

Appendix 1 (as supplied by the authors): Supplemental material

TELEPHONE INTERVIEW

1. Tell me a little about yourself
2. What are you looking forward to when you get out of prison?
3. What is challenging about getting out of prison?
4. What town/city are you going to when you are released?
5. Do you have a place to stay when you are released? Yes ___No___
 - a. If yes, where will you be staying?
 - b. If no, do you need help with this?
6. What supports do you need? Number three choices in order of importance; 1,2,3, (#1 being the most important)

	Connect to outreach worker		Welfare office		Immediate health concerns
	Safe place to sleep		Meeting times		Food
	Drug and alcohol counselor		Clothing		Dentist

Other resources _____

8. Where would you like your peer mentor to meet you? Date_____ Time_____
9. How will she recognize you?
10. How do you want her to approach you?
11. Is there anything you want your mentor to know about you before she meets you?

RELEASE INTAKE FORM

- 1. What are you most looking forward to now that you are released from prison?
- 2. What was it like for you to have a peer health mentor meet you today?
- 3. What are you feeling most hopeful about?
- 4. Do you have any fears about being released?

- 5. Have your supports needs changed since your intake? What supports do you need?
Number three choices in order of importance; 1,2,3, (#1 being the most important)

	Connect to outreach worker		Welfare office		Immediate health concerns
	Safe place to sleep		Meeting times		Food
	Drug and alcohol counselor		Clothing		Dentist

Other resources _____

- 6. What resources did you access before you were released?
- 7. What kind of resources would have helped you before your release?
- 8. What would you like people to know about women being released?
- 9. Write a little about how you are feeling right now.

DEMOGRAPHIC SURVEY

1. How old are you? _____(years)
2. Do you identify yourself as an Indigenous person?
 - Yes
 - No
 - Don't know
 - Prefer not to say

If yes to #2, are you:

- First Nations
- Métis
- Inuit
- Don't know
- Prefer not to say

3. People living in Canada come from many different ethnic ancestries. How do you define your ethnicity?

4. Do you consider yourself to be... (Check only one)

- Straight/heterosexual
- Gay/homosexual
- Bisexual
- Two-spirited
- Other, please specify _____
- Prefer not to say

5. Marital Status

- Married
- Divorced
- Living Common Law
- Single, never married
- Widowed
- Prefer not to say
- Separated

Incarceration Experience

7. When was your first conviction (how old were you?) _____

8. What types of offences are on your record? (Check all that apply)

- Violence (for example: robbery, assault, threats)

- Property (for example: theft, break and enter)
- Drugs (for example: possession, trafficking)
- Administrative (for example: failing to comply, failing to appear)

Q 9-16 - Thinking about the most recent offence for which you were incarcerated:

9. What offence(s) were you serving time for?

10. How long was your custodial sentence (as imposed by the judge)?

11. How much time did you serve in custody before you were released?

12. What Institution did you serve most of your time at for this sentence?

13. What Institution were you most recently released from?

14. Was this your first time in custody?

- _____ Yes
 _____ No

15. If this was not your first time in custody, how many times have you been in custody?

- _____ In provincial jail
 _____ In federal prison

16. Are you currently on?

Parole Yes _____ No _____ Probation Yes _____ No _____

17. How many years, approximately, have you spent incarcerated in your lifetime?

- Less than one year
- 1-2 years
- 2-5 years
- 5-10 years
- 10-15 years
- 15-20 years
- Over 20 years

Education

18. Level of Elementary or High School completed:

- Grade 8 or lower
- Grade 9-10
- Grade 11-13
- Don't Know

- Prefer not to say

19. Postsecondary Education

- None
- College or University, number of years completed _____
- Don't Know
- Prefer not to say

Housing

20. What is your current housing situation? _____

- Single Family Home
- House/townhouse/duplex
- Apartment
- Institution (other than prison)/recovery house
- Boarding house/hotel/motel
- Mobile home/trailer
- Halfway house
- Homeless
- Other, please specify _____
- Don't know
- Prefer not to say

21. What is your housing payment method? _____

- I own, mortgage free
- I own, with a mortgage
- I rent
- I pay reduced rent (e.g. subsidized housing)
- I have no rent – I am in a halfway house/shelter/homeless
- My housing is paid for by government assistance (MEIA)
- Other, please specify _____
- Don't know
- Prefer not to say

Employment and Income

22. Are you currently employed?

- Yes
- No

23. How do you support yourself?

- Wages and Salaries

- Student loans/scholarships/bursaries
- Retirement benefits (work or government)
- Charities (Food banks, missions, church groups)
- Welfare, Disability
- Unofficial/under the table income
- Child Tax credit
- Non-legitimate sources of income
- EI/Worker's Compensation
- Partner support (including alimony)
- Parental support
- Other, please specify_____
- Prefer not to say
- Don't know

Children

24. Do you have children? _____NO / _____Yes

25. If yes, how many children_____and how old are they?

- ____ years

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

PROGRAM ACTIVITY FEEDBACK SURVEY

1. Which town are you in now? _____

2. Did you access a family doctor?
Yes ___ No___

3. If no, did you receive information from your peer mentor with respect to how to access a family doctor?
Yes ___ No___

4. Did you connect with any community resources?
Yes ___ No___

5. What community resources did you connect with specifically?

6. What was your response?

7. How many days did you meet with your mentor?

8. Did your peer mentor assist you in accessing community resources?
Yes ___ No___

9. Did you need to go to the welfare office?
Yes ___ No___

10. If yes, did your mentor go with you to the welfare office?
Yes ___ No___

11. Did your peer mentor assist you with your support you identified in your telephone intake/ or intake?
Yes ___ No___

Comments:

12. “It Would Make a Difference in My Life if I Had:”

	<i>yes</i>	<i>no</i>	
1			Housing
2			A good partner
3			More education
4			Legal help
5			Enough clothes
6			Money to buy necessities
7			Food
8			Medical care
9			Time to get enough sleep
10			Somewhere else to live
11			Time for fun
12			Time to be by myself
13			Dependable transportation
14			Healthy food to eat
15			A real friend
16			Someone to hassle with agencies when I can't
17			More control of my life
18			Drug or alcohol treatment
19			A dependable relationship
20			A telephone or access to a phone
21			Birth control
22			A good job
23			Personal safety
24			Someone to lend me money
25			Freedom from abuse
26			Someone to talk to about the things that worry me
27			Help with child custody problem
28			Other _____