

## Appendix 1 (as supplied by the authors): Baseline interview



## Doing Time: Baseline Interview

During this first interview, I would like to ask you some questions about your health, based on the 9 topic areas that women in prison told us were important to their health. I will also ask you to answer questions that are part of a standardized World Health Organization Questionnaire that you may complete yourself on a paper form or I can read them to you. Your data will be entered into the computer but with only a study number attached to it, not your name. **Do you mind if I record your verbal answers on a digital recorder?** \_\_\_\_\_

Is this the first interview that you are involved with this project?  Yes  No If no, Interview # \_\_\_\_\_

How did you find out about this interview? \_\_\_\_\_

**Institution:**  ACCW  SPCS  PGRCC

**Current Legal Status:**

- Parole: full  day  Bail  Conditional Sentence Order  
 Probation  Drug Court  Warrant expiry  
 Other \_\_\_\_\_

**Legal Status in Prison the last time:**

- Remanded: Not guilty  Sentenced   
 Sentenced from Court  
 Other \_\_\_\_\_

How long were you inside prison the last time? \_\_\_\_\_

**DATE OF ARREST (this time):**

Day			Month			Year			

**RELEASE DATE (this time)::**

Day			Month			Year			

**1. ACCESS TO INDIVIDUALIZED PRIMARY HEALTH CARE**

a. Have you thought about finding a family doctor?  Yes  No  I have one

b. Do you have specific plans for accessing a family doctor?  Yes  No

c. If yes – how do you plan to access a family doctor?

- |  |  |
|--|--|
| 1. <input type="checkbox"/> N/A                  | 6. <input type="checkbox"/> Outreach worker  |
| 2. <input type="checkbox"/> Don't know           | 7. <input type="checkbox"/> Got a list from outside (the prison)<br>Where did you receive the list? _____    |
| 3. <input type="checkbox"/> Refuse/didn't answer | 8. <input type="checkbox"/> Got a list from inside (the prison)<br>From whom did you receive the list? _____ |
| 4. <input type="checkbox"/> Find one             | 9. <input type="checkbox"/> Other: _____   |
| 5. <input type="checkbox"/> Walk-in clinic       |  |

**2. ACCESS TO HEALTH EDUCATION**

a. Do you have plans to learn more about your health or health care?  Yes  No

b. If yes – how do you plan to learn more about your health or health care?

- |  |  |
|--|--|
| 1. <input type="checkbox"/> N/A                  | 8. <input type="checkbox"/> Health nurse                 |
| 2. <input type="checkbox"/> Don't know           | 9. <input type="checkbox"/> Internet                     |
| 3. <input type="checkbox"/> Refuse/didn't answer | 10. <input type="checkbox"/> Staying clean               |
| 4. <input type="checkbox"/> Family doctor        | 11. <input type="checkbox"/> Native Health Care facility |
| 5. <input type="checkbox"/> Outreach worker      | 12. <input type="checkbox"/> Drop-In Center              |
| 6. <input type="checkbox"/> Mental health        | 13. <input type="checkbox"/> Other _____                 |
| 7. <input type="checkbox"/> Pamphlets            |  |

**a. Current Health Conditions**

**b. Did you receive treatment for any of these conditions in prison (last time)?**

**c. Did you learn new information about any of the health conditions you have while you were in prison (last time)?**

	a	b	C
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRSA infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal Pap-Smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**d. Were you taking medications in prison?**

List:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**e. Which meds do you plan to continue to take?**

List:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**f. Current methadone treatment:**  Yes  No

- Past
- < 6 months  < 1 year  1-3 years
- 4-10 years  >10 years

**3. MORE EXERCISE, BETTER NUTRITION AND SPIRITUAL HEALTH**

a. What kind of exercise are you doing?

- 1.  N/A
- 2.  Don't know
- 3.  Refuse/didn't answer
- 4.  None
- 5.  Swimming
- 6.  Working out at the gym
- 7.  Lifting weights
- 8.  Cardio
- 9.  Yoga
- 10.  Hiking
- 11.  Aerobics class/ video
- 12.  Water sports
- 13.  Elliptical
- 14.  Other \_\_\_\_\_

b. What kind of exercise would you like to do?

- 1.  N/A
- 2.  Don't know
- 3.  Refuse/didn't answer
- 4.  None
- 5.  Swimming
- 6.  Working out at the gym
- 7.  Lifting weights
- 8.  Cardio
- 9.  Yoga
- 10.  Hiking
- 11.  Aerobics class/ video
- 12.  Water sports
- 13.  Elliptical
- 14.  Other \_\_\_\_\_

c. How many hours per week do you exercise? \_\_\_\_\_

d. Are you learning more about nutrition?  Yes  No

e. Would you like to learn more about nutrition?  Yes  No

f. If so how do you plan to learn more?

- 1.  N/A
- 2.  Don't know
- 3.  Refuse/didn't answer
- 4.  Internet
- 5.  Doctor
- 6.  Books
- 7.  Family
- 8.  Class
- 9.  Outreach worker
- 10.  Dietician
- 11.  Pamphlets
- 12.  Health unit
- 13.  Drop In Center
- 14.  Through friends
- 15.  Other \_\_\_\_\_

g. What does 'spiritual health' look like to you today?

h. How important is your spiritual health to your overall health?  Very important  Somewhat important  Not at all important

i. If important, what do you need to achieve spiritual health? \_\_\_\_\_

#### 4. DENTITION AND ORAL HEALTH

a. Do you have a dentist?  Yes  No

b. If yes, what or who helped you to have a dentist? \_\_\_\_\_

c. Have you seen a dentist in the last 3 months?  Yes  No

d. Do you need to see a dentist?  Yes  No

e. Do you have some plans to see a dentist?  Yes  No If no, why not? \_\_\_\_\_

f. If yes, what help do you need to see a dentist?

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Don't know      | 5. <input type="checkbox"/> Family/friends |
| 2. <input type="checkbox"/> Welfare         | 6. <input type="checkbox"/> Walk-in clinic |
| 3. <input type="checkbox"/> Band office     | 7. <input type="checkbox"/> Other _____    |
| 4. <input type="checkbox"/> Outreach worker |  |

#### 9. RELATIONSHIPS WITH CHILDREN, FAMILIES AND OTHERS

a. What are your hopes for your relationship with your family over the next year?

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Don't know                 | 5. <input type="checkbox"/> To stay clean |
| 2. <input type="checkbox"/> Refuse/didn't answer       | 6. <input type="checkbox"/> To visit them |
| 3. <input type="checkbox"/> To better the relationship | 7. <input type="checkbox"/> None          |
| 4. <input type="checkbox"/> To reconnect               | 8. <input type="checkbox"/> Other _____   |

b. What are your hopes for your relationship with your children over the next year?

- |  |  |
|--|--|
| 1. <input type="checkbox"/> N/A                        | 6. <input type="checkbox"/> To get custody |
| 2. <input type="checkbox"/> Don't know                 | 7. <input type="checkbox"/> To visit them  |
| 3. <input type="checkbox"/> Refuse/didn't answer       | 8. <input type="checkbox"/> None           |
| 4. <input type="checkbox"/> To better the relationship | 9. <input type="checkbox"/> Other _____    |
| 5. <input type="checkbox"/> To reconnect               |  |

c. What are your hopes for your relationship with your partner over the next year?

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Don't know                 | 5. <input type="checkbox"/> To stay clean |
| 2. <input type="checkbox"/> Refuse/didn't answer       | 6. <input type="checkbox"/> To visit them |
| 3. <input type="checkbox"/> To better the relationship | 7. <input type="checkbox"/> None          |
| 4. <input type="checkbox"/> To reconnect               | 8. <input type="checkbox"/> Other _____   |

d. What role do you think your friends will have in your return to the community?

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Don't know                    | 5. <input type="checkbox"/> Bad ones/no good            |
| 2. <input type="checkbox"/> Refuse/didn't answer          | 6. <input type="checkbox"/> No contact with old friends |
| 3. <input type="checkbox"/> Positive/positive role models | 7. <input type="checkbox"/> I don't have any friends    |
| 4. <input type="checkbox"/> To reconnect                  | 8. <input type="checkbox"/> Other _____                 |

**OTHER DEMOGRAPHIC QUESTIONS**

**BIRTHDATE:**

Day	Month						Year

**AGE TODAY:**

\_\_\_\_\_ years

**ABORIGINAL STATUS**

- Non-aboriginal
- Aboriginal

If aboriginal

- Status
- Non-status

Band \_\_\_\_\_

**MARITAL STATUS AT ADMISSION:**

- Single
- Married/Common-law
- Current girlfriend/boyfriend
- Separated/Divorced
- Widowed

**CHILDREN:**

- Yes  No \_\_\_\_\_ years
- \_\_\_\_\_ years
- \_\_\_\_\_ years
- \_\_\_\_\_ years
- \_\_\_\_\_ years

**REASON FOR MOST RECENT INCARCERATION:**

*(Check all relevant)*

- Theft under \$5000
- Theft over \$5000
- Assault
- Other offence against persons
- Break & Enter
- Other offence against property
- Drug offence
- Sexual offence
- Driving offence
- Breach
- Parole violation
- Escape
- Other \_\_\_\_\_

**SECURITY LEVEL upon release.**

- Min.  Med.  Max.

**FIRST LANGUAGE**

- English
- Other

a. Do you think your going to jail was related to your drug use/substance abuse/addiction?  Yes  No  I don't know

b. What year was it the first year you went to jail? \_\_\_\_\_

c. How many times have you been in jail? \_\_\_\_\_  
 What were the reasons for the majority of your incarcerations? \_\_\_\_\_

**SUBSTANCE USE**

*One of the areas identified by women as being relevant to community reintegration is substance use. Remember that anything you tell me during this interview is anonymous and confidential.*

1. What is(are) your drug(s) of choice? \_\_\_\_\_

2. Are you an ID user (Injection Drug User)?  Yes  No

**PAST USE**

	a) Past use?	b) What age did you start using?	c) Do you want to stop using or cut down	e) If yes, what would make it possible?
Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Crystal Meth	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Methadone	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Opiates	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

f) Is there anything else you would like to tell us about this?  
 \_\_\_\_\_

Participant ID: \_\_\_\_\_

Interview Date: \_\_\_\_\_

The following questions come from a World Health Organization Quality of Life Questionnaire. They ask how you feel about your quality of life, health, or other areas of your life. You may take this paper yourself and tick the boxes or I can read out each question to you, along with the response options. **Please choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your **life in the last four weeks**.

		Very poor	Poor	Neither poor nor good	Good	Very Good
1.	How would you rate your quality of life?	1	2	3	4	5
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2.	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things **in the last four weeks**.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3.	To what extent do you feel that physical pain prevents your from doing what you need to do?	5	4	3	2	1
4.	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

*The following questions ask about how completely you experience or were able to do certain things in the last four weeks.*

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?	1	2	3	4	5
11.	Are you able to accept your bodily appearance?	1	2	3	4	5
12.	Have you enough money to meet your needs?	1	2	3	4	5
13.	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14.	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15.	How well are you able to get around?	1	2	3	4	5

Participant ID: \_\_\_\_\_

Interview Date: \_\_\_\_\_

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
		<i>Use #3 for any question in this section that are not applicable to you over the last four weeks.</i>				
16.	How satisfied are you with your sleep?	1	2	3	4	5
17.	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18.	How satisfied are you with your capacity for work?	1	2	3	4	5
19.	How satisfied are you with yourself?	1	2	3	4	5
20.	How satisfied are you with your personal relationships?	1	2	3	4	5
21.	How satisfied are you with your sex life?	1	2	3	4	5
22.	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23.	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24.	How satisfied are you with your access to health services?	1	2	3	4	5
25.	How satisfied are your with your transport?	1	2	3	4	5

*The following question refers to how often you have felt or experienced certain things in the last four weeks.*

		Never	Seldom	Quite often	Very often	Always
26.	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1

<p><b>5. ACCESS TO SAFE AND STABLE HOUSING</b></p> <p><b>LIVING SITUATION ON ADMISSION:</b></p> <p><input type="checkbox"/> Own house/apartment  <input type="checkbox"/> Rents  <input type="checkbox"/> Lives with family (no rent)  <input type="checkbox"/> Lives with friends(no rent)  <input type="checkbox"/> Hotel/boarding house  <input type="checkbox"/> Institution (tx centre, hospital)  <input type="checkbox"/> Homeless  <input type="checkbox"/> In custody  <input type="checkbox"/> Recovery house  <input type="checkbox"/> Other _____</p>	<p><b>a. City of residence prior to arrest:</b></p> <p><input type="checkbox"/> Vancouver      <input type="checkbox"/> Maple Ridge  <input type="checkbox"/> Kelowna      <input type="checkbox"/> Chilliwack  <input type="checkbox"/> Surrey      <input type="checkbox"/> Other _____  <input type="checkbox"/> Victoria</p> <p><b>b. City of residence where you plan to live now:</b></p> <p><input type="checkbox"/> Vancouver      <input type="checkbox"/> Maple Ridge  <input type="checkbox"/> Kelowna      <input type="checkbox"/> Chilliwack  <input type="checkbox"/> Surrey      <input type="checkbox"/> Other _____  <input type="checkbox"/> Victoria</p> <p>c. Did you receive any housing information inside before your release? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>PLANNED LIVING ARRANGMENTS AT PRESENT</b></p> <p><input type="checkbox"/> Own house/apartment  <input type="checkbox"/> Rents  <input type="checkbox"/> Lives with family (no rent)  <input type="checkbox"/> Lives with friends(no rent)  <input type="checkbox"/> Hotel/boarding house  <input type="checkbox"/> Institution (tx centre, hospital)  <input type="checkbox"/> Homeless  <input type="checkbox"/> In custody  <input type="checkbox"/> Recovery house  <input type="checkbox"/> Other _____</p>
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<b>6. JOB SKILLS, TRAINING AND RELEVANT EMPLOYMENT</b>		
<p><b>EDUCATION:</b></p> <p><input type="checkbox"/> Less than high school  <input type="checkbox"/> High school or equivalent  <input type="checkbox"/> Trades certificate/diploma  <input type="checkbox"/> Some college/university  <input type="checkbox"/> Completed college/university</p>	<p><b>EMPLOYMENT at the time of arrest:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Full-time  <input type="checkbox"/> Part-time  <input type="checkbox"/> Seasonal/unsteady</p>	<p><b>CURRENT FINANCIAL RESOURCES</b></p> <p>_____</p> <p>_____</p>

<b>7. PEER AND COMMUNITY SUPPORT</b>	
a. What kinds of community support do you hope to connect with?	
<p>1. <input type="checkbox"/> N/A  2. <input type="checkbox"/> Don't know  3. <input type="checkbox"/> Refuse/didn't answer  4. <input type="checkbox"/> None  5. <input type="checkbox"/> Outreach worker  6. <input type="checkbox"/> Alcoholics Anonymous/  Narcotics Anonymous  7. <input type="checkbox"/> Alcohol &amp; Drug counsellor</p>	<p>8. <input type="checkbox"/> Probation officer/bail supervisor  9. <input type="checkbox"/> E-Fry  10. <input type="checkbox"/> Drop-In Center  11. <input type="checkbox"/> Parenting programs  12. <input type="checkbox"/> Women into Healing  13. <input type="checkbox"/> Healthy people  14. <input type="checkbox"/> Other _____</p>

Participant ID: \_\_\_\_\_

Interview Date: \_\_\_\_\_

b. How do you plan to connect with these sources of support?

- |  |  |
|--|--|
| 1. <input type="checkbox"/> N/A                  | 7. <input type="checkbox"/> Drop In Center     |
| 2. <input type="checkbox"/> Don't know           | 8. <input type="checkbox"/> Outreach worker    |
| 3. <input type="checkbox"/> Refuse/didn't answer | 9. <input type="checkbox"/> Social worker      |
| 4. <input type="checkbox"/> Call them            | 10. <input type="checkbox"/> Internet          |
| 5. <input type="checkbox"/> In person            | 11. <input type="checkbox"/> Doesn't need help |
| 6. <input type="checkbox"/> Probation officer    | 12. <input type="checkbox"/> Other _____       |

**8. ABILITY TO CONTRIBUTE TO YOUR COMMUNITY**

a. Describe a time in your life when you were doing something that was meaningful to you.

- |  |  |
|--|--|
| 1. <input type="checkbox"/> N/A                  | 6. <input type="checkbox"/> School                   |
| 2. <input type="checkbox"/> Don't know           | 7. <input type="checkbox"/> Married/with boyfriend   |
| 3. <input type="checkbox"/> Refuse/didn't answer | 8. <input type="checkbox"/> Being clean              |
| 4. <input type="checkbox"/> Parenting            | 9. <input type="checkbox"/> Volunteer/helping others |
| 5. <input type="checkbox"/> Working              | 10. <input type="checkbox"/> Other _____             |

b. What does being a "productive member of your community" look like to you today?

- |  |  |
|--|--|
| 1. <input type="checkbox"/> N/A                  | 7. <input type="checkbox"/> Nothing/don't know       |
| 2. <input type="checkbox"/> Don't know           | 8. <input type="checkbox"/> Education                |
| 3. <input type="checkbox"/> Refuse/didn't answer | 9. <input type="checkbox"/> Volunteer/helping others |
| 4. <input type="checkbox"/> Working              | 10. <input type="checkbox"/> Structure/keep busy     |
| 5. <input type="checkbox"/> Staying clean        | 11. <input type="checkbox"/> Other _____             |
| 6. <input type="checkbox"/> Don't reoffend       |  |

c. How would you like to get involved in activities that make you feel like you are being productive in your community?

- |  |  |
|--|--|
| 1. <input type="checkbox"/> N/A                  | 6. <input type="checkbox"/> Clean/12 Step            |
| 2. <input type="checkbox"/> Don't know           | 7. <input type="checkbox"/> Volunteering/Giving back |
| 3. <input type="checkbox"/> Refuse/didn't answer | 8. <input type="checkbox"/> Not reoffending          |
| 4. <input type="checkbox"/> Employment           | 9. <input type="checkbox"/> Other _____              |
| 5. <input type="checkbox"/> School               |  |

Is there anything else that you would like to add? Or is there anything important that we forgot to ask about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your hopes for the coming 3 months? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want people to know about women leaving prison? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_