Appendix 1 (as supplied by authors): Questions used from each of the 1244 series forms

Intake Health Status Assessment: Section I

Current Medical Health		
Draining Wound	No	Yes
Current Smoker	No	Yes
If yes, Discussed smoking ban and cessation option:		
Alerts		
Prosthesis Required	No	Yes
Pregnant	No	Yes
If yes, Due Date:		

Intake Health Status Assessment: Section II

Anthropometrics and Current Vital Signs			
Height:	(m)	Weight:	(kg)
Cancer History			
Have you ever had cancer?		No	Yes
If yes, specify:			
Central Nervous System			
Do you have or have ever had problems with:			
Head Injury	(specify):		
Seizure Activity	(specify) :		
Spinal Cord Injury	(specify) :		
Cardiovascular System			
Do you have or have ever had problems with:			
High Blood Pressure	(specify) :		
Heart Attack	(specify) :		
Elevated Cholesterol	(specify) :		
Angina	(specify) :		
Stroke	(specify) :		
Other:	Arrhythmia		
Otolaryngeal System, Respiratory System and Eyes			
Do you have or have ever had problems with:			
Asthma	(specify) :		
Chronic Bronchitis	(specify) :		
Chronic Obstructive Pulmonary Disease	(specify) :		

Appendix to: Stewart LA, Nolan A, Sapers J, et al. Chronic health conditions reported by male inmates newly admitted to Canadian federal penitentiaries. *CMAJ Open* 2015. DOI:10.9778/cmajo.20140025. Copyright © 2015 The Author(s) or their employer(s).
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Gastro Intestinal		
A) Stomach/Oesophagus		
Do you have or have ever had problems with:		
Ulcers	(specify) :	
Urinary/Reproductive Systems		
A) Male Health Issues		
Prostate Problems?	No	Yes
If yes, specify:		
B) Female Health Issues		
Previous Reproductive Problems		
Cervical/Uterine/Ovarian Cancer		
Endocrine System		
Do you have or have ever had problems with:		
Diabetes	(specify):	
Musculoskeletal System		
Do you have or have ever had problems with:		
Difficulty Walking	(specify):	
Arthritis/Rheumatism	(specify):	
Osteoporosis	(specify):	
Back Pain	(specify):	
Blood/Immune Systems		
Do you have or have ever had problems with:		
Hodgkin's Disease	(specify):	
Leukemia	(specify):	

Intake Health Status Assessment: Infectious Disease Screening (1244-ID)

Screening History	Outcome	
	Positive	Negative
HIV/AIDS		
Hepatitis C		

Lifestyle			
Yes	No	Unknown	
			Do you do any physical exercise?
			Do you drink alcohol?
			Have you ever injected drugs (including steroids)?