

Appendix 2 (as supplied by the authors): Follow-up interview



Doing Time: Follow up Interview

During this 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 several standardized surveys. You may complete these surveys 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?** _____

Interview # _____ Follow-up at: 3 months 6 months 9 months 12 months

	Excellent	Very good	Good	Fair	Poor
1. In general, would you say your health is:	1	2	3	4	5

GOAL 1: ACCESS TO INDIVIDUALIZED PRIMARY HEALTH CARE

1. 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 in the future? 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)
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)
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. a) Have you seen a family doctor in the last 3 months? Yes No
 b) What supported or prevented you from seeing a doctor? _____

GOAL 2: ACCESS TO HEALTH EDUCATION

It is important for us to understand how your health has been over the past 3 months.

1. a) Have you received treatment for any of the following conditions in the past 3 months?
- Diabetes
 - Hepatitis C
 - MRSA infection
 - Abnormal Pap-Smear
 - Cervical cancer
 - HIV/AIDS
 - Obesity
 - Endocarditis
 - Depression
 - Anxiety
 - Eating Disorder
 - Bipolar disorder
 - Personality disorder
 - High blood pressure
 - Other _____
- b) If yes, what treatment? _____

2. a) Do you plan to change your current treatment regimen in the future?
 Yes No
 b) If yes, what are these plans?

3. a) Have you had any opportunity to learn about health or health care in the last 3 months? Yes No
 b) Can you describe what was helpful to your learning? _____

 c) Can you describe what was not helpful to your learning? _____

4. a) Do you have specific 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 in the future?
- | | |
|--|--|
| 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 | |
5. What would you need to address your health concerns (if anything)?

GOAL 3: IMPROVED HEALTH (PHYSICAL AND SPIRITUAL)**EXERCISE**

1. a) Are you currently satisfied with your weight? Yes No
 b) Can you tell us more about this? _____

2. a) Have you exercised in the last 3 months? Yes No

b) If yes, what type of exercise did you 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. Walking
 15. Other _____

c) How many hours per week did you exercise? _____

d) What makes you feel good about exercising:

e) Is there anything that prevents you from exercising?

3. a) Are there any types of exercises that you would like to do? Yes No

b) If yes, what type 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. Walking
 15. Other _____

c. How many hours per week would you like to exercise? _____

NUTRITION

	Excellent	Very good	Good	Fair	Poor
5. a) How healthy have you been eating in the past 3 months?	1	2	3	4	5

b) What helps you to eat healthy? _____

c) What stops you from eating healthy? _____

6. a) Did you have opportunity to learn about nutrition/diet in the last 3 months? Yes No

b) If yes, please describe _____

7. a) Would you like to learn more about nutrition/diet in the future? Yes No

b) If yes, how do you plan to learn more about nutrition/diet in the future?

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 _____

SPIRITUALITY

	Excellent	Very good	Good	Fair	Poor
1. How would you rate your spiritual health in the last 3 months?	1	2	3	4	5

Comments: _____

GOAL 4: IMPROVED 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) If yes, what help do you need to see a dentist?
1. Don't know 5. Family/friends
2. Welfare 6. Walk-in clinic
3. Band office 7. Other _____
4. Outreach worker

GOAL 9: RELATIONSHIPS WITH FAMILY (partners, children, and parents and relatives) AND FRIENDS.

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

1. Are you currently in a relationship? Yes No

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

2. Are you in contact with your

Partner?	Children?	Parents or relatives?	Friends?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

3. How often?

Partner?	Children?	Parents or relatives?	Friends?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent/regular contact
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Some/intermittent contact
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No contact
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A (no extended family)

4. 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 him/her |
| 3. <input type="checkbox"/> To better the relationship | 7. <input type="checkbox"/> None |
| 4. <input type="checkbox"/> To reconnect | 8. <input type="checkbox"/> Other _____ |

5. 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 | |

6. 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 _____ |

6. How have your relationships been in the past 3 months?

Partner: Excellent Very good Good Fair Poor

Comments: _____

Children: Excellent Very good Good Fair Poor

Comments: _____

Parents/relatives : Excellent Very good Good Fair Poor

Comments: _____

8. a) How important to you is your relationship with your family?

Partner?	Children?	Parents or relatives?	Friends?
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Very important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Somewhat important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not at all important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A (no extended family)

- b) Can you please explain?

Partner _____

Children _____

Parents/relatives _____

Friends _____

CULTURAL/ETHNICITY

How would you identify your ethnicity or cultural background?

- White
- Aboriginal
- Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, etc.)
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Other: _____

RECENT HISTORY WITH CRIMINAL ACTIVITY

One of the goals of this study is to understand the factors that contribute to successful reintegration into society following release. As a result, it is important for us to understand your experiences over the last 3 months. Please share any challenges you have had in the past 3 months with the following aspects of reintegration. It is also important for us if there's any time during the past 3 months that you haven't been living in the community. Remember that anything you tell me during this interview is anonymous and confidential.

1. Do you feel your going to jail was related to your drug use/substance misuse/addiction? Yes No I don't know

2. a) Have you been involved in any criminal activity (known to authorities or not) in the past 3 months? Yes No

b) If yes, please describe _____

3. a) Have you had any altercations with the law in the last 3 months?

Yes No

b) If yes, please describe _____

4. a) Were you charged? Yes No

b) If yes, what was the charge? _____

c) What was the outcome? Reincarceration Other

d) If reincarceration, please provide the name of the institution: ACCW SPCS PGRCC

e) If reincarceration, please provide the dates of re-arrest and release in the past 3 months:

DATE OF ARREST:

Day	Month	Year							

RELEASE DATE:

Day	Month	Year							

f) Current Legal Status: Parole full day
 Drug Court Bail Warrant expiry Conditional Sentence Order Probation Other _____

5. Please describe any factors that have made it easier or harder to avoid offending in the past 3 months:

SUBSTANCE USE

One of the areas identified by women as being relevant to community reintegration is substance use. In this section we're going to talk about misuse of substances (illegal, prescribed, over the counter, alcohol). Remember that anything you tell me during this interview is anonymous and confidential.

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

2. Do you smoke cigarettes? Yes No If yes, how much?

3. Are you an ID user (Injection Drug user)? Yes No
4. Have you been using in the last 3 months?
- | | |
|--------------|--|
| Alcohol | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Marijuana | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heroin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cocaine | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Crack | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Crystal Meth | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Methadone | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If yes
 prescribed
 non-prescribed
- Other _____ Yes No
 Other _____ Yes No
 Other _____ Yes No

5. a) Do you want to stop using or cut down? Yes No
 b) If yes, what would make it possible?

- c) If no, can you tell us a bit about that so we can better understand your situation? _____

6. If you are currently abstinent from using substances:
- a) Do you still obsess about using drugs? Yes No
 b) Do you experience physical cravings? Yes No
 c) If yes, how do you cope with them?
 d) Is there anything else you would like to tell us about this?

GOAL 5: ACCESS TO SAFE AND STABLE HOUSING

1. a) Where have you been living for the past 3 months?
- | | |
|---|--|
| <input type="checkbox"/> Own house/apartment | <input type="checkbox"/> Institution (tx centre, hospital) |
| <input type="checkbox"/> Rents | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Lives with family (no rent) | <input type="checkbox"/> In custody |
| <input type="checkbox"/> Lives with friends (no rent) | <input type="checkbox"/> Recovery House |
| <input type="checkbox"/> Hotel/boarding house | <input type="checkbox"/> Other _____ |
- b) How has that been for you?

2. What has (have) been your city (cities) of residence for the last 3 months?
- | | |
|------------------------------------|--------------------------------------|
| <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 | |

3. a) Do you plan to continue living in your current living situation? Yes No
 b) Why or why not?

- c) If no, what type of housing would be adequate for you for the next 3 months?
- | | |
|---|--|
| <input type="checkbox"/> Own house/apartment | <input type="checkbox"/> Institution (tx centre, hospital) |
| <input type="checkbox"/> Rents | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Lives with family (no rent) | <input type="checkbox"/> In custody |
| <input type="checkbox"/> Lives with friends (no rent) | <input type="checkbox"/> Recovery House |
| <input type="checkbox"/> Hotel/boarding house | <input type="checkbox"/> Other _____ |
- d) What do you need to get into your preferred housing?

SELF-ESTEEM AND ABUSE

You may complete the following questions/surveys yourself on a paper form or I can read them to you.

The following questions come from a Rosenberg Self-Esteem Scale and Abuse Assessment Screen. They ask how you feel about your self-esteem, 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.

For the community-based interviewer: The Rosenberg self-esteem scale and the abuse assessment screen will not be conducted by telephone. In addition, please feel free to ask these questions (Rosenberg self-esteem scale and the abuse assessment) in a face-to-face interview.

By ticking here \Rightarrow I indicate that I chose not to ask these questions in a face-to-face interview because: _____

ROSENBERG SELF-ESTEEM SCALE

Below is a list of statements dealing with your general feelings about yourself. Please circle answer that indicates how much you agree in relation to the **previous three months**.

SA = Strongly Agree; A = Agree; D = Disagree; DS = Strongly Disagree.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

ABUSE ASSESSMENT SCREEN

We know that one of the most important issues that affects women's health is abuse from a partner, and we know that safety is an important issue for all women, including women leaving prison, and it has major effects on women's health. We are asking all women in the project about violence in their lives. I would like to ask you a few questions about partner violence that were taken from a standard questionnaire developed by nurses. Also, a reminder that you don't have to answer all of these questions if you don't want to. If you feel upset as a result of talking about safety and violence - I can spend some time with you now and if you feel triggered or upset later on as a result of this talk, please phone (give numbers) and one of our community researchers will be available to speak with you. This tool was developed by nurses to assess the degree to which women are experiencing different kinds of abuse.

We ask that you think about your **life in the last three months**

1. Have you been afraid of an intimate partner or ex-partner? (during the last three months) \Rightarrow Yes \Rightarrow No
2. Does your current or past intimate partner try to control your behaviour? (during the last three months) \Rightarrow Yes \Rightarrow No
3. Have you been hit, slapped, kicked, pushed or shoved, or otherwise physically hurt by your intimate partner or ex-partner? (during the last three months) \Rightarrow Yes \Rightarrow No
4. Does your current or past intimate partner ever force you into sex? (during the last three months) \Rightarrow Yes \Rightarrow No

QUALITY OF LIFE AND MEDICAL OUTCOME SOCIAL SUPPORT SURVEY

The following questions come from a World Health Organization Quality of Life Questionnaire and a Medical Outcome Social Support Survey. 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

		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

Participant ID: _____

Interview Date: _____

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

MEDICAL OUTCOME SOCIAL SUPPORT SURVEY

1. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? Number of close friends: _____ and close relatives: _____

People sometimes look to others for companionship, assistance, or other types of support. How often has each of the following kinds of support been available to you during **the last three months** if you need it? Circle one number on each line.

	None of the Time	A Little of the Time	Some of the Time	Most of the Time	All of the Time	Not applicable
2. Someone to help you if you were confined to bed	1	2	3	4	5	
3. Someone you can count on to listen to you when you need to talk	1	2	3	4	5	
4. Someone to give you good advice about a crisis	1	2	3	4	5	
5. Someone to take you to the doctor if you needed it	1	2	3	4	5	
6. Someone who shows you love and affection	1	2	3	4	5	
7. Someone to have a good time with	1	2	3	4	5	
8. Someone to confide in or talk to about yourself or your problems	1	2	3	4	5	
9. Someone who hugs you	1	2	3	4	5	
10. Someone to get together with for relaxation	1	2	3	4	5	
11. Someone to prepare your meals if you were unable to do it yourself	1	2	3	4	5	
12. Someone whose advice you really want	1	2	3	4	5	
13. Someone to do things with to help you get your mind off things	1	2	3	4	5	
14. Someone to help with daily chores if you were sick	1	2	3	4	5	
15. Someone to share your most private worries and fears with	1	2	3	4	5	
16. Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5	
17. Someone to do something enjoyable with	1	2	3	4	5	
18. Someone who understands your problems	1	2	3	4	5	
19. Someone to love and make you feel wanted	1	2	3	4	5	

GOAL 6: JOB SKILLS, TRAINING AND RELEVANT EMPLOYMENT**EMPLOYMENT**1. a) Have you been employed in the past 3 months? Yes No Full-time Part-time Seasonal/unsteadyb) If yes, what were you doing?
_____c) If no, can you tell us more about that?
_____d) Do you need any assistance with this? Yes Noe) If yes, what type of assistance? _____

2. a) Have your financial resources changed in the last 3 months?

 Yes Nob) If yes, please describe how

3. a) What are your current financial resources? (check all that apply)

- Employment Income
 Social Assistance (Welfare)
 Unemployment Insurance
 Disability
 Family/Friend Support
 Criminal activity only income
 No means of support
 Other _____

b) Are you satisfied with your current financial situation?

 Yes Noc) Can you tell us more about this?

_____**JOB SKILLS AND TRAINING**4. a) Have you been involved in any training or other educational activities in the past 3 months? Yes No

b) If yes, what have you been doing? _____

c) How important is ongoing education and training for you? Very important Somewhat important Not at all important

d) Can you tell us more about this? _____

5. a) Do you have any plans for continued education and/or training activities in the future? Yes No

b) If yes, what will you be doing? _____

6. Would you like to get additional training? Yes No If yes, what type? _____

7. What would you need to receive additional training? _____

GOAL 7: PEER AND COMMUNITY SUPPORT1.a). Have you had peer and/or community support in the last 3 months? Peer support Yes NoCommunity support Yes No

b) If yes, what type?

- | | |
|--|---|
| 1. <input type="checkbox"/> N/A | 8. <input type="checkbox"/> Probation officer/bail supervisor |
| 2. <input type="checkbox"/> Don't know | 9. <input type="checkbox"/> E-Fry |
| 3. <input type="checkbox"/> Refuse/didn't answer | 10. <input type="checkbox"/> Drop-In Center |
| 4. <input type="checkbox"/> None | 11. <input type="checkbox"/> Parenting programs |
| 5. <input type="checkbox"/> Outreach worker | 12. <input type="checkbox"/> Women into Healing |
| 6. <input type="checkbox"/> Alcoholics Anonymous/
Narcotics Anonymous | 13. <input type="checkbox"/> Healthy people |
| 7. <input type="checkbox"/> Alcohol & Drug counsellor | 14. <input type="checkbox"/> Other _____ |

c) If yes, how did you 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 _____ |

d) Can you describe what was helpful to connect with these sources of support? _____
_____e) Did anything prevent you from connecting with these sources of support? _____

2. a) Do you have plans to connect with any peer and/or community support in the future? Peer support Yes No Community support Yes No
- b) If yes, what are these plans?
- | | |
|---|--|
| 1. <input type="checkbox"/> N/A | 8. <input type="checkbox"/> Drop In Center |
| 2. <input type="checkbox"/> Don't know | 9. <input type="checkbox"/> Outreach worker |
| 3. <input type="checkbox"/> Refuse/didn't answer | 10. <input type="checkbox"/> Social worker |
| 4. <input type="checkbox"/> Call them | 11. <input type="checkbox"/> Internet |
| 5. <input type="checkbox"/> In person | 12. <input type="checkbox"/> Doesn't need help |
| 6. <input type="checkbox"/> Probation officer | 13. <input type="checkbox"/> Other _____ |
| 7. <input type="checkbox"/> Meeting list/meetings | |

GOAL 8: ABILITY TO CONTRIBUTE TO YOUR COMMUNITY

1. a) Do you feel like you have been doing something meaningful to you in the past 3 months?

Yes No

b) If yes, please describe:

- | | |
|--|--|
| 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 _____ |

c) Was there anything that helped you to do this?

d) Was there anything that prevented you from doing this?

2. 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 | |

3. a) Do you have future plans to get involved in any (or more) activities that make you feel like you are a "productive member of your community"?

Yes No

b) If yes, what are these plans?

- | | |
|--|--|
| 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 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?

