILITY = JAIL AND (R49 =1 OR R52 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your depressive disorder?

[IF FACILITY = PRISON AND (R49 =1 OR R52 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your depressive disorder?

- 1 Yes
- 2 No
- DK/REF

**R55** [IF FACILITY = JAIL AND R52 = 1 AND R53 = 1] How soon after you were told that you had a depressive disorder did you start taking prescription medicine at this facility for your depressive disorder?

[IF FACILITY = PRISON AND R52 = 1 AND R53 = 1] Think about when you were first told that you had a depressive disorder after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your depressive disorder?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**R56** [IF FACILITY = JAIL AND R52 = 1 AND R54 = 1] How soon after you were told that you had a depressive disorder did you start receiving any medical treatment other than prescription medicine at this facility for your depressive disorder?

[IF FACILITY = PRISON AND R52 = 1 AND R54 = 1] Think about when you were first told that you had a depressive disorder after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your depressive disorder?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**R57** [IF FACILITY = JAIL AND R49 = 1 AND R53 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your depressive disorder?

[IF FACILITY = PRISON AND R49 = 1 AND R53 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your depressive disorder?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**R58** [IF FACILITY = JAIL AND R49 = 1 AND R54 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your depressive disorder?

[IF FACILITY = PRISON AND R49 = 1 AND R54 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your depressive disorder?

- 1 Within 2 days
- 2 More than 2 days but within 7 days

- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R59** [IF R24b = 1] Are you **currently** taking prescription medicine for your depressive disorder?

- 1 Yes
- 2 No
- DK/REF

**R60** [IF R24b = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your depressive disorder?

- 1 Yes
- 2 No
- DK/REF

**R61** [IF R59 = 2] Why aren't you currently taking prescription medicine for your depressive disorder?

	Yes	No
R61a. You have not seen a doctor to get the medicine	1	2
R61b. The doctor at the facility doesn't think you need medicine	1	2
R61c. You don't like taking the medicine	1	2
R61d. You don't think you need the medicine	1	2
R61e. The facility will not provide the medicine to you	1	2
R61f. Some other reason	1	2

**R62** [IF FACILITY TYPE = JAIL AND R24c = 1] At the time you were admitted to this facility, did you have schizophrenia or another psychotic disorder?

[IF FACILITY TYPE = PRISON AND R24c = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have schizophrenia or another psychotic disorder?

- 1 Yes
- 2 No
- DK/REF

**R63** [IF FACILITY TYPE = JAIL AND R62 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for schizophrenia or another psychotic disorder?

[IF FACILITY TYPE = PRISON AND R62 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for schizophrenia or another psychotic disorder?

- 1 Yes
- 2 No
- DK/REF

**R64** [IF FACILITY TYPE = JAIL AND R62 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for schizophrenia or another psychotic disorder?

[IF FACILITY TYPE = PRISON AND R62 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for schizophrenia or another psychotic disorder?

- 1 Yes
- 2 No
- DK/REF

**R65** [IF FACILITY = JAIL AND R62 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had schizophrenia or another psychotic disorder?

[IF FACILITY = PRISON AND R62 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had schizophrenia or another psychotic disorder?

- 1 Yes
- 2 No
- DK/REF

**R66** [IF FACILITY = JAIL AND (R62 =1 OR R65 =1)] Since you were admitted to this facility, have you taken any prescription medicine for schizophrenia or another psychotic disorder?

[IF FACILITY = PRISON AND (R62 =1 OR R65 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for schizophrenia or another psychotic disorder?

- 1 Yes
- 2 No
- DK/REF

**R67** [IF FACILITY = JAIL AND (R62 =1 OR R65 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for schizophrenia or another psychotic disorder?

[IF FACILITY = PRISON AND (R62 =1 OR R65 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for schizophrenia or another psychotic disorder?

- 1 Yes
- 2 No
- DK/REF

**R68** [IF FACILITY = JAIL AND R65 = 1 AND R66 = 1] How soon after you were told that you had schizophrenia or another psychotic disorder did you start taking prescription medicine at this facility for schizophrenia or another psychotic disorder?

[IF FACILITY = PRISON AND R65 = 1 AND R66 = 1] Think about when you were first told that you had schizophrenia or another psychotic disorder after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for schizophrenia or another psychotic disorder?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days

5 More than 30 days  
DK/REF

**R69** [IF FACILITY = JAIL AND R65 = 1 AND R67 = 1] How soon after you were told that you had schizophrenia or another psychotic disorder did you start receiving any medical treatment other than prescription medicine at this facility for schizophrenia or another psychotic disorder?

[IF FACILITY = PRISON AND R65 = 1 AND R67 = 1] Think about when you were first told that you had schizophrenia or another psychotic disorder after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for schizophrenia or another psychotic disorder?

1 Within 2 days  
2 More than 2 days but within 7 days  
3 More than 7 days but within 14 days  
4 More than 14 days but with 30 days  
5 More than 30 days  
DK/REF

**R70** [IF FACILITY = JAIL AND R62 = 1 AND R66 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for schizophrenia or another psychotic disorder?

[IF FACILITY = PRISON AND R62 = 1 AND R66 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for schizophrenia or another psychotic disorder?

1 Within 2 days  
2 More than 2 days but within 7 days  
3 More than 7 days but within 14 days  
4 More than 14 days but with 30 days  
5 More than 30 days  
DK/REF

**R71** [IF FACILITY = JAIL AND R62 = 1 AND R67 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for schizophrenia or another psychotic disorder?

[IF FACILITY = PRISON AND R62 = 1 AND R67 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for schizophrenia or another psychotic disorder?

1 Within 2 days  
2 More than 2 days but within 7 days  
3 More than 7 days but within 14 days  
4 More than 14 days but with 30 days  
5 More than 30 days  
DK/REF

**R72** [IF R24c = 1] Are you **currently** taking prescription medicine for schizophrenia or another psychotic disorder?

1 Yes  
2 No  
DK/REF

**R73** [IF R24c = 1] Are you **currently** receiving any medical treatment other than prescription medicine for schizophrenia or another psychotic disorder?

- 1 Yes
- 2 No
- DK/REF

**R74** [IF R72 = 2] Why aren't you currently taking prescription medicine for schizophrenia or another psychotic disorder?

	Yes	No
R74a. You have not seen a doctor to get the medicine	1	2
R74b. The doctor at the facility doesn't think you need medicine	1	2
R74c. You don't like taking the medicine	1	2
R74d. You don't think you need the medicine	1	2
R74e. The facility will not provide the medicine to you	1	2
R74f. Some other reason	1	2

**R75** [IF FACILITY TYPE = JAIL AND R24d = 1] At the time you were admitted to this facility, did you have post-traumatic stress disorder or PTSD?

[IF FACILITY TYPE = PRISON AND R24d = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have post-traumatic stress disorder or PTSD?

- 1 Yes
- 2 No
- DK/REF

**R76** [IF FACILITY TYPE = JAIL AND R75 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your post-traumatic stress disorder or PTSD?

[IF FACILITY TYPE = PRISON AND R75 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your post-traumatic stress disorder or PTSD?

- 1 Yes
- 2 No
- DK/REF

**R77** [IF FACILITY TYPE = JAIL AND R75 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your post-traumatic stress disorder or PTSD?

[IF FACILITY TYPE = PRISON AND R75 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your post-traumatic stress disorder or PTSD?

- 1 Yes
- 2 No
- DK/REF

**R78** [IF FACILITY = JAIL AND R75 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had post-traumatic stress disorder or PTSD?



[IF FACILITY = PRISON AND R75 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had post-traumatic stress disorder or PTSD?

1 Yes

2 No

DK/REF

**R79** [IF FACILITY = JAIL AND (R75 =1 OR R78 =1)] Since you were admitted to this facility, have you taken any prescription medicine for your post-traumatic stress disorder or PTSD?

[IF FACILITY = PRISON AND (R75 =1 OR R78 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your post-traumatic stress disorder or PTSD?

1 Yes

2 No

DK/REF

**R80** [IF FACILITY = JAIL AND (R75 =1 OR R78 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your post-traumatic stress disorder or PTSD?

[IF FACILITY = PRISON AND (R75 =1 OR R78 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your post-traumatic stress disorder or PTSD?

1 Yes

2 No

DK/REF

**R81** [IF FACILITY = JAIL AND R78 = 1 AND R79 = 1] How soon after you were told that you had post-traumatic stress disorder or PTSD did you start taking prescription medicine at this facility for post-traumatic stress disorder or PTSD?

[IF FACILITY = PRISON AND R78 = 1 AND R79 = 1] Think about when you were first told that you had post-traumatic stress disorder or PTSD after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your post-traumatic stress disorder or PTSD?

1 Within 2 days

2 More than 2 days but within 7 days

3 More than 7 days but within 14 days

4 More than 14 days but with 30 days

5 More than 30 days

DK/REF

**R82** [IF FACILITY = JAIL AND R78 = 1 AND R80 =1] How soon after you were told that you had post-traumatic stress disorder or PTSD did you start receiving any medical treatment other than prescription medicine at this facility for post-traumatic stress disorder or PTSD?

[IF FACILITY = PRISON AND R78 =1 AND R80 = 1] Think about when you were first told that you had post-traumatic stress disorder or PTSD after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any

medical treatment other than prescription medicine for your post-traumatic stress disorder or PTSD?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**R83** [IF FACILITY = JAIL AND R75 = 1 AND R79 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your post-traumatic stress disorder or PTSD?

[IF FACILITY = PRISON AND R75 = 1 AND R79 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your post-traumatic stress disorder or PTSD?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**R84** [IF FACILITY = JAIL AND R75 = 1 AND R80 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your post-traumatic stress disorder or PTSD?

[IF FACILITY = PRISON AND R75 = 1 AND R80 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your post-traumatic stress disorder or PTSD?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**R85** [IF R24d = 1] Are you **currently** taking prescription medicine for your post-traumatic stress disorder or PTSD?

- 1 Yes
  - 2 No
- DK/REF

**R86** [IF R24d = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your post-traumatic stress disorder or PTSD?

- 1 Yes
  - 2 No
- DK/REF

**R87** [IF R85 = 2] Why aren't you currently taking prescription medicine for your post-traumatic stress disorder or PTSD?

	Yes	No
R87a. You have not seen a doctor to get the medicine	1	2
R87b. The doctor at the facility doesn't think you need medicine	1	2
R87c. You don't like taking the medicine	1	2
R87d. You don't think you need the medicine	1	2
R87e. The facility will not provide the medicine to you	1	2
R87f. Some other reason	1	2

**R88** [IF FACILITY TYPE = JAIL AND R24e = 1] At the time you were admitted to this facility, did you have an anxiety disorder such as panic disorder?

[IF FACILITY TYPE = PRISON AND R24e = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have an anxiety disorder such as panic disorder?

1 Yes  
2 No  
DK/REF

**R89** [IF FACILITY TYPE = JAIL AND R88 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your anxiety disorder?

[IF FACILITY TYPE = PRISON AND R88 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your anxiety disorder?

1 Yes  
2 No  
DK/REF

**R90** [IF FACILITY TYPE = JAIL AND R88 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your anxiety disorder?

[IF FACILITY TYPE = PRISON AND R88 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your anxiety disorder?

1 Yes  
2 No  
DK/REF

**R91** [IF FACILITY = JAIL AND R88 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had an anxiety disorder such as panic disorder?

[IF FACILITY = PRISON AND R88 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had an anxiety disorder such as panic disorder?

1 Yes  
2 No  
DK/REF

**R92** [IF FACILITY = JAIL AND (R88 = 1 OR R91 = 1)] Since you were admitted to this facility, have you taken any prescription medicine for your anxiety disorder?

[IF FACILITY = PRISON AND (R88 =1 OR R91 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your anxiety disorder?

- 1 Yes
- 2 No
- DK/REF

**R93** [IF FACILITY = JAIL AND (R88 =1 OR R91 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your anxiety disorder?

[IF FACILITY = PRISON AND (R88 =1 OR R91 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your anxiety disorder?

- 1 Yes
- 2 No
- DK/REF

**R94** [IF FACILITY = JAIL AND R91 = 1 AND R92 = 1] How soon after you were told that you had an anxiety disorder did you start taking prescription medicine at this facility for your anxiety disorder?

[IF FACILITY = PRISON AND R91 = 1 AND R92 = 1] Think about when you were first told that you had an anxiety disorder after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your anxiety disorder?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R95** [IF FACILITY = JAIL AND R91 = 1 AND R93 =1] How soon after you were told that you had an anxiety disorder did you start receiving any medical treatment other than prescription medicine at this facility for your anxiety disorder?

[IF FACILITY = PRISON AND R91 =1 AND R93 = 1] Think about when you were first told that you had an anxiety disorder after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your anxiety disorder?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R96** [IF FACILITY = JAIL AND R88 = 1 AND R92 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your anxiety disorder?

[IF FACILITY = PRISON AND R88 = 1 AND R91 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your anxiety disorder?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R97** [IF FACILITY = JAIL AND R88 = 1 AND R93 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your anxiety disorder?

[IF FACILITY = PRISON AND R88 = 1 AND R93 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your anxiety disorder?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R98** [IF R24e = 1] Are you **currently** taking prescription medicine for your anxiety disorder?

- 1 Yes
- 2 No
- DK/REF

**R99** [IF R24e = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your anxiety disorder?

- 1 Yes
- 2 No
- DK/REF

**R100** [IF R98 = 2] Why aren't you currently taking prescription medicine for your anxiety disorder?

	Yes	No
R100a. You have not seen a doctor to get the medicine	1	2
R100b. The doctor at the facility doesn't think you need medicine	1	2
R100c. You don't like taking the medicine	1	2
R100d. You don't think you need the medicine	1	2
R100e. The facility will not provide the medicine to you	1	2
R100f. Some other reason	1	2

**R101** [IF FACILITY TYPE = JAIL AND R24f = 1] At the time you were admitted to this facility, did you have a personality disorder such as antisocial or borderline personality?

[IF FACILITY TYPE = PRISON AND R24f = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have a personality disorder such as antisocial or borderline personality?

1 Yes  
2 No  
DK/REF

**R102** [IF FACILITY TYPE = JAIL AND R101 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your personality disorder?

[IF FACILITY TYPE = PRISON AND R101 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your personality disorder?

1 Yes  
2 No  
DK/REF

**R103** [IF FACILITY TYPE = JAIL AND R101 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your personality disorder?

[IF FACILITY TYPE = PRISON AND R101 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your personality disorder?

1 Yes  
2 No  
DK/REF

**R104** [IF FACILITY = JAIL AND R101 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had a personality disorder such as antisocial or borderline personality?

[IF FACILITY = PRISON AND R101 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had a personality disorder such as antisocial or borderline personality?

1 Yes  
2 No  
DK/REF

**R105** [IF FACILITY = JAIL AND (R101 = 1 OR R104 = 1)] Since you were admitted to this facility, have you taken any prescription medicine for your personality disorder?

[IF FACILITY = PRISON AND (R101 = 1 OR R104 = 1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your personality disorder?

1 Yes  
2 No  
DK/REF

**R106** [IF FACILITY = JAIL AND (R101 = 1 OR R104 = 1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your personality disorder?

[IF FACILITY = PRISON AND (R101 =1 OR R104 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your personality disorder?

- 1 Yes
- 2 No
- DK/REF

**R107** [IF FACILITY = JAIL AND R104 = 1 AND R105 = 1] How soon after you were told that you had a personality disorder did you start taking prescription medicine at this facility for your personality disorder?

[IF FACILITY = PRISON AND R104 = 1 AND 105 = 1] Think about when you were first told that you had a personality ty disorder after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your personality disorder?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R108** [IF FACILITY = JAIL AND R104 = 1 AND R106 =1] How soon after you were told that you had a personality disorder did you start receiving any medical treatment other than prescription medicine at this facility for your personality disorder?

[IF FACILITY = PRISON AND R104 =1 AND R106 = 1] Think about when you were first told that you had a personality disorder after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your personality disorder?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R109** [IF FACILITY = JAIL AND R101 = 1 AND R104 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your personality disorder?

[IF FACILITY = PRISON AND R101 = 1 AND R104 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your personality disorder?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R110** [IF FACILITY = JAIL AND R101 = 1 AND R106 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your personality disorder?

[IF FACILITY = PRISON AND R101 = 1 AND R106 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your personality disorder?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**R111** [IF R24f = 1] Are you **currently** taking prescription medicine for your personality disorder?

- 1 Yes
- 2 No
- DK/REF

**R112** [IF R24f = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your personality disorder?

- 1 Yes
- 2 No
- DK/REF

**R113** [IF R111 = 2] Why aren't you currently taking prescription medicine for your personality disorder?

	<b>Yes</b>	<b>No</b>
R113a. You have not seen a doctor to get the medicine	1	2
R113b. The doctor at the facility doesn't think you need medicine	1	2
R113c. You don't like taking the medicine	1	2
R113d. You don't think you need the medicine	1	2
R113e. The facility will not provide the medicine to you	1	2
R113f. Some other reason	1	2



**Section P – Medical Conditions and Care (Alternative Only)**

**P0** [IF FACILITY TYPE = JAIL] The next questions are about your health and any health and dental care you may have received since you were admitted to this facility. Some questions may ask about prescription medicines. Prescription medicines are drugs that you take if a doctor authorizes them for you.

[IF FACILITY TYPE = PRISON] The next questions are about your health and any health care you may have received in **any** facility where you have been held to serve time on your **current offense**. Some questions may ask about prescription medicines. Prescription medicines are drugs that you take if a doctor authorizes them for you.

Touch the NEXT button to go to the next screen.

**P1** [IF FACILITY TYPE = JAIL] When you were admitted to this facility, did a staff person...

[IF FACILITY TYPE = PRISON] When you were first admitted to **any** facility to serve time on your **current offense**, did a staff person...

	Yes	No
P1a. check to see if you were sick, injured, drunk, or high?	1	2
P1b. ask you any questions about your health or medical history?	1	2
P1c. ask if you had ever thought about or tried to commit suicide?	1	2

**P5** [IF FACILITY TYPE = JAIL] Since you were admitted to this facility, have you been injured in an accident, such as slipping or falling while at work or while playing sports?

[IF FACILITY TYPE = PRISON] Since you were admitted to any facility to serve time on your **current offense**, have you been injured in an accident, such as slipping or falling while at work or while playing sports?

- 1 Yes
- 2 No
- DK/REF

**P6** [IF FACILITY TYPE = JAIL AND P5 = 1] Since you were admitted to this facility, what types of injuries have you received as a result of an **accident**?

[IF FACILITY TYPE = PRISON AND P5 = 1] Since you were admitted to any facility to serve time on your **current offense**, what types of injuries have you received as a result of an **accident**?

	Yes	No
P6a. You received broken bones	1	2
P6b. Your teeth were chipped or knocked out	1	2
P6c. You received internal injuries	1	2
P6d. You were knocked unconscious	1	2
P6e. You received bruises, a black eye, sprains, cuts, scratches, swelling, or welts	1	2

**P7** [IF P6a = 1 OR P6b = 1 OR P6c = 1 OR P6d = 1 OR P6e = 1] Did you see a doctor, nurse, or other health care provider for any of your injuries?

- 1 Yes
- 2 No
- DK/REF

**P8** [IF FACILITY TYPE = JAIL] Since you were admitted to this facility, have you had any type of surgery?

[IF FACILITY TYPE = PRISON] Since you were admitted to any facility to serve time on your **current sentence**, have you had any type of surgery?

- 1 Yes
- 2 No
- DK/REF

**P9** [IF FACILITY TYPE = JAIL] Since you were admitted to this facility, have you had any problems with your teeth or gums?

[IF FACILITY TYPE = PRISON] Since you were admitted to any facility to serve time on your **current sentence**, have you had any problems with your teeth or gums?

- 1 Yes
- 2 No
- DK/REF

**P10** [If P9 = 1], Did you see a dentist, doctor, nurse, or other health care provider for any of these problems with your teeth or gums?

- 1 Yes
- 2 No
- DK/REF

**P11** [IF FACILITY TYPE = JAIL] Since you were admitted to this facility, have you seen a doctor, nurse, or other health care provider for any reason other than those already mentioned?

[IF FACILITY TYPE = PRISON] Since you were admitted to any facility to serve time on your **current sentence**, have you seen a doctor, nurse, or other health care provider for any reason other than those already mentioned?

- 1 Yes
- 2 No
- DK/REF

**P12** [IF FACILITY TYPE = JAIL] How satisfied are you with the health care you have received since you were admitted to this facility?

[IF FACILITY TYPE = PRISON] How satisfied are you with the health care you have received at any facility where you have been held to serve time on your **current offense**?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not satisfied at all
- DK/REF

**P13** [IF FACILITY = JAIL] Compared to the health care you were receiving during the 12 months **before** you were admitted to this facility, how would you rate the quality of health care you have received at this facility?

[IF FACILITY =PRISON] Compared to the health care you were receiving during the 12 months **before** you were admitted to any facility to serve time on your **current offense**, how would you rate the quality of health care you have received at this facility?

- 1 Better
- 2 About the same
- 3 Worse
- DK/REF

**P14** [IF FACILITY TYPE = JAIL] The next questions are about medical tests you may have had since you were admitted to this facility.

[IF FACILITY TYPE = PRISON] The next questions are about medical tests you may have had since you were admitted to any facility to serve time on your **current sentence**.

**P15** [IF FACILITY TYPE = JAIL] Since you were admitted to this facility, has anyone pricked your skin to test you for tuberculosis or TB?

[IF FACILITY TYPE = PRISON] Since you were admitted to any facility to serve time on your **current sentence**, has anyone pricked your skin to test you for tuberculosis or TB?

- 1 Yes
- 2 No
- DK/REF

**P16** [IF P15 = 1] What was the result of the last tuberculosis (TB) test you had?

- 1 Positive
- 2 Negative
- 3 Your results are not available yet
- 4 You were never told the result
- DK/REF

**P17** [IF P16 = 1] Were you given medicine to take because of your positive tuberculosis or TB skin test?

- 1 Yes
- 2 No
- DK/REF

**P18** [IF P15 NE 1] Have you **ever** been told that you have tuberculosis or TB?

- 1 Yes
- 2 No
- DK/REF

**P19** [IF FACILITY TYPE = JAIL] Since you were admitted to this facility, have you had your blood tested for any reason?

[IF FACILITY TYPE = PRISON] Since you were admitted to any facility to serve time on your **current sentence**, have you had your blood tested for any reason?

- 1 Yes
- 2 No
- DK/REF

**P20** [IF FACILITY TYPE = JAIL AND P19 = 1] Since you were admitted to this facility, have you had your blood tested for HIV – the virus that causes AIDS?

[IF FACILITY TYPE = PRISON AND P19 = 1] Since you were admitted to any facility to serve time on your **current sentence**, have you had your blood tested for HIV – the virus that causes AIDS?

- 1 Yes
- 2 No
- DK/REF

**P21** [IF P20 = 1] What was the result of the most recent HIV test you had?

- 1 Positive, you are infected with HIV – the virus that causes AIDS
- 2 Negative you are not infected with HIV – the virus that causes AIDS
- 3 Your results are not available yet
- 4 You were never told the result
- DK/REF

**P22** [IF P20 NE 1] Have you **ever** been tested for HIV – the virus that causes AIDS?

- 1 Yes
- 2 No
- DK/REF

**P23** [IF P22 = 1] What was the result of the most recent HIV test you had?

- 1 Positive, you are infected with HIV – the virus that causes AIDS
- 2 Negative, you are not infected with the virus that causes AIDS
- 3 Your results are not available yet
- 4 You were never told the result
- DK/REF

**P24** [IF P21 OR P23 = 1] Are you currently taking any medicine or receiving treatment for HIV – the virus that causes AIDS?

- 1 Yes
- 2 No
- DK/REF

**P25** [IF {FACILITY TYPE = JAIL AND P19 = 1}] Since you were admitted to this facility, have you been tested for Hepatitis B?

[IF {FACILITY TYPE = PRISON AND P19 = 1}] Since you were admitted to any facility to serve time on your **current sentence**, have you been tested for Hepatitis B?

- 1 Yes
- 2 No
- DK/REF

**P26** [IF P25 = 1] What was the result of the most recent Hepatitis B test you had?

- 1 Positive, you are infected with Hepatitis B
  - 2 Negative, you are not infected with Hepatitis B
  - 3 Your results are not available yet
  - 4 You were never told the result
- DK/REF

**P27** [IF P25 NE 1] Have you **ever** been told that you have Hepatitis B?

- 1 Yes
  - 2 No
- DK/REF

**P28** [IF {FACILITY TYPE = JAIL AND P19 = 1}] Since you were admitted to this facility, have you been tested for Hepatitis C?

[IF {FACILITY TYPE = PRISON AND P19 = 1}] Since you were admitted to any facility to serve time on your **current sentence**, have you been tested for Hepatitis C?

- 1 Yes
  - 2 No
- DK/REF

**P29** [IF P28 = 1] What was the result of the most recent Hepatitis C test you had?

- 1 Positive, you are infected with Hepatitis C
  - 2 Negative, you are not infected with Hepatitis C
  - 3 Your results are not available yet
  - 4 You were never told the result
- DK/REF

**P30** [IF P28 NE 1] Have you **ever** been told that you have Hepatitis C?

- 1 Yes
  - 2 No
- DK/REF

**P31** [IF {FACILITY TYPE = JAIL AND P19 = 1}] Since you were admitted to this facility, have you been tested for any sexually transmitted disease other than HIV, Hepatitis B, and Hepatitis C?

[IF {FACILITY TYPE = PRISON AND P19 = 1}] Since you were admitted to any facility to serve time on your **current sentence**, have you been tested for any sexually transmitted disease other than HIV, Hepatitis B, and Hepatitis C?

- 1 Yes
  - 2 No
- DK/REF

**P32** [IF P31 = 1] What was the result of the most recent sexually transmitted disease test you had?

- 1 Positive, a sexually transmitted disease infection was found
- 2 Negative, no sexually transmitted disease infection was found
- 3 Your results are not available yet
- 4 You were never told the result

DK/REF

**P33** [IF P31 NE 1] Have you **ever** been told that you had any sexually transmitted disease other than HIV, Hepatitis B, and Hepatitis C?

1 Yes

2 No

DK/REF

**P34** These next questions are about specific medical problems you may have had in the past or have currently.

Touch the NEXT button to go to the next screen.

**P35** Has a doctor, nurse, or other health care provider **ever** told you that you had...

	Yes	No
P35a. Any type of cancer?	1	2
P35b. High blood pressure or hypertension?	1	2
P35c. A stroke?	1	2
P35d. Diabetes or high blood sugar?	1	2
P35e. A problem with your heart?	1	2
P35f. A problem with your kidneys?	1	2
P35g. Arthritis or rheumatism?	1	2
P35h. Asthma?	1	2
P35i. Cirrhosis of the liver?	1	2

**P36** Have you **ever** been paralyzed or unable to move your legs, arms, or other areas of your body? Please do not include times when you may have been held down, tied up, or medicated.

1 Yes

2 No

DK/REF

**P37** Have you **ever** been knocked unconscious?

1 Yes

2 No

DK/REF

**P38** [IF P35a = 1] What kind of cancer did a doctor, nurse, or other health care provider tell you that you had?

	Yes	No
P38a. [GENDER = F] Breast cancer	1	2
P38b. [GENDER = F] Cervical cancer	1	2
P38c. Colon cancer	1	2
P38d. Leukemia	1	2
P38e. Lung cancer	1	2
P38f. [GENDER = F] Ovarian cancer	1	2
P38g. [GENDER = M] Prostate cancer	1	2
P38h. Skin cancer or melanoma	1	2
P38i. [GENDER = M] Testicular cancer	1	2
P38j. [GENDER = F] Uterine cancer	1	2

P38k. Some other kind of cancer	1	2
---------------------------------	---	---

**P39** [IF P35e = 1] What type of heart problems did a doctor, nurse, or other health care provider tell you that you had?

	Yes	No
P39a. Angina or angina pectoris	1	2
P39b. An irregular heart beat, also known as arrhythmia	1	2
P39c. Arteriosclerosis or hardening of the arteries	1	2
P39d. A heart attack or myocardial infarction	1	2
P39e. Coronary, congenital, or rheumatic heart disease	1	2
P39f. A heart murmur or other heart valve damage	1	2
P39g. Tachycardia or a rapid heart beat	1	2
P39h. Some other kind of heart problem	1	2

**P40** [IF P35a = 1 OR P35b = 1 OR P35c = 1 OR P35d = 1 OR P35e = 1 OR P35f = 1 OR P35g = 1 OR P35h = 1 OR P35i = 1] Has a doctor, nurse, or other health care provider told you that you **currently** have...

**NOTE TO PROGRAMMERS: CAN THIS SCREEN FILL WITH ONLY THOSE DISEASES THE R ENDORSED IN P35?**

	Yes	No
P40a. [IF P35a = 1] Any type of cancer?	1	2
P40b. [IF P35b = 1] High blood pressure or hypertension?	1	2
P40c. [IF P35c = 1] Problems caused by a stroke?	1	2
P40d. [IF P35d = 1] Diabetes or high blood sugar?	1	2
P40e. [IF P35e = 1] A problem with your heart?	1	2
P40f. [IF P35f = 1] A problem with your kidneys?	1	2
P40g. [IF P35g = 1] Arthritis or rheumatism?	1	2
P40h. [IF P35h = 1] Asthma?	1	2
P40i. [IF P35i = 1] Cirrhosis of the liver?	1	2

**P41** [IF P36 = 1] Are you **currently** paralyzed or unable to move parts of your body?

- 1 Yes
- 2 No
- DK/REF

**P42** [IF P37 = 1] Do you **currently** have problems because you were knocked unconscious at some time in the past?

- 1 Yes
- 2 No
- DK/REF

**P43** [IF P40a = 1] What kind of cancer do you **currently** have?

	Yes	No
P43a. [GENDER = F] Breast cancer	1	2
P43b. [GENDER = F] Cervical cancer	1	2
P43c. Colon cancer	1	2

P43d. Leukemia	1		2
P43e. Lung cancer	1		2
P43f. [GENDER = F] Ovarian cancer	1		2
P43g. [GENDER = M] Prostate cancer	1		2
P43h. Skin cancer or melanoma	1		2
P43i. [GENDER = M] Testicular cancer	1		2
P43j. [GENDER = F] Uterine cancer	1		2
P43k. Some other kind of cancer	1		2

**P44** [IF P40e = 1] What type of heart problems did a doctor, nurse, or other health care provider tell you that you **currently** have?

	Yes		No
P44a. Angina or angina pectoris	1		2
P44b. An irregular heart beat, also known as arrhythmia	1		2
P44c. Arteriosclerosis or hardening of the arteries	1		2
P44d. A heart attack or myocardial infarction	1		2
P44e. Coronary, congenital, or rheumatic heart disease	1		2
P44f. A heart murmur or other heart valve damage	1		2
P44g. Tachycardia or a rapid heart beat	1		2
P44h. Some other kind of heart problem	1		2

**P45** [IF FACILITY TYPE = JAIL AND P35a = 1] At the time you were admitted to this facility, did you have cancer?

[IF FACILITY TYPE = PRISON AND P35a = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have cancer?

- 1 Yes
- 2 No
- DK/REF

**P46** [IF FACILITY TYPE = JAIL AND P45 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your cancer?

[IF FACILITY TYPE = PRISON AND P45 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your cancer?

- 1 Yes
- 2 No
- DK/REF

**P47** [IF FACILITY TYPE = JAIL AND P45 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your cancer?

[IF FACILITY TYPE = PRISON AND P45 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your cancer?

- 1 Yes
- 2 No



DK/REF

**P48** [IF FACILITY = JAIL AND P45 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had cancer?

[IF FACILITY = PRISON AND P45 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had cancer?

- 1 Yes
- 2 No

DK/REF

**P49** [IF FACILITY = JAIL AND (P45 =1 OR P48 =1)] Since you were admitted to this facility, have you taken any prescription medicine for your cancer?

[IF FACILITY = PRISON AND (P45 =1 OR P48 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your cancer?

- 1 Yes
- 2 No

DK/REF

**P50** [IF FACILITY = JAIL AND (P45 =1 OR P48 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your cancer?

[IF FACILITY = PRISON AND (P45 =1 OR P48 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your cancer?

- 1 Yes
- 2 No

DK/REF

**P51** [IF FACILITY = JAIL AND P48 = 1 AND P49 = 1], How soon after you were told that you had cancer did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P48 = 1 AND P49 = 1] Think about when you were first told that you had cancer after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your cancer?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days

DK/REF

**P52** [IF FACILITY = JAIL AND P48 = 1 AND P50 =1] How soon after you were told that you had cancer did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P48 =1 AND P50 = 1] Think about when you were first told that you had cancer after you were admitted to any facility to serve time on your **current sentence**.

How soon after you were told did you start receiving any medical treatment other than prescription medicine for your cancer?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**P53** [IF FACILITY = JAIL AND P48 = 2 AND P50 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your cancer?

[IF FACILITY = PRISON AND P48 = 2 AND P50 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your cancer?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**P54** [IF FACILITY = JAIL AND P48 = 2 AND P50 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your cancer?

[IF FACILITY = PRISON AND P48 = 2 AND P50 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your cancer?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**P55** [IF P40a = 1] Are you **currently** taking prescription medicine for your cancer?

- 1 Yes
  - 2 No
- DK/REF

**P56** [IF P40a = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your cancer?

- 1 Yes
  - 2 No
- DK/REF

**P57** [IF P55 = 2] Why aren't you currently taking prescription medicine for your cancer?

	Yes	No
--	-----	----

P57a. You have not seen a doctor to get the medicine	1	2
P57b. The doctor at the facility doesn't think you need medicine	1	2
P57c. You don't like taking the medicine	1	2
P57d. You don't think you need the medicine	1	2
P57e. The facility will not provide the medicine to you	1	2
P57f. Some other reason	1	2

**P58** [IF FACILITY TYPE = JAIL AND P35b = 1] At the time you were admitted to this facility, did you have high blood pressure or hypertension?

[IF FACILITY TYPE = PRISON AND P35b = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have high blood pressure or hypertension?

- 1 Yes
- 2 No
- DK/REF

**P59** [IF FACILITY TYPE = JAIL AND P58 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your high blood pressure or hypertension?

[IF FACILITY TYPE = PRISON AND P58 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your high blood pressure or hypertension?

- 1 Yes
- 2 No
- DK/REF

**P60** [IF FACILITY TYPE = JAIL AND P58 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your high blood pressure or hypertension?

[IF FACILITY TYPE = PRISON AND P58 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your high blood pressure or hypertension?

- 1 Yes
- 2 No
- DK/REF

**P61** [IF FACILITY = JAIL AND P58 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had high blood pressure or hypertension?

[IF FACILITY = PRISON AND P58 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had high blood pressure or hypertension?

- 1 Yes
- 2 No
- DK/REF

**P62** [IF FACILITY = JAIL AND (P58 =1 OR P61 =1)] Since you were admitted to this facility, have you taken any prescription medicine for your high blood pressure or hypertension?

[IF FACILITY = PRISON AND (P58 =1 OR P61 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your high blood pressure or hypertension?

- 1 Yes
- 2 No
- DK/REF

**P63** [IF FACILITY = JAIL AND (P58 =1 OR P61 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your high blood pressure or hypertension?

[IF FACILITY = PRISON AND (P58 =1 OR P61 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your high blood pressure or hypertension?

- 1 Yes
- 2 No
- DK/REF

**P64** [IF FACILITY = JAIL AND P61 = 1 AND P62 = 1], How soon after you were told that you had high blood pressure or hypertension did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P61 = 1 AND P62 = 1] Think about when you were first told that you had high blood pressure or hypertension after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your high blood pressure or hypertension?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P65** [IF FACILITY = JAIL AND P61 = 1 AND P63 =1] How soon after you were told that you had high blood pressure or hypertension did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P61 =1 AND P63 = 1] Think about when you were first told that you had high blood pressure or hypertension after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your high blood pressure or hypertension?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P66** [IF FACILITY = JAIL AND P61 = 2 AND P63 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your high blood pressure or hypertension?

[IF FACILITY = PRISON AND P61 = 2 AND P63 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your high blood pressure or hypertension?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P67** [IF FACILITY = JAIL AND P61 = 2 AND P63 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your high blood pressure or hypertension?

[IF FACILITY = PRISON AND P61 = 2 AND P63 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your high blood pressure or hypertension?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P68** [IF P40b = 1] Are you **currently** taking prescription medicine for your high blood pressure or hypertension?

- 1 Yes
- 2 No
- DK/REF

**P69** [IF P40b = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your high blood pressure or hypertension?

- 1 Yes
- 2 No
- DK/REF

**P70** [IF P68 = 2] Why aren't you currently taking prescription medicine for your high blood pressure or hypertension?

	Yes	No
P70a. You have not seen a doctor to get the medicine	1	2
P70b. The doctor at the facility doesn't think you need medicine	1	2
P70c. You don't like taking the medicine	1	2
P70d. You don't think you need the medicine	1	2
P70e. The facility will not provide the medicine to you	1	2
P70f. Some other reason	1	2

**P175** [IF FACILITY TYPE = JAIL AND P35c = 1] At the time you were admitted to this facility, did you have problems caused by a stroke?

[IF FACILITY TYPE = PRISON AND P35c = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have problems caused by a stroke?

- 1 Yes
- 2 No
- DK/REF

**P176** [IF FACILITY TYPE = JAIL AND P175 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for problems caused by a stroke?

[IF FACILITY TYPE = PRISON AND P175 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for problems caused by a stroke?

- 1 Yes
- 2 No
- DK/REF

**P177** [IF FACILITY TYPE = JAIL AND P175 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for problems caused by a stroke?

[IF FACILITY TYPE = PRISON AND P175 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for problems caused by a stroke?

- 1 Yes
- 2 No
- DK/REF

**P178** [IF FACILITY = JAIL AND P175 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had problems caused by a stroke?

[IF FACILITY = PRISON AND P175 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had problems caused by a stroke?

- 1 Yes
- 2 No
- DK/REF

**P179** [IF FACILITY = JAIL AND (P175 = 1 OR P178 = 1)] Since you were admitted to this facility, have you taken any prescription medicine for problems caused by a stroke?

[IF FACILITY = PRISON AND (P175 = 1 OR P178 = 1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for problems caused by a stroke?

- 1 Yes
- 2 No
- DK/REF

**P180** [IF FACILITY = JAIL AND (P175 = 1 OR P178 = 1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for problems caused by a stroke?

[IF FACILITY = PRISON AND (P175 =1 OR P178 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for problems caused by a stroke?

- 1 Yes
- 2 No
- DK/REF

**P181** [IF FACILITY = JAIL AND P178 = 1 AND P179 = 1], How soon after you were told that you had problems caused by a stroke did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P178 = 1 AND P179 = 1] Think about when you were first told that you had problems caused by a stroke after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for problems caused by a stroke?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P182** [IF FACILITY = JAIL AND P178 = 1 AND P180 =1] How soon after you were told that you had problems caused by a stroke did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P178 =1 AND P180 = 1] Think about when you were first told that you had problems caused by a stroke after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for problems caused by a stroke?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P183** [IF FACILITY = JAIL AND P178 = 2 AND P180 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for problems caused by a stroke?

[IF FACILITY = PRISON AND P178 = 2 AND P180 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for problems caused by a stroke?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P184** [IF FACILITY = JAIL AND P178 = 2 AND P180 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for problems caused by a stroke?

[IF FACILITY = PRISON AND P178 = 2 AND P180 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for problems caused by a stroke?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P185** [IF P40c = 1] Are you **currently** taking prescription medicine for problems caused by a stroke?

- 1 Yes
- 2 No
- DK/REF

**P186** [IF P40c = 1] Are you **currently** receiving any medical treatment other than prescription medicine for problems caused by a stroke?

- 1 Yes
- 2 No
- DK/REF

**P187** [IF P185 = 2] Why aren't you currently taking prescription medicine for problems caused by a stroke?

	Yes	No
P187a. You have not seen a doctor to get the medicine	1	2
P187b. The doctor at the facility doesn't think you need medicine	1	2
P187c. You don't like taking the medicine	1	2
P187d. You don't think you need the medicine	1	2
P187e. The facility will not provide the medicine to you	1	2
P187f. Some other reason	1	2

**P71** [IF FACILITY TYPE = JAIL AND P35d = 1] At the time you were admitted to this facility, did you have diabetes or high blood sugar?

[IF FACILITY TYPE = PRISON AND P35d = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have diabetes or high blood sugar?

- 1 Yes
- 2 No
- DK/REF

**P72** [IF FACILITY TYPE = JAIL AND P71 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your diabetes or high blood sugar?

[IF FACILITY TYPE = PRISON AND P71 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your diabetes or high blood sugar?



- 1 Yes
- 2 No
- DK/REF

**P73** [IF FACILITY TYPE = JAIL AND P71 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your diabetes or high blood sugar?

[IF FACILITY TYPE = PRISON AND P71 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your diabetes or high blood sugar?

- 1 Yes
- 2 No
- DK/REF

**P74** [IF FACILITY = JAIL AND P71 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had diabetes or high blood sugar?

[IF FACILITY = PRISON AND P71 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had diabetes or high blood sugar?

- 1 Yes
- 2 No
- DK/REF

**P75** [IF FACILITY = JAIL AND (P71 =1 OR P74 =1)] Since you were admitted to this facility, have you taken any prescription medicine for your diabetes or high blood sugar?

[IF FACILITY = PRISON AND (P71 =1 OR P74 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your diabetes or high blood sugar?

- 1 Yes
- 2 No
- DK/REF

**P76** [IF FACILITY = JAIL AND (P71 =1 OR P74 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your diabetes or high blood sugar?

[IF FACILITY = PRISON AND (P71 =1 OR P74 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your diabetes or high blood sugar?

- 1 Yes
- 2 No
- DK/REF

**P77** [IF FACILITY = JAIL AND P74 = 1 AND P75 = 1], How soon after you were told that you had diabetes or high blood sugar did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P74 = 1 AND P75 = 1] Think about when you were first told that you had diabetes or high blood sugar after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your diabetes or high blood sugar?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**P78** [IF FACILITY = JAIL AND P74 = 1 AND P76 = 1] How soon after you were told that you had diabetes or high blood sugar did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P74 = 1 AND P76 = 1] Think about when you were first told that you had diabetes or high blood sugar after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your diabetes or high blood sugar?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**P79** [IF FACILITY = JAIL AND P74 = 2 AND P76 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your diabetes or high blood sugar?

[IF FACILITY = PRISON AND P74 = 2 AND P76 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your diabetes or high blood sugar?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**P80** [IF FACILITY = JAIL AND P74 = 2 AND P76 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your diabetes or high blood sugar?

[IF FACILITY = PRISON AND P74 = 2 AND P76 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your diabetes or high blood sugar?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**P81** [IF P40d = 1] Are you **currently** taking prescription medicine for your diabetes or high blood sugar?

- 1 Yes
- 2 No
- DK/REF

**P82** [IF P40d = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your diabetes or high blood sugar?

- 1 Yes
- 2 No
- DK/REF

**P83** [IF P81 = 2] Why aren't you currently taking prescription medicine for your diabetes or high blood sugar?

	Yes	No
P83a. You have not seen a doctor to get the medicine	1	2
P83b. The doctor at the facility doesn't think you need medicine	1	2
P83c. You don't like taking the medicine	1	2
P83d. You don't think you need the medicine	1	2
P83e. The facility will not provide the medicine to you	1	2
P83f. Some other reason	1	2

**P84** [IF FACILITY TYPE = JAIL AND P35e = 1] At the time you were admitted to this facility, did you have a problem with your heart?

[IF FACILITY TYPE = PRISON AND P35e = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have a problem with your heart?

- 1 Yes
- 2 No
- DK/REF

**P85** [IF FACILITY TYPE = JAIL AND P84 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your heart problem?

[IF FACILITY TYPE = PRISON AND P84 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your heart problem?

- 1 Yes
- 2 No
- DK/REF

**P86** [IF FACILITY TYPE = JAIL AND P84 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your heart problem?

[IF FACILITY TYPE = PRISON AND P84 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your heart problem?

- 1 Yes
- 2 No
- DK/REF

**P87** [IF FACILITY = JAIL AND P84 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had a problem with your heart?

[IF FACILITY = PRISON AND P84 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had a problem with your heart?

- 1 Yes
- 2 No
- DK/REF

**P88** [IF FACILITY = JAIL AND (P84 =1 OR P87 =1)] Since you were admitted to this facility, have you taken any prescription medicine for your heart problem?

[IF FACILITY = PRISON AND (P84 =1 OR P87 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your heart problem?

- 1 Yes
- 2 No
- DK/REF

**P89** [IF FACILITY = JAIL AND (P84 =1 OR P87 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your heart problem?

[IF FACILITY = PRISON AND (P84 =1 OR P87 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your heart problem?

- 1 Yes
- 2 No
- DK/REF

**P90** [IF FACILITY = JAIL AND P87 = 1 AND P88 = 1], How soon after you were told that you had a problem with your heart did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P87 = 1 AND P88 = 1] Think about when you were first told that you had a problem with your heart after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your heart problem?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P91** [IF FACILITY = JAIL AND P87 = 1 AND P89 =1] How soon after you were told that you had a problem with your heart did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P87 = 1 AND P89 = 1] Think about when you were first told that you had a problem with your heart after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your heart problem?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**P92** [IF FACILITY = JAIL AND P87 = 2 AND P89 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your heart problem?

[IF FACILITY = PRISON AND P87 = 2 AND P89 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your heart problem?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**P93** [IF FACILITY = JAIL AND P87 = 2 AND P89 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your heart problem?

[IF FACILITY = PRISON AND P87 = 2 AND P89 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your heart problem?

- 1 Within 2 days
  - 2 More than 2 days but within 7 days
  - 3 More than 7 days but within 14 days
  - 4 More than 14 days but with 30 days
  - 5 More than 30 days
- DK/REF

**P94** [IF P40e = 1] Are you **currently** taking prescription medicine for your heart problem?

- 1 Yes
  - 2 No
- DK/REF

**P95** [IF P40e = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your heart problem?

- 1 Yes
  - 2 No
- DK/REF

**P96** [IF P94 = 2] Why aren't you currently taking prescription medicine for your heart problem?

	Yes	No
P96a. You have not seen a doctor to get the medicine	1	2
P96b. The doctor at the facility doesn't think you need medicine	1	2
P96c. You don't like taking the medicine	1	2
P96d. You don't think you need the medicine	1	2
P96e. The facility will not provide the medicine to you	1	2
P96f. Some other reason	1	2

**P97** [IF FACILITY TYPE = JAIL AND P35f = 1] At the time you were admitted to this facility, did you have a problem with your kidneys?

[IF FACILITY TYPE = PRISON AND P35f = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have a problem with your kidneys?

1 Yes  
2 No  
DK/REF

**P98** [IF FACILITY TYPE = JAIL AND P97 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your kidney problem?

[IF FACILITY TYPE = PRISON AND P97 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your kidney problem?

1 Yes  
2 No  
DK/REF

**P99** [IF FACILITY TYPE = JAIL AND P97 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your kidney problem?

[IF FACILITY TYPE = PRISON AND P97 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your kidney problem?

1 Yes  
2 No  
DK/REF

**P100** [IF FACILITY = JAIL AND P97 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had a problem with your kidneys?

[IF FACILITY = PRISON AND P97 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had a problem with your kidneys?

1 Yes  
2 No  
DK/REF

**P101** [IF FACILITY = JAIL AND (P97 =1 OR P100 =1)] Since you were admitted to this facility, have you taken any prescription medicine for your kidney problem?

[IF FACILITY = PRISON AND (P97 =1 OR P100 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your kidney problem?

- 1 Yes
- 2 No
- DK/REF

**P102** [IF FACILITY = JAIL AND (P97 =1 OR P100 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your kidney problem?

[IF FACILITY = PRISON AND (P97 =1 OR P100 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your kidney problem?

- 1 Yes
- 2 No
- DK/REF

**P103** [IF FACILITY = JAIL AND P100 = 1 AND P101 = 1], How soon after you were told that you had a problem with your kidneys did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P100 = 1 AND P101 = 1] Think about when you were first told that you had a problem with your kidneys after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your kidney problem?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P104** [IF FACILITY = JAIL AND P100 = 1 AND P102 =1] How soon after you were told that you had a problem with your kidneys did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P100 =1 AND P102 = 1] Think about when you were first told that you had a problem with your kidneys after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your kidney problem?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P105** [IF FACILITY = JAIL AND P100 = 2 AND P102 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your kidney problem?

[IF FACILITY = PRISON AND P100 = 2 AND P102 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your kidney problem?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P106** [IF FACILITY = JAIL AND P100 = 2 AND P102 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your kidney problem?

[IF FACILITY = PRISON AND P100 = 2 AND P102 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your kidney problem?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P107** [IF P40f = 1] Are you **currently** taking prescription medicine for your kidney problem?

- 1 Yes
- 2 No
- DK/REF

**P108** [IF P40f = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your kidney problem?

- 1 Yes
- 2 No
- DK/REF

**P109** [IF P107 = 2] Why aren't you currently taking prescription medicine for your kidney problem?

	Yes	No
P109a. You have not seen a doctor to get the medicine	1	2
P109b. The doctor at the facility doesn't think you need medicine	1	2
P109c. You don't like taking the medicine	1	2
P109d. You don't think you need the medicine	1	2
P109e. The facility will not provide the medicine to you	1	2
P109f. Some other reason	1	2

**P110** [IF FACILITY TYPE = JAIL AND P35g = 1] At the time you were admitted to this facility, did you have arthritis or rheumatism?

[IF FACILITY TYPE = PRISON AND P35g = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have arthritis or rheumatism?



1 Yes  
2 No  
DK/REF

**P111** [IF FACILITY TYPE = JAIL AND P110 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your arthritis or rheumatism?

[IF FACILITY TYPE = PRISON AND P110 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your arthritis or rheumatism?

1 Yes  
2 No  
DK/REF

**P112** [IF FACILITY TYPE = JAIL AND P110 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your arthritis or rheumatism?

[IF FACILITY TYPE = PRISON AND P110 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your arthritis or rheumatism?

1 Yes  
2 No  
DK/REF

**P113** [IF FACILITY = JAIL AND P110 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had arthritis or rheumatism?

[IF FACILITY = PRISON AND P110 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had arthritis or rheumatism?

1 Yes  
2 No  
DK/REF

**P114** [IF FACILITY = JAIL AND (P110 =1 OR P113 =1)] Since you were admitted to this facility, have you taken any prescription medicine for your arthritis or rheumatism?

[IF FACILITY = PRISON AND (P110 =1 OR P113 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your arthritis or rheumatism?

1 Yes  
2 No  
DK/REF

**P115** [IF FACILITY = JAIL AND (P110 =1 OR P113 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your arthritis or rheumatism?

[IF FACILITY = PRISON AND (P110 =1 OR P113 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your arthritis or rheumatism?

- 1 Yes
- 2 No
- DK/REF

**P116** [IF FACILITY = JAIL AND P113 = 1 AND P114 = 1], How soon after you were told that you had arthritis or rheumatism did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P113 = 1 AND P114 = 1] Think about when you were first told that you had arthritis or rheumatism after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your arthritis or rheumatism?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P117** [IF FACILITY = JAIL AND P113 = 1 AND P115 = 1] How soon after you were told that you had arthritis or rheumatism did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P113 = 1 AND P115 = 1] Think about when you were first told that you had arthritis or rheumatism after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your arthritis or rheumatism?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P118** [IF FACILITY = JAIL AND P113 = 2 AND P115 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your arthritis or rheumatism?

[IF FACILITY = PRISON AND P113 = 2 AND P115 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your arthritis or rheumatism?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P119** [IF FACILITY = JAIL AND P113 = 2 AND P115 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your arthritis or rheumatism?

[IF FACILITY = PRISON AND P113 = 2 AND P115 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your arthritis or rheumatism?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P120** [IF P40g= 1] Are you **currently** taking prescription medicine for your arthritis or rheumatism?

- 1 Yes
- 2 No
- DK/REF

**P121** [IF P40g = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your arthritis or rheumatism?

- 1 Yes
- 2 No
- DK/REF

**P122** [IF P120 = 2] Why aren't you currently taking prescription medicine for your arthritis or rheumatism?

	Yes	No
P122a. You have not seen a doctor to get the medicine	1	2
P122b. The doctor at the facility doesn't think you need medicine	1	2
P122c. You don't like taking the medicine	1	2
P122d. You don't think you need the medicine	1	2
P122e. The facility will not provide the medicine to you	1	2
P122f. Some other reason	1	2

**P123** [IF FACILITY TYPE = JAIL AND P35h = 1] At the time you were admitted to this facility, did you have asthma?

[IF FACILITY TYPE = PRISON AND P35h = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have asthma?

- 1 Yes
- 2 No
- DK/REF

**P124** [IF FACILITY TYPE = JAIL AND P123 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your asthma?

[IF FACILITY TYPE = PRISON AND P123 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your asthma?

- 1 Yes
- 2 No
- DK/REF

**P125** [IF FACILITY TYPE = JAIL AND P123 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your asthma?

[IF FACILITY TYPE = PRISON AND P123 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your asthma?

- 1 Yes
- 2 No
- DK/REF

**P126** [IF FACILITY = JAIL AND P123 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had asthma?

[IF FACILITY = PRISON AND P123 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had asthma?

- 1 Yes
- 2 No
- DK/REF

**P127** [IF FACILITY = JAIL AND (P123 = 1 OR P126 = 1)] Since you were admitted to this facility, have you taken any prescription medicine for your asthma?

[IF FACILITY = PRISON AND (P123 = 1 OR P126 = 1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your asthma?

- 1 Yes
- 2 No
- DK/REF

**P128** [IF FACILITY = JAIL AND (P123 = 1 OR P126 = 1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your asthma?

[IF FACILITY = PRISON AND (P123 = 1 OR P126 = 1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your asthma?

- 1 Yes
- 2 No
- DK/REF

**P129** [IF FACILITY = JAIL AND P126 = 1 AND P127 = 1], How soon after you were told that you had asthma did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P126 = 1 AND P127 = 1] Think about when you were first told that you had asthma after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your asthma?

- 1 Within 2 days

- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days

DK/REF

**P130** [IF FACILITY = JAIL AND P126 = 1 AND P128 = 1] How soon after you were told that you had asthma did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P126 = 1 AND P128 = 1] Think about when you were first told that you had asthma after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your asthma?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days

DK/REF

**P131** [IF FACILITY = JAIL AND P126 = 2 AND P128 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your asthma?

[IF FACILITY = PRISON AND P126 = 2 AND P128 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your asthma?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days

DK/REF

**P132** [IF FACILITY = JAIL AND P126 = 2 AND P128 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your asthma?

[IF FACILITY = PRISON AND P126 = 2 AND P128 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your asthma?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days

DK/REF

**P133** [IF P40h= 1] Are you **currently** taking prescription medicine for your asthma?

- 1 Yes
- 2 No

DK/REF

**P134** [IF P40h = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your asthma?

- 1 Yes
- 2 No
- DK/REF

**P135** [IF P133 = 2] Why aren't you currently taking prescription medicine for your asthma?

	Yes	No
P135a. You have not seen a doctor to get the medicine	1	2
P135b. The doctor at the facility doesn't think you need medicine	1	2
P135c. You don't like taking the medicine	1	2
P135d. You don't think you need the medicine	1	2
P135e. The facility will not provide the medicine to you	1	2
P135f. Some other reason	1	2

**P136** [IF FACILITY TYPE = JAIL AND P35i = 1] At the time you were admitted to this facility, did you have cirrhosis of the liver?

[IF FACILITY TYPE = PRISON AND P35i = 1] At the time you were admitted to any facility to serve time on your **current sentence**, did you have cirrhosis of the liver?

- 1 Yes
- 2 No
- DK/REF

**P137** [IF FACILITY TYPE = JAIL AND P136 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your cirrhosis of the liver?

[IF FACILITY TYPE = PRISON AND P136 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your cirrhosis of the liver?

- 1 Yes
- 2 No
- DK/REF

**P138** [IF FACILITY TYPE = JAIL AND P136 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your cirrhosis of the liver?

[IF FACILITY TYPE = PRISON AND P136 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your cirrhosis of the liver?

- 1 Yes
- 2 No
- DK/REF

**P139** [IF FACILITY = JAIL AND P136 = 2] Since you were admitted to this facility, have you been told by a doctor, nurse, or other health care provider that you had cirrhosis of the liver?

[IF FACILITY = PRISON AND P136 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you been told by a doctor, nurse, or other health care provider that you had cirrhosis of the liver?

1 Yes

2 No

DK/REF

**P140** [IF FACILITY = JAIL AND (P136 =1 OR P139 =1)] Since you were admitted to this facility, have you taken any prescription medicine for your cirrhosis of the liver?

[IF FACILITY = PRISON AND (P136 =1 OR P139 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your cirrhosis of the liver?

1 Yes

2 No

DK/REF

**P141** [IF FACILITY = JAIL AND (P136 =1 OR P139 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your cirrhosis of the liver?

[IF FACILITY = PRISON AND (P136 =1 OR P139 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your cirrhosis of the liver?

1 Yes

2 No

DK/REF

**P142** [IF FACILITY = JAIL AND P139 = 1 AND P140 = 1], How soon after you were told that you had cirrhosis of the liver did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P139 = 1 AND P140 = 1] Think about when you were first told that you had cirrhosis of the liver after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your cirrhosis of the liver?

1 Within 2 days

2 More than 2 days but within 7 days

3 More than 7 days but within 14 days

4 More than 14 days but with 30 days

5 More than 30 days

DK/REF

**P143** [IF FACILITY = JAIL AND P139 = 1 AND P141 =1] How soon after you were told that you had cirrhosis of the liver did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P139 =1 AND P141 = 1] Think about when you were first told that you had cirrhosis of the liver after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your cirrhosis of the liver?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P144** [IF FACILITY = JAIL AND P139 = 2 AND P141 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your cirrhosis of the liver?

[IF FACILITY = PRISON AND P139 = 2 AND P141 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your cirrhosis of the liver?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P145** [IF FACILITY = JAIL AND P139 = 2 AND P141 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your cirrhosis of the liver?

[IF FACILITY = PRISON AND P139 = 2 AND P141 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your cirrhosis of the liver?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P146** [IF P40i= 1] Are you **currently** taking prescription medicine for your cirrhosis of the liver?

- 1 Yes
- 2 No
- DK/REF

**P147** [IF P40i = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your cirrhosis of the liver?

- 1 Yes
- 2 No
- DK/REF

**P148** [IF P146 = 2] Why aren't you currently taking prescription medicine for your cirrhosis of the liver?

	Yes	No
P148a. You have not seen a doctor to get the medicine	1	2
P148b. The doctor at the facility doesn't think you need medicine	1	2



P148c. You don't like taking the medicine	1	2
P148d. You don't think you need the medicine	1	2
P148e. The facility will not provide the medicine to you	1	2
P148f. Some other reason	1	2

**P149** [IF FACILITY TYPE = JAIL AND P36 = 1] At the time you were admitted to this facility, were you experiencing any type of paralysis or were you unable to move some part of your body?

[IF FACILITY TYPE = PRISON AND P36 = 1] At the time you were admitted to any facility to serve time on your **current sentence**, were you experiencing any type of paralysis or were you unable to move some part of your body?

- 1 Yes
- 2 No
- DK/REF

**P150** [IF FACILITY TYPE = JAIL AND P149 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for your paralysis?

[IF FACILITY TYPE = PRISON AND P149 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for your paralysis?

- 1 Yes
- 2 No
- DK/REF

**P151** [IF FACILITY TYPE = JAIL AND P149 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for your paralysis?

[IF FACILITY TYPE = PRISON AND P149 = 1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for your paralysis?

- 1 Yes
- 2 No
- DK/REF

**P152** [IF FACILITY = JAIL AND P149 = 2] Since you were admitted to this facility, have you experienced any type of paralysis or been unable to move some part of your body?

[IF FACILITY = PRISON AND P149 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you experienced any type of paralysis or been unable to move some part of your body?

- 1 Yes
- 2 No
- DK/REF

**P153** [IF FACILITY = JAIL AND (P149 = 1 OR P152 = 1)] Since you were admitted to this facility, have you taken any prescription medicine for your paralysis?

[IF FACILITY = PRISON AND (P149 =1 OR P152 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for your paralysis?

- 1 Yes
- 2 No
- DK/REF

**P154** [IF FACILITY = JAIL AND (P149 =1 OR P152 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for your paralysis?

[IF FACILITY = PRISON AND (P149 =1 OR P152 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for your paralysis?

- 1 Yes
- 2 No
- DK/REF

**P155** [IF FACILITY = JAIL AND P152 = 1 AND P153 = 1], How soon after you began experiencing any type of paralysis did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P152 = 1 AND P153 = 1] Think about when you first experienced any type of paralysis after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for your paralysis?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P156** [IF FACILITY = JAIL AND P152 = 1 AND P154 =1] How soon after you began experiencing any type of paralysis did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P152 =1 AND P154 = 1] Think about when you first experienced any type of paralysis after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for your paralysis?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P157** [IF FACILITY = JAIL AND P152 = 2 AND P154 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for your paralysis?

[IF FACILITY = PRISON AND P152 = 2 AND P154 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for your paralysis?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P158** [IF FACILITY = JAIL AND P152 = 2 AND P154 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for your paralysis?

[IF FACILITY = PRISON AND P152 = 2 AND P154 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for your paralysis?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P159** [IF P41= 1] Are you **currently** taking prescription medicine for your paralysis?

- 1 Yes
- 2 No
- DK/REF

**P160** [IF P41 = 1] Are you **currently** receiving any medical treatment other than prescription medicine for your paralysis?

- 1 Yes
- 2 No
- DK/REF

**P161** [IF P159 = 2] Why aren't you currently taking prescription medicine for your paralysis?

	Yes	No
P161a. You have not seen a doctor to get the medicine	1	2
P161b. The doctor at the facility doesn't think you need medicine	1	2
P161c. You don't like taking the medicine	1	2
P161d. You don't think you need the medicine	1	2
P161e. The facility will not provide the medicine to you	1	2
P161f. Some other reason	1	2

**P162** [IF FACILITY TYPE = JAIL AND P37 = 1] At the time you were admitted to this facility, were you experiencing any problems because you were knocked unconscious at some time in the past?

[IF FACILITY TYPE = PRISON AND P37 = 1] At the time you were admitted to any facility to serve time on your **current sentence**, were you experiencing any problems because you were knocked unconscious at some time in the past?

- 1 Yes
- 2 No
- DK/REF

**P163** [IF FACILITY TYPE = JAIL AND P162 = 1] In the 30 days before you were admitted to this facility, were you taking any prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

[IF FACILITY TYPE = PRISON AND P162 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you taking any prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

- 1 Yes
- 2 No
- DK/REF

**P164** [IF FACILITY TYPE = JAIL AND P162 = 1] In the 30 days before you were admitted to this facility, were you receiving any medical treatment other than prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

[IF FACILITY TYPE = PRISON AND P162 =1] In the 30 days before you were admitted to any facility to serve time on your **current sentence**, were you receiving any medical treatment other than prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

- 1 Yes
- 2 No
- DK/REF

**P165** [IF FACILITY = JAIL AND P162 = 2] Since you were admitted to this facility, have you experienced any problems because you were knocked unconscious at some time in the past?

[IF FACILITY = PRISON AND P162 = 2] Since you were admitted to any facility to serve time on your **current sentence**, have you experienced problems because you were knocked unconscious at some time in the past?

- 1 Yes
- 2 No
- DK/REF

**P166** [IF FACILITY = JAIL AND (P162 =1 OR P165 =1)] Since you were admitted to this facility, have you taken any prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

[IF FACILITY = PRISON AND (P162 =1 OR P165 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you taken any prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

- 1 Yes
- 2 No
- DK/REF

**P167** [IF FACILITY = JAIL AND (P162 =1 OR P165 =1)] Since you were admitted to this facility, have you received any medical treatment other than prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

[IF FACILITY = PRISON AND (P162 =1 OR P165 =1)] Since you were admitted to any facility to serve time on your **current sentence**, have you received any medical treatment other than prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

- 1 Yes
- 2 No
- DK/REF

**P168** [IF FACILITY = JAIL AND P165 = 1 AND P166 = 1], How soon after you began experiencing problems because you were knocked unconscious at some time in the past did you start taking prescription medicine at this facility?

[IF FACILITY = PRISON AND P165 = 1 AND P166 = 1] Think about when you first experienced any problems because you were knocked unconscious at some time in the past after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start taking prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P169** [IF FACILITY = JAIL AND P165 = 1 AND P167 =1] How soon after you began experiencing problems because you were knocked unconscious at some time in the past did you start receiving any medical treatment other than prescription medicine at this facility?

[IF FACILITY = PRISON AND P165 =1 AND P167 = 1] Think about when you first experienced problems because you were knocked unconscious at some time in the past after you were admitted to any facility to serve time on your **current sentence**. How soon after you were told did you start receiving any medical treatment other than prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P170** [IF FACILITY = JAIL AND P165 = 2 AND P167 = 1] How soon after you were admitted to this facility did you start taking prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

[IF FACILITY = PRISON AND P165 = 2 AND P167 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start taking prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days

- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P171** [IF FACILITY = JAIL AND P165 = 2 AND P167 = 1] How soon after you were admitted to this facility did you start receiving any medical treatment other than prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

[IF FACILITY = PRISON AND P165 = 2 AND P167 = 1] How soon after you were admitted to any facility to serve time on your **current sentence** did you start receiving any medical treatment other than prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

- 1 Within 2 days
- 2 More than 2 days but within 7 days
- 3 More than 7 days but within 14 days
- 4 More than 14 days but with 30 days
- 5 More than 30 days
- DK/REF

**P172** [IF P42= 1] Are you **currently** taking prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

- 1 Yes
- 2 No
- DK/REF

**P173** [IF P42 = 1] Are you **currently** receiving any medical treatment other than prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

- 1 Yes
- 2 No
- DK/REF

**P174** [IF P172 = 2] Why aren't you currently taking prescription medicine for problems you were experiencing because you were knocked unconscious at some time in the past?

	Yes	No
P174a. You have not seen a doctor to get the medicine	1	2
P174b. The doctor at the facility doesn't think you need medicine	1	2
P174c. You don't like taking the medicine	1	2
P174d. You don't think you need the medicine	1	2
P174e. The facility will not provide the medicine to you	1	2
P174f. Some other reason	1	2

**Section Q – Disability Status (Alternative Survey Respondents Only)**

**Q0** The next questions are about difficulties that you might have due to a physical, mental, or emotional problem.

Touch the NEXT button to go to the next screen.

**Q1** Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No
- DK/REF

**Q2** Are you blind or do you have serious difficulty seeing even when wearing glasses?

- 1 Yes
- 2 No
- DK/REF

**Q3** Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No
- DK/REF

**Q4** Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- DK/REF

**Q5** Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- DK/REF

**Q6** Because of a physical, mental, or emotional problem, do you have difficulty doing activities on your own such as going to meal time, going outside, working in or outside of this facility, going to classes, or attending programs?

- 1 Yes
- 2 No
- DK/REF

**Q7** Is the difficulty you experience doing activities on your own caused by...

	Yes	No
H7a. A physical problem?	1	2
H7b. A mental or emotional problem?	1	2

**Section J – Drug Use (Alternative Survey Only)**

**J1.** These next questions are about using drugs other than alcohol.

Have you **ever** used...

	<b>YES</b>	<b>NO</b>
<b>J1a.</b> Heroin?	1	2
<b>J1b.</b> Other opiates, for example, darvon or percodane without a doctor’s prescription or methadone outside a treatment program?	1	2
<b>J1c.</b> Methamphetamine such as ice or crank?	1	2
<b>J1d.</b> Other amphetamines such as speed without a doctor’s prescription?	1	2
<b>J1e.</b> Methaqualone such as quaaludes without a doctor’s prescription?	1	2
<b>J1f.</b> Barbiturates such as downers without a doctor’s prescription?	1	2
<b>J1g.</b> Tranquilizers such as valium without a doctor’s prescription?	1	2
<b>J1h</b> Crack?	1	2
<b>J1i.</b> Cocaine other than crack?	1	2
<b>J1j.</b> PCP?	1	2
<b>J1k.</b> Ecstasy?	1	2
<b>J1l.</b> LSD or other hallucinogens?	1	2
<b>J1m.</b> Marijuana or hashish?	1	2
<b>J1n.</b> Any other drugs that we didn’t mention?	1	2
<b>J1o.</b> Inhalants or sniffed substances to get high, for example nitrous oxide, aerosols, paint thinner, glue, lighter fluid, spray paint, or gasoline?	1	2

**J1a1** [IF J1a = 1] How old were you the **first time** you used heroin?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1b1** [IF J1b = 1] How old were you the **first time** you used other opiates such as darvon or percodane without a doctor’s prescription or methadone outside a treatment program?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1c1** [IF J1c = 1] How old were you the **first time** you used methamphetamine such as ice or crank?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1d1** [IF J1d = 1] How old were you the **first time** you used some other amphetamine such as speed without a doctor’s prescription?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1e1** [IF J1e = 1] How old were you the **first time** you used methaqualone such as quaaludes without a doctor’s prescription?



AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1f1** [IF J1f = 1] How old were you the **first time** you used barbiturates such as downers without a doctor's prescription?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1g1** [IF J1g = 1] How old were you the **first time** you used tranquilizers such as valium without a doctor's prescription?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1h1** [IF J1h = 1] How old were you the **first time** you used crack?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1i1** [IF J1i = 1] How old were you the **first time** you used cocaine other than crack?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1j1** [IF J1j = 1] How old were you the **first time** you used PCP?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1k1** [IF J1k = 1] How old were you the **first time** you used ecstasy?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1l1** [IF J1l = 1] How old were you the **first time** you used LSD or other hallucinogens?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1m1** [IF J1m = 1] How old were you the **first time** you used marijuana or hashish?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1n1** [IF J1n = 1] How old were you the **first time** you used any other drugs?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**J1o1** [IF J1o = 1] How old were you the **first time** you used any inhalant to get high?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

DO FOR x = a to o

**J2x.** [IF J1x = 1] Have you ever used [FILL FROM J1x] once a week or more for at least a month?

- 1 Yes
- 2 No
- DK/REF

**J3x.** [IF J1x = 1] During the month before you were admitted to this facility, were you using [FILL FROM J1x]?

- 1 Yes
- 2 No
- DK/REF

**J4x.** [IF J3x = 1] How often did you use [FILL FROM J1x] during the month before you were admitted to this facility?

- 1 Less than once a week
- 2 At least once a week
- 3 Almost daily
- 4 Daily
- DK/REF

**J5.** [IF ANY J1x = 1] When you committed the offense for which you are now incarcerated, were you trying to get money to buy drugs or obtain drugs for your use?

- 1 Yes
- 2 No
- DK/REF

**J6.** [IF ANY J1x = 1] Were you under the influence of drugs at the time of the offense for which you are now incarcerated?

- 1 Yes
- 2 No
- DK/REF

**J7.** [IF J6 = 1] What drugs were you under the influence of at the time of the offense for which you are now incarcerated?

	YES	NO
<b>J7a.</b> [IF J1a=1]Heroin?	1	2
<b>J7b.</b> [IF J1b=1]Other opiates, for example, darvon or percodane without a doctor's prescription or methadone outside a treatment program?	1	2
<b>J7c.</b> [IF J1c=1]Methamphetamine such as ice or crank?	1	2
<b>J7d.</b> [IF J1d=1]Other amphetamines such as speed without a doctor's prescription?	1	2
<b>J7e.</b> [IF J1e=1]Methaqualone such as quaaludes without a doctor's prescription?	1	2
<b>J7f.</b> [IF J1f=1]Barbiturates such as downers without a doctor's prescription?	1	2
<b>J7g.</b> [IF J1g=1]Tranquilizers such as valium without a doctor's	1	2

	prescription?		
<b>J7h</b>	[IF J1h=1]Crack?	1	2
<b>J7i</b>	[IF J1i=1]Cocaine other than crack?	1	2
<b>J7j</b>	[IF J1j=1]PCP?	1	2
<b>J7k</b>	[IF J1k=1]Ecstasy?	1	2
<b>J7l</b>	[IF J1l=1]LSD or other hallucinogens?	1	2
<b>J7m</b>	[IF J1m=1]Marijuana or hashish?	1	2
<b>J7n</b>	[IF J1n=1]Any other drugs that we didn't mention?	1	2
<b>J7o</b>	[IF J1o=1]Inhalants or sniffed substances to get high, for example nitrous oxide, aerosols, paint thinner, glue, lighter fluid, or gasoline?	1	2

**J8.** [IF ANY J3x = 1] In the month prior to being admitted to this facility, how did you get the drugs you were using?

	YES	NO
<b>J8a.</b> Bought them from a stranger?	1	2
<b>J8b.</b> Bought them from a dealer you know?	1	2
<b>J8c.</b> Bought them from a friend?	1	2
<b>J8d.</b> Stole them?	1	2
<b>J8e.</b> Given to you by friends or acquaintances?	1	2
<b>J8f.</b> Used a fake or forged prescription?	1	2
<b>J8g.</b> Traded sex for the drugs?	1	2
<b>J8h</b> Got the drugs some other way?	1	2

**J9.** [IF MORE THAN 1 "YES" IN J8] What was the main way you got the drugs you were using in the month prior to being admitted to this facility?

- [IF J8a=1]1 Bought them from a stranger
- [IF J8b=1]2 Bought them from a dealer you know
- [IF J8c=1]3 Bought them from a friend
- [IF J8d=1]4 Stole them
- [IF J8e=1]5 Given to you by friends or acquaintances
- [IF J8f=1]6 Used a fake or forged prescription
- [IF J8g=1]7 Traded sex for the drugs
- [IF J8h=1]8 Got the drugs some other way
- DK/REF

**J10.** [IF ANY J1x = 1] Have you **ever** used a needle to get any drug injected under your skin, into a muscle or into a vein for non-medical reasons?

- 1 Yes
- 2 No
- DK/REF

**J11.** [IF J10 = 1 AND (J1a = 1 OR J1b = 1 OR J1c = 1 OR J1i = 1 OR J1n = 1)] What kinds of drugs have you **ever** used with a needle?

	YES	NO
<b>J11a.</b> [IF J1a=1]Heroin?	1	2
<b>J11b.</b> [IF J1b=1]Other opiates, for example, darvon or percodane without a doctor's prescription or methadone outside a treatment program?	1	2
<b>J11c.</b> [IF J1c=1]Methamphetamine such as ice or crank?	1	2
<b>J11i.</b> [IF J1i=1]Cocaine other than crack?	1	2
<b>J11n.</b> [IF J1n=1] Some other drug?	1	2

**J12.** [IF J10 = 1] Have you **ever** used a needle that you knew or suspected had been used by someone else for injecting drugs or shared a needle that you had used with someone else?

- 1 Yes
- 2 No
- DK/REF

**J13.** [IF ANY J1x = 1] These next questions are about experiences many people have in connection with their use of drugs.

In your entire life, have you **ever** driven a car, motorcycle, truck, boat, or any other motor vehicle while under the influence of a drug?

- 1 Yes
- 2 No
- DK/REF

**J14.** [IF J13 = 1] In your entire life, have you **ever** had an accident while driving a motor vehicle while under the influence of a drug?

- 1 Yes
- 2 No
- DK/REF

**J15.** [IF ANY J1x = 1] During the year before you were admitted to this facility...

	YES	NO
<b>J15a.</b> Did you get into situations while using drugs or just after using drugs that increased your chances of getting hurt – like driving a car or other vehicle, swimming, using machinery or walking in a dangerous area or around heavy traffic?	1	2
<b>J15b.</b> Did you have arguments with your spouse, boyfriend or girlfriend, family, or friends while under the influence of a drug?	1	2
<b>J15c.</b> Did you lose a job because of your drug use?	1	2
<b>J15d.</b> Did you have job or school trouble because of your drug use like missing too much work, not doing your work well, being demoted at work, or dropping out of school?	1	2
<b>J15e.</b> Did you get arrested or held at a police station because of your drug use?	1	2
<b>J15f.</b> Did you get into a physical fight while under the influence of a drug?	1	2

**J16.** [IF ANY J1x = 1] During the year before you were admitted to this facility...

	YES	NO
<b>J16a.</b> Did you often use a drug in larger amounts or for longer periods than you meant to?	1	2
<b>J16b.</b> Did you more than once want to cut down on your drug use or try to cut down on your drug use but found you couldn't do it?	1	2
<b>J16c.</b> Did you spend a lot of time getting drugs, using them or getting over the bad after-effects?	1	2
<b>J16d.</b> Did using drugs or being sick from using drugs keep you from doing work, going to school, or caring for children?		
<b>J16e.</b> Did you give up activities that you were interested in or that were important to you in favor of using drugs like – work, school, hobbies, or associating with family and friends?	1	2
<b>J16f.</b> Did you continue to use drugs even though it was causing emotional or psychological problems?	1	2

**J17.** [IF ANY J1x = 1] During the year before you were admitted to this facility...

	YES	NO
<b>J17a.</b> Did you continue to use drugs even though it was causing problems with family, friends, or work?	1	2
<b>J17b.</b> Did you continue to use drugs even though it was causing physical health or medical problems?	1	2
<b>J17c.</b> Did your usual amount of drugs have less effect on you than it once did or did you have to use more to get the effect you wanted?	1	2
<b>J17d.</b> Did you experience some of the bad after-effects of using drugs after cutting down or stopping your drug use – like shaking, feeling nervous or anxious, sick to your stomach, restless, sweating, or having trouble sleeping or fits or seizures, or see, feel, or hear things that weren't really there?	1	2
<b>J17e.</b> Did you ever keep using drugs to get over any of the bad after-effects of a drug or to keep from having bad after-effects?	1	2

**J18.** When you were arrested and booked the last time, were you tested for drugs?

- 1 Yes
- 2 No
- DK/REF

**J19.** [IF J18=1] What was the result of the drug test you took when you were arrested and book the last time?

- 1 Positive for drug use

- 2 Negative
- 3 Neither, inconclusive
- DK/REF

**J20.** Have you been tested for drugs since your admission to this facility?

- 1 Yes
- 2 No
- DK/REF

**J21.** [IF J20=1] Have you been told the results of any of the drug tests you have taken since you were admitted to this facility?

- 1 Yes
- 2 No
- DK/REF

**J22.** [IF J21=1] Were any of the drug tests you have taken since you were admitted to this facility positive?

- 1 Yes
- 2 No
- DK/REF

## Section H – Alcohol Use (Alternative Survey Only)

**H1** The next questions are about drinking alcohol.

In your entire life, have you had at least 12 drinks of any kind of alcohol, not counting small tastes or sips?

- 1 YES
- 2 NO
- DK/REF

**H2** [IF H1=1] About how old were you when you first started drinking alcohol, other than small tastes or sips?

AGE: \_\_\_\_\_ [RANGE: 1 – 99]  
DK/REF

**H3** [IF H1=1] Have you ever drunk alcoholic beverages, more than once a week for more than a month?

- 1 YES
- 2 NO
- DK/REF

**H4** [IF H1=1] During the year before you were admitted to this facility, did you drink any alcohol?

- 1 YES
- 2 NO
- DK/REF

**H5** [IF H4=1] During that year how often did you **usually** drink alcohol?

- 1 Daily or almost daily
- 2 At least once a week
- 3 Less than once a week
- 4 About once a month
- 5 Less than once a month
- DK/REF

**H6** [IF H1=1] Had you been drinking any alcohol at the time of the offense you are now incarcerated for?

- 1 YES
- 2 NO
- DK/REF

**H7** [IF H6=1] About how many hours had you been drinking?

Hours: \_\_\_\_\_ [RANGE: 1 – 999]  
DK/REF

DEFINE HOURS FILL

IF H7 = 1 HOURS FILL = hour

IF H7 > 1 OR H7 = DK OR H7 = REF, HOURS FILL = hours

**H8** [IF H6=1] In the [HOURS FILL] before you were admitted to this facility, did you drink any –

	YES	NO
H8a. Beer?	1	2
H8b. Wine, wine coolers, champagne, or sparkling wine?	1	2
H8c. Liquor, including mixed drinks and liqueurs?	1	2

**H9** [IF H3=1 OR (H5=1 OR 2)] Here are some experiences many people have in connection with their drinking. In your entire life,

	YES	NO
H9a. Have you ever felt you should cut down on your drinking?	1	2
H9b. Have people ever annoyed you by criticizing your drinking?	1	2
H9c. Have you ever felt bad or guilty about your drinking?	1	2
H9d. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	1	2

**H10.** [IF H1=1] In your entire life, have you **ever** driven a car, motorcycle, truck, boat, or any other vehicle after having too much to drink?

- 1 Yes
- 2 No
- DK/REF

**H11.** [IF H10=1] In your entire life, have you **ever** had an accident after you were drinking?

- 1 Yes
- 2 No
- DK/REF

**H12.** [IF H1 = 1] In your entire life, have you **ever** had as much as a fifth of liquor in one day – that would be about 20 drinks, or 3 bottles of wine, or as much as 3 six-packs of beer in one day?

- 1 Yes
- 2 No
- DK/REF

**H13** [IF H4=1] During the year before your admission to this facility,

	YES	NO
H13a. Did you get into situations while drinking or after drinking that increased your chances of getting hurt – like driving a car or other vehicle, swimming, using machinery or walking in a dangerous area or around heavy traffic?	1	2
H13b. Did you have arguments with your spouse, boyfriend or	1	2



girlfriend, family, or friends while drinking or right after drinking?		
H13c. Did you lose a job because of your drinking?	1	2
H13d. Did you have job or school trouble because of your drinking-like missing too much work, not doing your work well, being demoted at work, or dropping out of school?	1	2
H13e. Did you get arrested or held at a police station because of your drinking?	1	2
H13f. Did you get into a physical fight while drinking or right after drinking?	1	2

**H14**

[IF H4=1] During the year before your admission to this facility,

	YES	NO
H14a. Did you often drink more or for longer periods of time than you meant to?	1	2
H14b. Did you more than once want to cut down on your drinking or try to cut down on your drinking but found you couldn't do it?	1	2
H14c. Did you spend a lot of time drinking or getting over the bad after-effects of drinking?	1	2
H14d. Did your drinking or being sick from drinking keep you from doing work, going to school or caring for children?	1	2
H14e. Did you give up activities that you were interested in or were important to you in favor of drinking – like work, school, hobbies, or associating with family and friends?	1	2
H14f. Did you continue to drink even though it was causing emotional or psychological problems?	1	2

**H15**

[IF H4=1] During the year before your admission to this facility,

	YES	NO
H15a. Did you continue to drink even though it was causing problems with family, friends, or work?	1	2
H15b. Did you continue to drink even though it was causing physical health or medical problems?	1	2
H15c. Did your usual number of drinks have less effect on you than it once did or did you have to drink more to get the effect you wanted?	1	2
H15d. Did you find that you experienced some of the bad after-effects of drinking after cutting down on your drinking or stop drinking – shaking, feeling nervous or anxious, sick to your stomach, restless, sweating, or having trouble sleeping or fits or seizures, or see, feel or hear things that weren't really there?	1	2
H15e. Did you often take a drink or use any other drug to get over any of the bad after-effects of drinking or to keep from having them?	1	2



**Section K – Treatment (Alternative Survey Only)**

**K1.** [IF J1a = 1 OR J1b = 1 OR J1c = 1 OR J1d = 1 OR J1e = 1 OR J1f = 1 OR J1g = 1 OR J1h = 1 OR J1i = 1 OR J1j = 1 OR J1k = 1 OR J1l = 1 OR J1m = 1 OR J1n = 1 OR J1o = 1 OR H1 = 1]  
 These next questions are about alcohol and drug treatment programs you may have attended.

Have you **ever** attended any kind of alcohol or drug treatment program?

- 1 Yes
- 2 No
- DK/REF

**K2.** [IF K1 = 1] What types of alcohol or drug treatment programs have you **ever** attended?

	YES	NO
<b>K2a.</b> An alcohol or drug detoxification unit to dry out for up to 72 hours?	1	2
<b>K2b.</b> An alcohol or drug program in which you live in a special facility or unit?	1	2
<b>K2c.</b> Drug or alcohol counseling with a trained professional while <b>not</b> living in a special facility or unit?	1	2
<b>K2d.</b> A self-help group or peer group counseling, such as Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous?	1	2
<b>K2e.</b> An education or awareness program explaining problems with alcohol or drugs?	1	2
<b>K2f.</b> A program that provided a maintenance drug to cut your high or make you sick, such as methadone, antibuse, or naltrexone?	1	2
<b>K2g.</b> Some other alcohol or drug treatment program?	1	2

DO FOR x = a to g.

DEFINE PROGRAMX FILL

IF K2a = 1 THEN PROGRAMX = an alcohol or drug detoxification unit for up to 72 hours

IF K2b = 1 THEN PROGRAMX = an alcohol or drug program in which you lived in a special facility or unit

IF K2c = 1 THEN PROGRAMX = any drug or alcohol counseling with a trained professional while **not** living in a special facility or unit

IF K2d = 1 THEN PROGRAMX = a self-help group or peer counseling

IF K2e = 1 THEN PROGRAMX = an education or awareness program explaining problems with alcohol or drugs

IF K2f = 1 THEN PROGRAMX = a program that provided a maintenance drug to cut your high or make you sick

IF K2g = 1 THEN PROGRAMX = any other kind of alcohol or drug treatment program

**K4x.** [IF K2x = 1] Have you ever attended [PROGRAMX] while you were in jail, prison, or other correctional facility?

- 1 Yes
- 2 No
- DK/REF

**K6x.** [IF K4x = 1] **DOAFILL1**, have you attended [PROGRAMX]?

- 1 Yes
- 2 No
- DK/REF

**K7x.** [IF K6x = 1] Did you attend [PROGRAMX] for problems with alcohol, drugs, or both?

- 1 Alcohol only
- 2 Drugs only
- 3 Both alcohol and drugs
- DK/REF

**K8x.** [IF K6x = 1] **DOAFILL1**, were you **required** to attend [PROGRAMX]?

- 1 Yes
- 2 No
- DK/REF

**K9x.** [IF K6x = 1] Have you or will you receive any good or gain time by participating in [PROGRAMX] **DOAFILL2**?

- 1 Yes
- 2 No
- DK/REF

**K5x.** [IF K2x = 1] Have you ever attended [PROGRAMX] while you were on probation or parole?

- 1 Yes
- 2 No
- DK/REF

**K10x.** [IF K5x=1] When you were on probation or parole, were you **required** to attend [PROGRAMX]?

- 1 Yes
- 2 No
- DK/REF

**K11x.** [IF K5x = 1] Did you attend [PROGRAMX] while you were on probation or parole for problems with alcohol, drugs, or both?

- 1 Alcohol only
- 2 Drugs only
- 3 Both alcohol and drugs
- DK/REF

## Section M: Interview Debriefing Items (All Respondents Receive These Items)

M0 Thank you for completing the survey. Now we have a few questions we'd like you to answer about your experience with this interview. Touch the NEXT button to go to the next screen.

M1 How difficult was it for you to use the computer to do this survey?

- 1 Not difficult at all
- 2 Sort of difficult
- 3 Very difficult
- DK/REF

M2 How comfortable did you feel using the computer to answer questions about (your own experiences with sex and sexual assault in this facility / your use of drugs and alcohol)?

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 Somewhat uncomfortable
- 4 Very uncomfortable
- DK/REF

M3. How upsetting did you find it to answer questions about (your own experiences with sex and sexual assault in this facility / your use of drugs and alcohol)?

- 1 Not upsetting at all
- 2 Somewhat upsetting
- 3 Very upsetting
- DK/REF

M4. Are there any types of sex or sexual contact that have happened to you **DOAFILL1** that you didn't report during this interview?

- 1 Yes
- 2 No
- DK/REF

M5. How accurate are the answers you entered into the computer?

- 1 Not very accurate
- 2 Fairly accurate
- 3 Very accurate
- DK/REF

MINC1[IF I3 = 1] How important was knowing that you would receive a snack in appreciation of the time you spent completing this questionnaire?

- 1 Very important
- 2 Somewhat important
- 3 Not important
- DK/REF

MINC2 [IF I3 = 1] Did anyone tell you directly that you were required to participate in this study?

- 1 Yes
- 2 No
- DK/REF

MINC2a [IF MINC2 = 1] Who told you that you were required to participate in this study?

- 1 A facility staff person
- 2 An interviewer from RTI
- 3 Another inmate
- DK/REF

MINC3 [IF MINC2 = 2] Were you ever made to feel that you were required to participate in this study?

- 1 Yes
- 2 No
- DK/REF

M6. That is all the questions we have. If you found the survey questions upsetting for any reason, your interviewer can tell you how to contact a mental health counselor employed by this facility. Thank you very much for participating in this study.

Please tell your interviewer that you have completed the survey.

M7. ENTER PASSWORD TO CONTINUE.

**NOTE TO PROGRAMMER: WE’LL NEED A SHORT PASSWORD SO THAT RESPONDENTS CAN’T GO ANY FURTHER IN THE INTERVIEW. THE LAST SET OF DEBRIEFING QUESTIONS WILL BE FOR THE INTERVIEWER.**

M8. Thank you for participating in this interview.

NOTIFY OFFICER THAT INMATE IS FINISHED AND CAN BE ESCORTED BACK TO HIS/HER CELL. ONCE THE INMATE HAS LEFT THE ROOM, TOUCH THE NEXT BUTTON TO GO TO THE NEXT SCREEN TO ANSWER DEBRIEFING QUESTIONS.

M9. Estimate the respondent’s understanding of the interview

- 1 No difficulty – no language or reading problem
- 2 Some difficulty
- 3 A great deal of difficulty

M10 How much do you think seeing or hearing about the laptop computer influenced the respondent’s decision to participate in the interview?

- 1 Influenced him/her a lot in a positive way
- 2 Influenced him/her a little in a positive way
- 3 Didn’t influence his/her decision at all
- 4 Influence him/her a little in a negative way
- 5 Influenced him/her a lot in a negative way

M11 Please indicate how necessary you think the tutorial was for this respondent.

- 1 Unnecessary – the respondent could have completed the interview without the tutorial
- 2 Useful, but perhaps not necessary – the tutorial made the ACASI portion easier, but the respondent probably could have completed the interview without it

3 Necessary – the respondent could not have completed the ACASI portion without it

M12 Did the respondent raise any questions during the informed consent process?

1 Yes

2 No

M13 [IF M12 = 1] Please describe the questions the respondent raised during the informed consent process.

---

ALLOW 150 CHARACTERS

M14 Please record any comments the respondent made about the nature of the questions or the task of answering the questions during either the CAPI or ACASI portions of the interview.

---

ALLOW 150 CHARACTERS

M15 How upset did the respondent appear to be during the ACASI portion of the interview?

1 Not upset at all

2 Somewhat upset

3 Very upset

M16 [IF M15 = 2 OR 3] Please provide any details you can about why this inmate appeared to be somewhat or very upset during the ACASI portion of the interview.

---

ALLOW 150 CHARACTERS

M17 Indicate the degree of distractions or interruptions during the interview.

1 None

2 A few

3 A lot

M18 Was the privacy of the interview setting compromised at any point during the interview?

1 Yes

2 No

M19 [IF M18 = 1] In what way was the privacy of the interview setting compromised during this interview?

---

ALLOW 150 CHARACTERS

FIINC1 [IF I3 = 1] Did the inmate take the incentive that was offered?

1 YES

2 NO

FIINC2 [IF FIINC1 = 1] What incentive did the inmate receive?

---

ALLOW 40 CHARACTERS

M19a PLEASE PROVIDE ANY OTHER COMMENTS ABOUT THE INTERVIEW THAT WOULD BE USEFUL FOR THE PROJECT TEAM TO KNOW:

---

ALLOW 150 CHARACTERS

M20 INTERVIEWER: YOU HAVE REACHED THE END OF THE INTERVIEW. TOUCH THE FINISH BUTTON BELOW TO RETURN TO THE CASE MANAGEMENT SYSTEM.

**Note to Programmers: Only two buttons are required for this screen – BACK and FINISH**