

APPENDIX II UNC I/HRPC NC Prisoner Survey

Thank you for participating in this project. Please fill out the following questionnaire to the best of your ability and knowledge. If we did not provide enough space for your answers, please feel free to use the back of the questionnaire or a separate piece of paper. This survey is a legal document, and when you return it to us it constitutes legal mail. If you are indigent, you can request postage return post.

Personal Details	
1. What is your full name?	
2. Do you go by any other names?	
3. What is your OPUS number?	
4. In which prison are you housed? In which unit?	
5. How old are you, and what is your date of birth?	Age: Date of Birth:
6. What is your ethnicity/race?	
7. Are you in contact with your family? If so, may we contact them about the purposes of this survey? If we may contact them, please include their contact information.	
Segregation: General	
1. Have you ever been held in segregation?	
a. What category of segregation are you in or have you been in? (Aseg, Dseg, Icon, Mcon, Hcon)	
i. How long were you in each?	
ii. Have you ever been promoted while in segregation?	
iii. Have you ever been demoted while in segregation?	
b. How many times have you been in segregation?	
i. [If you have been transferred back into general population] What was your original sentence for segregation? How long were you actually in segregation?	
ii. [If you are currently in segregation] What is your sentence? How long have you been in segregation?	
c. Why do you think you were placed in segregation?	
i. For your protection?	
ii. For medical reasons?	
iii. For mental health reasons?	
iv. For punishment?	
A. Was there a particular incident that sent you to segregation? If so, what happened?	
B. Were you found guilty of violating a rule? Which rule?	
C. How much time passed from the time of the incident until you were notified that you were being charged with a violation?	
D. Were you given a hearing? If so, who	

made the ultimate decision?	
E. Were you ever allowed to call witnesses and present evidence?	
F. Did you have counsel?	
G. What is your side of the story?	
d. At any stage, did you request to be placed in segregation? Who did you ask? When did you ask?	
e. [If you are still in segregation] Do you want to be moved from segregation? If yes, where? Why?	
f. Have you had classification reviews?	
i. List all the times you have had classification reviews while you have been in segregation and what happened during these reviews (promoted, demoted, continued, etc.)	
ii. Please also include the reasons you were given as to why you have remained in segregation?	
iii. What is the date of your next classification review?	
2. Were you previously in general population?	
a. If yes, did you have any problems with other inmates there? Please explain.	
b. Have those problems improved since you have been in segregation?	
c. Did you have any problems with guards while in general population? Please explain.	
d. Have those problems improved since you have been in segregation?	
e. How is the general population better or different from segregation?	
Conditions	
1. How many hours per day were you out of your cell?	
2. Could you contact your attorney from segregation?	
3. Could you use the phone from segregation?	
4. Did you get enough food in segregation?	
a. Did you have what you needed to eat the food easily? (bowls, utensils, etc.)	
b. How many meals a day were you served?	
c. Please describe the food you were served.	
d. Have you ever been punished by a change in the type of food or in the quantity of your food?	
i. Have you ever received nutri-loaf as	

punishment? If so, please describe when and the length of time you were given nutri-loaf.	
5. What was the size of your cell?	
6. Do you have any complaints about the temperature of your cell? If so, please describe.	
7. How many hours of the day is your cell illuminated?	
8. Do you have the ability to dim or shutter your cell lights? If so, please describe how.	
9. Have you had a stun gun, stun shield, or other stunning device used against you while you were in your cell? If so, please describe.	
10. Do you have any physical disability that affects your daily life? If so, please explain.	
11. Have you ever been restrained in any way?	
a. Were you ever shackled or put in full restraints in segregation?	
b. Explain how often and during which activities you were placed in physical restraints. Be sure to let us know if this is daily and how long you are in full restraints.	
12. How did the guards treat you in segregation?	
13. Please describe how you felt in segregation.	
14. Did you ever feel unsafe? If so, please explain.	
15. Is there anything else you want to tell us about the conditions of your cell?	
16. [If you have been transferred back into general population] Describe how you feel now that you are no longer in segregation.	
Medical	
1. Have you been injured while in segregation? If so, how?	
2. When did you last see someone from medical?	
a. Were there any medical problems that the medical staff told you they were concerned about? If so, which problems?	
b. Did medical perform any tests? If yes, what did they say about the results of the test?	
c. Was your last medical encounter cell-side or in the clinic?	
3. Did you see mental health personnel? If yes, when was your last out-of-cell visit?	

a. When was the first time during your stay that you saw mental health?	
b. Was this before or after you went into segregation?	
c. Were you given a mental health screening before you entered segregation?	
d. Have you had thoughts of suicide while in segregation?	
i. If yes, did you tell anyone? Who?	
ii. Were you placed on suicide watch?	
iii. Did you go to the hospital?	
4. Do you take medicine every day?	
a. If yes, did you get your medicine today?	
b. Did you get your medicine yesterday?	
5. Have you ever been diagnosed with mental illness? If so, what was the diagnosis?	
6. Do you take medicine for mental health conditions?	
a. If yes, were there any times in the last week that you did not get your mental health medicine?	
7. If you feel comfortable doing so, please answer the following questions:	
a. Do you suffer from any chronic conditions such as diabetes or HIV? If so, please tell us which conditions.	
b. Have you ever had any problems accessing your treatment from segregation? If so, please explain.	
c. Do you regularly get blood work done?	
d. Where are you taken for blood work?	
e. Have you ever had any problems accessing the results of your blood work?	
8. Have you ever experienced any of the following? Please check all that apply.	
<input type="checkbox"/> Hypersensitivity to external stimuli <input type="checkbox"/> Withdrawal <input type="checkbox"/> Perceptual distortions and hallucinations <input type="checkbox"/> Blunting of affect and apathy <input type="checkbox"/> Increased anxiety and nervousness <input type="checkbox"/> Talking to yourself <input type="checkbox"/> Revenge fantasies, rage, and irrational anger <input type="checkbox"/> Headaches <input type="checkbox"/> Fears of persecution <input type="checkbox"/> Problems sleeping <input type="checkbox"/> Lack of impulse control <input type="checkbox"/> Confusing thought processes <input type="checkbox"/> Severe and chronic depression <input type="checkbox"/> Nightmares <input type="checkbox"/> Appetite loss and weight loss <input type="checkbox"/> Dizziness <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Self-mutilation or intentionally hurting yourself	
Access to Programs	
1. Did you have exercise time in segregation?	
a. If yes, how many days per week?	
b. How long was your exercise time?	
c. Where did you go for exercise time? Please describe the size of the area and the conditions.	
d. Did you ever have outdoor recreation? If so, please describe.	
2. Were you given adequate supplies to maintain personal hygiene?	
3. Do you have access to showers?	

a. If so, for how long and which days of the week?	
b. Are you required to shower while in restraints?	
i. If so, which restraints? Please check those that apply.	<input type="checkbox"/> Handcuffs <input type="checkbox"/> Leg shackles <input type="checkbox"/> Waist chain <input type="checkbox"/> Complete constraints by guards
4. Do you wear a watch or are you allowed to wear a watch? If not, do you have access to a clock?	
5. Do you have access to programs?	
a. If so, which programs and how often?	
6. Did you have access to books or reading materials?	
a. If so, describe what types of materials.	
b. If yes, what language were the books and reading materials in?	
7. Did any religious visitors see you in segregation?	
a. Did you ever ask for a Bible, Koran, or other religious text? Did you get the requested item?	
8. Was there a radio or television in segregation?	
9. Did you have access to family visits or visits from friends?	
a. If so, were they contact visits?	
Reporting	
1. Have you ever reported to prison staff any problems you experienced in segregation? To anyone else in the prison? If so, who did you report to?	
2. If so, how did the prison respond?	
3. Did you have any problems raising these issues with the prison? If so, please describe.	
4. Have you ever complained to anyone outside the prison about the problem you experienced in segregation?	
5. Do you have a copy of any complaints you filed and/or any letters that you wrote to the prison or advocates?	
a. Do you have a copy of any of their responses?	
b. If so, would you be able to provide us with copies.	