

I. Living Conditions

1. Does your cell have an outside window? YES 1
NO 2
2. How many cell mates do you have? _____
3. Is there a video camera in your cell? YES 1
NO 2
4. Is your cell lit at night? YES 1
NO 2
5. Is the temperature of your cell usually comfortable? YES (GO TO 6) 1
NO (GO TO 5a) 2
- 5a. If No: Is your cell generally too hot or too cold? TOO HOT 1
TOO COLD 2
6. Is there sufficient ventilation? YES 1
NO 2
7. Are there bugs or rodents in your cell? YES 1
NO 2
- 7a. Are there bugs or rodents in the showers? YES 1
NO 2
8. Does your toilet work well? YES 1
NO 2
9. Is a television allowed in your cell? YES 1
NO 2
10. Is a radio allowed in your cell? YES 1
NO 2
11. Are religious objects allowed in your cell? YES 1
NO 2
12. Have reading materials ever been taken from you? YES (GO TO 12a) 1
NO (GO TO 13) 2
- 12a. If Yes: What kinds? _____
13. Are you often hungry? YES 1
NO 2
14. Can you keep food in your cell? YES 1
NO 2
15. Do you have access to a canteen and snacks? YES 1
NO 2
16. Are meals ever withheld as punishment? YES 1
NO 2

II. Confinement

17. How many times a week may you shower? _____ times a week
18. Are you observed while using the toilet, showering, dressing, etc.?
YES (GO TO 18a) 1
NO (GO TO 19)..... 2
- 18a. If Yes: Is the person who observes you usually male or female?
MALE..... 1
FEMALE 2
19. How many hours a week are you allowed to be out of your cell?
_____ hours a week
20. How many hours a week are you allowed to be with other prisoners?
_____ hours a week
21. How many hours a week are you allowed to go outdoors?
_____ hours a week
22. Must you wear restraints when outside your cell?
YES 1
NO 2
23. Is there a general library?
YES (GO TO 23a) 1
NO (GO TO 24)..... 2
- 23a. If Yes: How many hours a week are you allowed to use the library?
_____ hours a week
- 23b. If Yes: Please tell us how good the library is:
GOOD..... 1
JUST OK 2
POOR..... 3
24. Is there a law library?
YES (GO TO 24a) 1
NO (GO TO 25)..... 2
- 24a. If Yes: How many hours a week are you allowed to use the library?
_____ hours a week
- 24b. If Yes: Please tell us how good the library is:
GOOD..... 1
JUST OK 2
POOR..... 3
25. How many phone calls are you allowed to make each week?
_____ phone calls
26. What is the time limit on these calls?
_____ minutes per call
27. How many letters may you send or receive each month?
_____ letters

III. Visits

28. How many visitors are you allowed each month? _____ visitors
29. How long are they allowed to visit? _____ minutes
30. How often are family and friends allowed to visit? _____ per month
31. How often do they visit? _____ per month
32. Is distance a problem? YES 1
NO 2
33. Are you allowed physical contact with them during the visit? YES 1
NO 2
34. Are visits supervised? YES 1
NO 2
35. Do you have children under age 18? YES (GO TO 35a) 1
NO (GO TO 36) 2
- 35a. If Yes: Does the prison allow them to visit? YES (GO TO 35b) 1
NO (GO TO 36) 2
- 35b. If Yes: Are they able to/Do they visit? YES (GO TO 35c) 1
NO (GO TO 36) 2
- 35c. If Yes: Can you hug and play with them? YES 1
NO 2

IV. Available Services and Programs

Please tell me if each of these services is good, just ok, or poor. If the service is not available or if you have never used it, please let me know.

	Good	O.K.	Poor	Available, Not Used	Not Available
36. GED programs	1	2	3	4	5
37. Exercise and sports opportunities	1	2	3	4	5
38. Mental health counseling services	1	2	3	4	5
39. Drug and alcohol treatment and education	1	2	3	4	5
40. Counseling for sexual, physical, or emotional abuse	1	2	3	4	5
41. Religious services	1	2	3	4	5
