

## **IMU Prisoner Survey**

*This survey is part of a study of conditions of confinement in Washington State Intensive Management Units. We are interested in understanding your experiences in the IMU. Based on the information you provide, we hope to be able to make recommendations about improving conditions of confinement in the IMU and about reducing the use of segregation throughout Washington State, as well as in other states. **Please do not write your name on this survey**, and we will not reveal any identifying information about you in our research or to the Washington Department of Corrections.*

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### **I. About Your Time in IMU (Intensive Management Unit)**

**First we would like to learn about where you are housed and how long you have been in this unit. For each question below, please write your response in the space provided or fill in the circle that matches to your answer.**

1. Where are you currently housed? (Specify the prison unit, please)

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2. How long have you been in prison?

- Less than one year
- Between 1 to 2 years
- Between 2 to 4 years
- Between 4 to 7 years
- Between 7 to 10 years
- 10 or more years

3. How long have you been housed here in this IMU (Intensive Management Unit)?

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4. Why you were placed in the IMU?

- Extreme protection needs
- Violent or disruptive behavior
- Residential treatment for mental illness
- Pending transfer or in transit
- Considered an escape risk
- Under investigation for infraction
- Poses threat to self, staff, other offenders, or property

5. In your own words, can you tell us more about why you were placed in this housing unit?

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a. Did you have an intake assessment before being placed in the IMU?

Yes  No

b. If yes: What was it like? Who did you talk to?

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6. Have you had any status reviews about your placement here?

Yes  No

a. If yes: When? About how long ago?

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b. Have you had more than one review? How many?

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7. Is this your first placement in this IMU?

Yes  No

a. If no: How many times have you been in this IMU?

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8. Have you been housed in other IMUs?

Yes  No

a. If yes: Where?

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b. When? (Month/Year)

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c. For how long?

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d. Why?

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9. While you have been housed in the IMU, have you seen changes in any of the following conditions:

	YES	NO
a) Health care for prisoners	<input type="radio"/>	<input type="radio"/>
b) Housing conditions	<input type="radio"/>	<input type="radio"/>
c) Food quality	<input type="radio"/>	<input type="radio"/>
d) Correctional officers' attitudes towards prisoners	<input type="radio"/>	<input type="radio"/>
e) Access to counselors or other mental health care	<input type="radio"/>	<input type="radio"/>
f) Length of time prisoners spend in IMU	<input type="radio"/>	<input type="radio"/>
g) Number of other prisoners in IMU	<input type="radio"/>	<input type="radio"/>
h) Amount of violence in IMU	<input type="radio"/>	<input type="radio"/>

10. Are there any other changes you have seen in the IMU housing unit you would like to tell us about?

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11. Have you ever tried to challenge your placement here?  Yes  No

a. If yes: Why? \_\_\_\_\_

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## **II. Basic Conditions of Confinement**

**Now we would like to learn more about your day-to-day activities and experiences in IMU.**

12. On a daily basis in IMU, do you:

	YES	NO
a) Talk to other prisoners	<input type="radio"/>	<input type="radio"/>
b) See staff	<input type="radio"/>	<input type="radio"/>
c) See visitors	<input type="radio"/>	<input type="radio"/>
d) Leave your cell	<input type="radio"/>	<input type="radio"/>
e) See medical staff	<input type="radio"/>	<input type="radio"/>
f) Shower/bathe	<input type="radio"/>	<input type="radio"/>
g) Read or write	<input type="radio"/>	<input type="radio"/>

	YES	NO
h) Sleep	<input type="radio"/>	<input type="radio"/>
i) Get searched or pat down	<input type="radio"/>	<input type="radio"/>
j) Have cell searched	<input type="radio"/>	<input type="radio"/>
k) Wait for prisoner counts	<input type="radio"/>	<input type="radio"/>
l) Eat three meals	<input type="radio"/>	<input type="radio"/>
m) Pray or read religious text	<input type="radio"/>	<input type="radio"/>
n) Watch television	<input type="radio"/>	<input type="radio"/>
o) Exercise	<input type="radio"/>	<input type="radio"/>
p) Receive medication	<input type="radio"/>	<input type="radio"/>
q) Send mail	<input type="radio"/>	<input type="radio"/>
r) Receive mail	<input type="radio"/>	<input type="radio"/>

13. Can you describe a day in the IMU: what you do from the time you wake up until you go to sleep?

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14. How often do you do each of the following:

	<u>Daily</u>	<u>Once a week</u>	<u>Once a month</u>	<u>Never</u>
a) Talk with other prisoners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) See staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Have visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Leave your cell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) See medical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Shower/bathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Read/write	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Get searched or pat down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Have cell searched	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Wait for prisoner counts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Eat three meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Pray or read religious text	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Watch television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Receive medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Send mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) Receive mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Compared to **general population housing**, how would you rate the conditions in IMU?

- Much better in IMU
- Slightly better in IMU
- No difference in IMU
- Slightly worse in IMU
- Much worse in IMU

16. Other people have described changes in themselves, after spending time in prison or in maximum security. In the time you have been here, have you experienced any changes in yourself?

- Yes
- No

If yes, please describe them:

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17. When do you expect to be released from IMU? \_\_\_\_\_

18. What do you have to do in order to be released from IMU?

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### **III. Health and Well-being**

**In this section of the survey, we would like to ask you about your health and well-being. This information will be used to describe prisoners in IMU *as a group*. Your individual responses will not be shared with anyone.**

19. To begin, how would you rate your overall health?

- Poor
- Fair
- Good
- Very Good
- Excellent

20. Have you had any health problems in prison, where you needed professional care?  Yes  No

21. Have you ever been told by a medical professional that you have one or more of the following conditions (check all that apply):

- |   |                           |                          |
|---|---------------------------|--------------------------|
| a) Diabetes                               | <input type="radio"/> YES | <input type="radio"/> NO |
| b) Congestive Heart Failure               | <input type="radio"/> YES | <input type="radio"/> NO |
| c) Heart Disease (heart attack or angina) | <input type="radio"/> YES | <input type="radio"/> NO |
| d) History of a stroke                    | <input type="radio"/> YES | <input type="radio"/> NO |
| e) COPD (chronic bronchitis or emphysema) | <input type="radio"/> YES | <input type="radio"/> NO |
| f) Dementia of Mild Cognitive Impairment  | <input type="radio"/> YES | <input type="radio"/> NO |
| g) Hearing Impairment                     | <input type="radio"/> YES | <input type="radio"/> NO |
| h) Arthritis                              | <input type="radio"/> YES | <input type="radio"/> NO |

22. Have you fallen in the last 3 months, and gotten hurt?  Yes  No

a. If yes, how many times? \_\_\_\_\_

23. Do you use a walker, cane or wheelchair?  Yes  No

24. Do you have trouble with any of the following daily activities:

- |  |                           |                          |
|--|---------------------------|--------------------------|
| a) Feeding yourself  | <input type="radio"/> YES | <input type="radio"/> NO |
| b) Dressing yourself   | <input type="radio"/> YES | <input type="radio"/> NO |
| c) Bathing yourself  | <input type="radio"/> YES | <input type="radio"/> NO |
| d) Getting from your bed to a chair, or from a chair to standing | <input type="radio"/> YES | <input type="radio"/> NO |
| e) Using the toilet in your cell                                 | <input type="radio"/> YES | <input type="radio"/> NO |

25. How often do you see a doctor? \_\_\_\_\_

a. Nurse? \_\_\_\_\_

b. Therapist/Mental Health professional? \_\_\_\_\_

c. Dentist? \_\_\_\_\_

d. Other medical professional? \_\_\_\_\_

26. Do you take any medications?  Yes  No

27. Have you ever tried to harm yourself in the IMU?  Yes  No

28. Have you ever felt unsafe in the IMU?  Yes  No

29. Do you feel more or less safe in the IMU than in the general prison population?

- More safe in IMU
- No difference in safety
- Less safe in IMU

30. Do you have any other medical conditions you would like to tell us about?

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#### **IV. Background Information**

**Finally, we would like to ask you a few questions about yourself that will help us to interpret the results. We will use this information only to group you with others who are like you to see whether your views are similar.**

31. What is your gender?

- Male
- Female
- Other: \_\_\_\_\_

32. What is your marital status?

- Married
- Single (Never married)
- Separated
- Has a significant other
- Divorced
- Widowed

33. How old are you? \_\_\_\_\_

34. Do you have any children?

- Yes
- No

a. If yes, how many? \_\_\_\_\_

35. What is the highest level of school you have completed or the highest degree you have received?

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> to 11<sup>th</sup> grade
- 12<sup>th</sup> grade (High school diploma/GED)
- Some college, but no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional or doctorate degree

