

OHSCAP bespoke tool, Q2

To what extent have you received help in the following areas?

	NOT AT ALL	VERY LITTLE	SOME WHAT	GREAT EXTENT	N/A	NOT STATED
1 SOCIAL						
1.1 Relationships						
1.1.1 Telephoning family/friends	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.1.2 Receiving visits from family/friends	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.1.3 Giving/receiving letters to/from family/friends	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.1.4 Bullying by other prisoners	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.1.5 Mixing/socialising with other prisoners	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.2 Activities						
1.2.1 Boredom	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.2.2 Lack of appropriate education	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.2.3 Lack of appropriate employment	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.3 Mobility						
1.3.1 Accessing parts of the prisons	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.3.2 Collecting meals	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.3.3 Getting in and out of bed	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
1.3.4 Showering/washing	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
2 WELLBEING						
2.1 Emotional						
2.1.1 Feeling safe	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
2.1.2 Sleep	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
2.1.3 Stress	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
2.2 Physical						
2.2.1 Glasses/Contact lenses	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
2.2.2 Hearing instructions	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
2.3 Medications and treatment						
2.3.1 Delays in receiving medication	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
2.3.2 Receiving appropriate medication	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
3 DISCHARGE FROM PRISON						
3.1 Finances	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
3.2 Accommodation	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
3.3 Information about release processes	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	
3.4 Access to GP in the community	<input type="checkbox"/> 00	<input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 88	<input type="checkbox"/> 98	

OHSCAP bespoke tool, Q3

To what extent are your current needs being met in the following areas?

NOT AT ALL VERY LITTLE SOME WHAT EXTENT TO A GREAT N/A NOT STATED

1 SOCIAL

1.1 Relationships

- | | | | | | | | |
|-------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1.1.1 | Telephoning family/friends | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 1.1.2 | Receiving visits from family/friends | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 1.1.3 | Giving/receiving letters to/from family/friends | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 1.1.4 | Bullying by other prisoners | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 1.1.5 | Mixing/socialising with other prisoners | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |

1.2 Activities

- | | | | | | | | |
|-------|--------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1.2.1 | Boredom | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 1.2.2 | Lack of appropriate education | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 1.2.3 | Lack of appropriate employment | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |

1.3 Mobility

- | | | | | | | | |
|-------|--------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1.3.1 | Accessing parts of the prisons | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 1.3.2 | Collecting meals | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 1.3.3 | Getting in and out of bed | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 1.3.4 | Showering/washing | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |

2 WELLBEING

2.1 Emotional

- | | | | | | | | |
|-------|--------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 2.1.1 | Feeling safe | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 2.1.2 | Sleep | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 2.1.3 | Stress | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |

2.2 Physical

- | | | | | | | | |
|-------|------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 2.2.1 | Glasses/Contact lenses | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 2.2.2 | Hearing instructions | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |

2.3 Medications and treatment

- | | | | | | | | |
|-------|----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 2.3.1 | Delays in receiving medication | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 2.3.2 | Receiving appropriate medication | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |

3 DISCHARGE FROM PRISON

- | | | | | | | | |
|-----|-------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 3.1 | Finances | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 3.2 | Accommodation | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 3.3 | Information about release processes | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |
| 3.4 | Access to GP in the community | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 88 | <input type="checkbox"/> 98 |

--	--	--

--	--

Cost Effectiveness

Secure Facilities Service Use Schedule (SF-SUS)

For the collection of service use information in prison, special hospital or other forensic secure facility.

This questionnaire should be completed using information obtained from the prisoner and prisoner/patient files, and covers the patient's use of services during the study period up to the date of the follow-up assessment.

EXTERNAL SERVICES USED IN SECURE FACILITY	<i>ask participant</i>		
This section records information on contacts the prisoner/patient had with external professionals and services received inside the secure facility. Please note the number of personal contacts and telephone calls, whether made or received. For letters, please note only those letters received .			
Service	Number of personal contacts	Number of phone calls	Number of letters received
Samaritans or Listeners	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Citizen's Advice Bureau etc	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Solicitor	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Barrister	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Legal advocate	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Social worker	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Care worker	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Organised Prison Visitors (NAPV)	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Older Prisoner organisation	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Probation Officer	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Police Officer	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Other, <i>Specify</i>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Other, <i>Specify</i>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Other, <i>Specify</i>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Other, <i>Specify</i>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

--	--	--

--	--

Secure Facilities Service Use Schedule (SF-SUS), cont'd**DAILY ACTIVITIES INSIDE SECURE FACILITY***ask participant*

This section is concerned with group and other activities *inside* the secure facility. Please note the name of the group or activity they took part in, the number of contacts over the study period and the average duration of each activity

Activity	Name of group / activity	Number of contacts	Average duration (mins)
Therapeutic group: anger management etc	1.		
	2.		
Creative activity: art, music, drama etc	1.		
	2.		
Work: farm, industrial, kitchen etc	1.		
	2.		
Education course: literacy, maths, IT etc	1.		
	2.		
Sports activity, team games etc	1.		
	2.		
Other, provide details	1.		
	2.		
Older prisoner group	1.		
	2.		

Secure Facilities Service Use Schedule (SF-SUS), cont'd

ACCOMMODATION	<i>healthcare notes</i>
This section is concerned with the accommodation in which the prisoner/patient resided over the study period. For each location, please note the name of the secure facility, the unit, block, ward or wing.	
Name of secure facility, unit/block/ward/wing, and order, if appropriate	
1	
2	
3	
4	
5	
Was the participant on an ACCT? (Assessment Care in Custody and Team work) <input type="checkbox"/> ⁰⁰No <input type="checkbox"/> ⁰¹Yes 	
If Yes, record when ACCT started and finished	
ACCT start date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> ⁹⁸Unknown
ACCT end date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> ⁹⁸Unknown

PROFESSIONAL CONTACTS INSIDE SECURE FACILITY	<i>healthcare notes</i>	
This section concerns one-to-one contacts with professionals <i>inside</i> the secure facility. There is a section below for group activities. Please note the number of contacts with each professional over the study period and the average duration of contacts (estimated time is acceptable).		
Professional	Number of contacts	Average duration (mins)
General practitioner / Prison doctor		
Older prisoner lead nurse		
Practice nurse / Prison nurse		
Psychiatric nurse		
Psychiatrist		
Psychologist		
Counsellor / Therapist		
Drug and alcohol treatment staff / CARAT staff		
Dentist		
Optician		

Secure Facilities Service Use Schedule (SF-SUS), cont'd

PROFESSIONAL CONTACTS INSIDE SECURE FACILITY		healthcare notes
Professional	Number of contacts	Average duration (mins)
Chiroprapist	<input type="text"/>	<input type="text"/>
Physiotherapist	<input type="text"/>	<input type="text"/>
Chaplain	<input type="text"/>	<input type="text"/>
Other, <i>Specify</i>	<input type="text"/>	<input type="text"/>
Other, <i>Specify</i>	<input type="text"/>	<input type="text"/>
Other, <i>Specify</i>	<input type="text"/>	<input type="text"/>
Other, <i>Specify</i>	<input type="text"/>	<input type="text"/>
Other, <i>Specify</i>	<input type="text"/>	<input type="text"/>

HOSPITAL CONTACTS INSIDE SECURE FACILITY	healthcare notes
--	------------------

This section concerns contacts with hospital services and with visiting hospital specialists running outpatient clinics **inside** the secure facility. Note the name of the facility, the medical speciality and/or reason for contact, the length of stay or number of contacts.

Inpatient stays		
Name of secure facility	Speciality / Reason	Length of stay (days)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contacts with visiting specialists		
Name of secure facility	Speciality	Number of contacts
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

--	--	--

--	--

Secure Facilities Service Use Schedule (SF-SUS), cont'd

HOSPITAL CONTACTS OUTSIDE SECURE FACILITY

healthcare notes

This section asks about contact with hospital services outside the secure facility. Please note the name of the hospital where treatment was received, the medical speciality or reason for contact and the number of contacts.

Inpatient stays

Name of hospital	Speciality / Reason	Length of stay (days)

Outpatient / Day patient attendances

Name of hospital	day out care patient	out patient	Speciality / Reason	Number of contacts
	<input type="checkbox"/> 01	<input type="checkbox"/> 02		
	<input type="checkbox"/> 01	<input type="checkbox"/> 02		
	<input type="checkbox"/> 01	<input type="checkbox"/> 02		
	<input type="checkbox"/> 01	<input type="checkbox"/> 02		
	<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Accident and Emergency attendances

Name of hospital	Reason	Number of contacts