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.

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)?

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