

\_\_\_\_\_ **Research Report** \_\_\_\_\_

**Study Materials for the 2007 National  
Inmate Infectious Diseases and  
Risk Behaviours Survey**

Ce rapport est également disponible en Français. Pour en obtenir un exemplaire, veuillez vous adresser à la Direction de la recherche, Service correctionnel du Canada, 340, avenue Laurier Ouest, Ottawa (Ontario) K1A 0P9.

This report is also available in French. Should additional copies be required, they can be obtained from the Research Branch, Correctional Service of Canada, 340 Laurier Ave. West, Ottawa, Ontario K1A 0P9



**Study Materials for the 2007 National Inmate Infectious Diseases and  
Risk Behaviours Survey**

Dianne Zakaria

Jennie Mae Thompson

&

Frederic Borgatta

Correctional Service of Canada

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## **Introduction**

In 2007, the Correctional Service of Canada conducted the National Inmate Infectious Diseases and Risk Behaviours Survey, a self-administered paper questionnaire focussing on issues relevant to blood-borne and sexually transmitted infections, particularly human immunodeficiency virus (HIV) and hepatitis C virus (HCV) infections. A random sample of men and all women were invited to complete the questionnaire and 3,370 inmates across Canada voluntarily participated. The primary objectives of the survey were to obtain information regarding inmates’:

- 1) health risk-behaviours such as illicit drug use, unprotected sex, tattooing and body piercing;
- 2) awareness and accessing of harm-reduction items and methadone maintenance treatment;
- 3) participation in health education programs;
- 4) knowledge of HIV and HCV; and,
- 5) testing and treatment for HIV and HCV infections.

Important components of the study included: promoting awareness of the survey within federal penitentiaries; ensuring free and informed consent; a comprehensive questionnaire to meet the study objectives; and, informing inmates about HIV and HCV. For reference purposes, this publication provides the key study materials used to achieve these goals. A comprehensive presentation of the methods and findings of the 2007 National Inmate Infectious Diseases and Risk Behaviours Survey is provided by Zakaria, Thompson, Jarvis, and Borgatta (2010).

### **Promoting Awareness of the Survey**

To help promote awareness of the survey within federal penitentiaries, posters announcing the survey were displayed in all institutions (see Appendix A). The poster emphasized the voluntary nature of the survey; guaranteed participants anonymity and confidentiality; and, reinforced that the overall purpose of the survey was to improve inmate health. A small version (13.9 cm by 21.6 cm) of the survey poster was left with each inmate approached for participation in the survey.

## **Free and Informed Consent**

To ensure free and informed consent, the institutional survey coordinators reviewed the content of the consent form with eligible inmates, and invited inmates to participate in the study and to sign the consent form if they agreed (see Appendix B). For efficiency, group information sessions were organized with eligible inmates to describe the survey and review the consent form. Consent, however, was not obtained in a group setting but privately from each inmate. Inmates in segregation were recruited individually.

## **Development of the Questionnaire**

A project team drawn from several federal government departments<sup>1</sup> developed the 2007 National Inmate Infectious Diseases and Risk Behaviours Survey (see Appendix C). Questionnaire development included focus groups with inmates in five different penitentiaries, including a women's facility and an Aboriginal inmate group. To maximize comprehension, the questions did not exceed a Grade 8 literacy level. Further, inmates could choose between the English or French version of the questionnaire (Zakaria, Thompson, & Borgatta, 2010).

The final questionnaire was 50 pages long and took inmates approximately 45 to 55 minutes to complete. The questionnaire captured information on risk-behaviours associated with the spread of blood-borne and sexually transmitted infections in both the community and prison; inmate awareness and use of health education and harm-reduction programs; inmate testing and treatment for HIV and HCV infections; and, inmate knowledge of HIV and HCV. To optimize recall accuracy, only inmates admitted within the past three years reported on their risk-behaviours during the last six months in the community prior to their current incarceration.

From May 22 to July 6, 2007, an external private firm administered the questionnaire in each institution to those inmates with a signed consent form. The survey coordinator was responsible for organizing inmates for the day and time the survey contractor arrived to distribute questionnaires. Since the contractor did not have the sample list and inmates were specifically instructed not to put their name or the name of anyone else on the questionnaire, it was

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<sup>1</sup> CSC Research Branch, CSC Public Health Branch, and the Public Health Agency of Canada HIV/AIDS Policy, Coordination and Programs Division and Community Acquired Infections Division.

impossible to link the consent form with the completed questionnaire. In this manner, inmates could be assured of their anonymity and confidentiality.

Each inmate completed the self-administered questionnaire: behind a privacy screen when completed in a group setting; in his/her cell if in segregation; or through private one-on-one interviews if an inmate requested assistance.

The survey contractor retained all completed questionnaires and provided a database of anonymous survey records to the Correctional Service of Canada in August 2007. Preliminary analyses to test the integrity of the data were conducted by the Correctional Service of Canada in the fall and winter of 2007/08. The contractor destroyed all completed questionnaires in June 2008 after all data integrity issues were resolved.

### **Informing Inmates about Human Immunodeficiency Virus and Hepatitis C Virus**

To obtain information about inmates' knowledge of HIV and HCV, the survey included questions about HIV and HCV. All participating inmates received the answers to the questions after data collection was complete within their institution (see Appendix D). Hence, the survey provided a learning opportunity for all participants.

## References

Zakaria, D., Thompson, J., Jarvis, A., & Borgatta, F. (2010). *Summary of emerging findings from the 2007 National Inmate Infectious Diseases and Risk-Behaviours Survey*. Research Report R-211. Ottawa: Correctional Service Canada.

ZAKARIA, D., J. THOMPSON et F. BORGATTA (2010). *Les Matériels d'étude pour le Sondage national de 2007 auprès des détenu(e)s sur les maladies infectieuses et les comportements à risque*, Rapport de recherche R-212. Ottawa, Service correctionnel du Canada.

## Appendix A: Poster for the 2007 National Inmate Infectious Diseases and Risk Behaviours Survey

2007 National Inmate Infectious Diseases and Risk Behaviours Survey

# Talk About Health!

## 2007 National Inmate Health Survey

**The Public Health Agency of Canada and the Correctional Service of Canada invite inmates to take part in the 2007 National Inmate Infectious Diseases and Risk Behaviours Survey.**

**What is the survey about?**  
The purpose of the survey is to better understand the health needs of inmates.  
The survey is about infectious diseases such as hepatitis C and HIV and how they can be spread from one person to another.

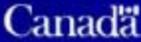
**Who will take part in the survey?**  
Approximately 4800 male inmates chosen at random and all women inmates are being invited to take part in the survey.  
If your name is picked, the survey coordinator in your institution will speak to you about the survey.

**Why should I take part in the survey?**  
Your answers will help guide the Correctional Service of Canada on how to improve the health of all inmates.

**When and where will the survey take place?**  
The survey will take place in your institution in the next few weeks.  
The survey coordinator in your institution will be working with the selected inmates and a private firm to do the survey.

**We guarantee that...** Your participation is completely voluntary.  
If you agree to participate, no one at the Correctional Service of Canada will ever see your completed survey form.  
Your answers are **STRICTLY CONFIDENTIAL**.  
You will not be required to put your name on the survey.  
You will continue to be paid according to your salary scale for the time you need to take off work so that you can take part in the survey.

 Government of Canada / Gouvernement du Canada



**Appendix B: Consent Form for the 2007 National Inmate Infectious Diseases and Risk  
Behaviours Survey**

## RESEARCH CONSENT FORM

### Invitation to be part of the Survey

The Public Health Agency of Canada and Correctional Service Canada are doing a survey. The survey is with inmates. You are invited to be in this survey.

### Title of the Survey

The survey is called the **2007 National Inmate Infectious Diseases and Risk Behaviours Survey**.

### What the Survey is About

Here's what the survey is about. The purpose of the survey is to understand better the health needs of inmates. To do this, about 5,000 inmates are being asked to fill in the survey. They come from every federal prison in Canada. Your answers are important to us. This survey will help us understand which programs and services are needed. We will also know what we need to do to improve the programs that are already there.

The survey will ask you about infectious diseases such as hepatitis C and HIV. It also asks you about how these diseases can be spread from one person to another.

A private company has been hired to give you the survey to fill in. The company will take all the survey answers and put them into a computer. The company will not know who filled in the surveys. **No one** at Correctional Service Canada will be able to identify anyone from the CONFIDENTIAL questionnaires.

It should take about 45-60 minutes to do the study. If you'd like to participate, you need to know that nothing from the study can be used to identify you. Your answers are **STRICTLY CONFIDENTIAL** and **nothing** will **ever** appear in your files. You will not be required to put your name on the survey form.

### How were you selected?

The names of all inmates are in a computer called the Offender Management System. Every inmate has a number. The computer chose a person's number to take part in the study. This means that names were chosen without knowing a person's health status. All those chosen by the computer can decide whether they want to join the study.

### What the questionnaire is about

We will ask you about diseases that can be spread from one person to another. The diseases we will ask about are HIV, hepatitis C and other sexually transmitted infections. We will ask about things that could spread disease in prison and in the community. These things include

doing drugs and sharing rigs and works. It also includes sex with men and women. We will also ask if you've had testing or treatment in the community and since you were at CSC.

### **Voluntary Participation**

No one can make you take part in the survey. Whether you decide to take part or not is entirely up to you.

You don't have to answer any of the questions. You can stop at any time. If you decide to stop, put the survey in the envelope. Seal the envelope and give it to the person you got it from. You won't gain any extra privileges if you do the survey. You won't lose any privileges if you don't do the survey.

### **Confidentiality**

Don't put your name on the survey. Don't put anyone else's name on it either. **IMPORTANT:** this means no one will know who filled in the survey. Other than signing this consent form showing that you agree to do the survey, no information, not even your name, will be collected. This consent form cannot be linked to the survey you fill in.

When you fill in the survey, you will be given a cardboard screen. This screen will stop anyone else from seeing your answers when you fill in the survey.

### **Disposal of Consent Forms and Questionnaires**

The Director, Special Projects, Research Branch at Correctional Service Canada is responsible for the survey. He will keep the consent forms under lock and key. By law, Correctional Service Canada must keep these signed consent forms for two years. After that, the consent forms will be destroyed.

The company looking after the surveys will keep the surveys in a safe place. When the report is ready, they will destroy the survey forms. This will likely happen in the spring of 2008.

### **Potential Harms, Injuries, Discomforts or Inconvenience**

We don't expect you will be upset by any question. If, however, you are upset or feel uncomfortable at any time, please tell the person who gave the survey to you. If you don't want to talk about it, you are free to leave the room at any time. You can ask to see an Elder, a psychologist, a nurse or your case management officer.

### **Potential Benefits**

Your help with this survey will greatly help make our programs and services better.

### **No link with Correctional Service Canada Security**

We will not share your personal information with security at Correctional Service Canada.

### **Sharing of Data**

We hired a private company to put all the answers into a computer. They can't identify you because there won't be your name on the survey form. When the answers are in the computer, the company will give them to the Director, Special Projects in charge of the

survey. Under his supervision, health experts at Correctional Service Canada and the Public Health Agency of Canada will look at all the answers. With these answers, they will write a report. If the report is made public, copies will be put in the prison library.

### **Reimbursement**

You will continue to be paid according to your salary scale while you are taking part in the study.

### **Waiver of Rights**

The researchers doing this study cannot take away any of your legal rights. If you agree to do this survey, you are not giving up any legal rights.

### **Sponsorship**

This research is funded by the Public Health Agency of Canada in partnership with Correctional Service Canada.

### **Contact**

If you have any questions about this consent form or about the survey, please speak with your institutional survey coordinator.

### **Sir or Madame:**

If you have any questions about your rights as a research participant, you may contact:

The Research Ethics Board Secretariat  
Office of the Chief Scientist  
Holland Cross, Tower B, Suite 410  
1600 Scott St.,  
Ottawa, Ontario  
K1A 0K9

**Phone: (613) 941-5199 (Collect calls will be accepted.)**

**Fax: (613) 948-6781**

## Consent

By checking **all** the boxes below, **Yes** or **No**, I state that:

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| The survey has been explained to me.   | <input type="checkbox"/> | <input type="checkbox"/> |
| All my questions about the survey were answered.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I am participating in the study of my own free will.   | <input type="checkbox"/> | <input type="checkbox"/> |
| The possible harms and discomforts and the possible benefits of doing the survey have been explained to me.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that I have the right not to do the survey and the right to stop at any time.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that I may refuse to do the survey and will not be in trouble.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a choice of not answering any specific questions.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I am free now, and in the future, to ask any questions about the survey.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been told that my personal information will be kept strictly confidential.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I was told that to do the study, my answers will be put into a computer and shared with Research Branch, Correctional Service Canada.                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been told that that my answers cannot be used to identify me.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that under no circumstances will information be shared with Public Health Agency of Canada and Correctional Service Canada that could identify me in any way. | <input type="checkbox"/> | <input type="checkbox"/> |
| I consent to allow my answers to be used by Research Branch, Correctional Service Canada under the conditions written above.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I hereby consent to do the survey called "2007 National Inmate Infectious Diseases and Risk Behaviours Survey".  | <input type="checkbox"/> | <input type="checkbox"/> |

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Consent Form Errata

Table B1:  
*Consent Form Errata*

| <b>Section</b>         | <b>Issue</b>  | <b>Rectification</b>  |
|------------------------|---|---|
| How were you selected? | Typographical error:<br><br>“This means than names were chosen without knowing a person’s health status.” | Should read:<br><br>“This means that names were chosen without knowing a person’s health status.” |
| Consent                | Typographical error:<br><br>“I have been told that that my answers cannot be used to identify me.”        | Should read:<br><br>“I have been told that my answers cannot be used to identify me.”             |

**Appendix C: Questionnaire for the 2007 National Inmate Infectious Diseases and Risk  
Behaviours Survey**

N.B. To preserve the accuracy of skip patterns that include page numbers, the original page numbering for the questionnaire has been retained.



# 2007 National Inmate Infectious Diseases & Risk Behaviours Survey

A Joint Study of the

Public Health Agency of Canada and Correctional Service Canada

*Funding provided by the Public Health Agency of Canada and Correctional Service Canada*

|  |  |
|--|--|
| <p><b>Purpose of the survey</b></p>  | <p>The purpose of this survey is to help Correctional Service Canada develop new health programs and services for inmates and / or improve existing ones. To do this, we are asking you to fill in this survey; it should take about 45 minutes to 55 minutes of your time to complete.</p>  |
| <p><b>Questionnaire is confidential when completed</b></p>                                 | <p>Your answers will <b>always</b> remain <b>anonymous</b> and <b>strictly confidential</b>.</p> <p><b>DO NOT WRITE YOUR NAME OR ANYONE ELSE'S NAME ON THE QUESTIONNAIRE OR ON THE RETURN ENVELOPE.</b></p> <p>To ensure that your answers and your identity are protected, we are taking the following precautions:</p> <ol style="list-style-type: none"> <li>1. There is <b>nothing</b> on the return envelope and questionnaire that could be used to identify you; all who take part in this survey get exactly the same questionnaire.</li> <li>2. The survey information will be used to describe infectious diseases and risk practices in federal institutions in general.</li> <li>3. Your sealed questionnaire will be opened only by staff of the company hired to do the survey and will <b>NOT</b> be opened by staff of Correctional Service Canada.</li> </ol> |
| <p><b>Your participation is voluntary</b></p>  | <p><b>You may refuse to answer any or all questions in this questionnaire.</b></p> <p>The information you and other inmates provide is essential to ensure that the Public Health Agency of Canada and Correctional Service Canada have an accurate understanding of the health needs of inmates. It is important that you try to answer all the questions.</p>  |
| <p><b>How to answer the survey questions</b></p>   | <p>Using a pencil mark your answer to each question with a ✓ in a box, like so: <input checked="" type="checkbox"/>.</p>   |
| <p><b>Returning your completed questionnaire</b></p>                                       | <p>After you complete the questionnaire, place it in the accompanying envelope, seal it and return it to the person administering the survey.</p>  |
| <p></p> | <p><b>If you have questions or need other help</b></p> <p>For questions about this survey or if you need help filling it in, please speak to the person who gave you the questionnaire or the survey coordinator in your institution.</p>  |

# A Your life experiences

1. In which institution are you currently serving time? \_\_\_\_\_

2. Are you currently at the reception centre?

Yes  1 No  0

3. Are you currently a temporary detainee?

Yes  1 No  0

4. In which year and month did you arrive at this institution?  
(Please specify the year and month)

Year     Month

5. Which language are you most comfortable speaking?

English  0

French  1

Both English and French  2

Other  3

6. How old are you? Age

7. Are you ...

Male?  0

Female?  1

Transgendered /  
transsexual?  2



**11. Are you an Aboriginal person? (Please check one response only)**

|               |                         |                          |   |                           |
|---------------|-------------------------|--------------------------|---|---------------------------|
| No            |                         | <input type="checkbox"/> | 0 | → Go to question 12 below |
| Inuit         |                         | <input type="checkbox"/> | 1 | } Go to question 13 below |
| Métis         |                         | <input type="checkbox"/> | 2 |                           |
| First Nations | Non Treaty / Non Status | <input type="checkbox"/> | 3 |                           |
|               | Treaty / Status         | <input type="checkbox"/> | 4 |                           |

**12. What is your ethnic group or race? (Please check one response only)**

|   |                          |   |   |                          |   |
|---|--------------------------|---|---|--------------------------|---|
| White /Caucasian  | <input type="checkbox"/> | 0 | East Asian (for example: Cambodian, Chinese, Indonesian, Laotian, Vietnamese, etc.) | <input type="checkbox"/> | 4 |
| South Asian (for example: East Indian, Pakistani, Sri Lankan, etc.) | <input type="checkbox"/> | 1 | Arab / West Asian (Afghan, Algerian, Iraqi, Iranian, Lebanese, Syrian, etc.)        | <input type="checkbox"/> | 5 |
| Latin American  | <input type="checkbox"/> | 2 | Mixed race (mother and father of different races)                                   | <input type="checkbox"/> | 6 |
| Black   | <input type="checkbox"/> | 3 | Not sure  | <input type="checkbox"/> | 7 |

**13. Do you have any children and / or step-children of school-age still living at home?**

|                                      |                          |   |            |                          |   |    |                          |   |     |                          |   |
|--------------------------------------|--------------------------|---|------------|--------------------------|---|----|--------------------------|---|-----|--------------------------|---|
| Doesn't apply, I don't have children | <input type="checkbox"/> | 3 | Don't know | <input type="checkbox"/> | 2 | No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|--------------------------------------|--------------------------|---|------------|--------------------------|---|----|--------------------------|---|-----|--------------------------|---|



**a. Before you went to prison were you the person who mainly took care of your children and / or step-children? By children we mean those of school-age still living at home.**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

14. Do you have friends and / or family outside prison with whom you can keep in touch?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



a. How often do you try to stay in touch with friends and / or family?

|        |                          |   |
|--------|--------------------------|---|
| Never  | <input type="checkbox"/> | 0 |
| Rarely | <input type="checkbox"/> | 1 |
| Often  | <input type="checkbox"/> | 2 |
| Always | <input type="checkbox"/> | 3 |

**Time in federal prison**

15. Including all the times you've been in prison so far, how many years *in total* have you spent in **federal** prison?

|                  |                          |   |                  |                          |   |
|------------------|--------------------------|---|------------------|--------------------------|---|
| Less than 1 year | <input type="checkbox"/> | 0 | 1 year or longer | <input type="checkbox"/> | 1 |
|------------------|--------------------------|---|------------------|--------------------------|---|



a. If you have been in federal prison for 1 year or longer, how many years and months has it been exactly?

|       |                      |                      |        |                      |                      |
|-------|----------------------|----------------------|--------|----------------------|----------------------|
| Years | <input type="text"/> | <input type="text"/> | Months | <input type="text"/> | <input type="text"/> |
|-------|----------------------|----------------------|--------|----------------------|----------------------|

**Time in provincial / territorial jail**

16. Including all the times you've been in prison so far, how many years *in total* did you spend in **provincial / territorial jail**?

|   |                          |   |                  |                          |   |                  |                          |   |
|---|--------------------------|---|------------------|--------------------------|---|------------------|--------------------------|---|
| Never been in provincial / territorial jail | <input type="checkbox"/> | 0 | Less than 1 year | <input type="checkbox"/> | 1 | 1 year or longer | <input type="checkbox"/> | 2 |
|---|--------------------------|---|------------------|--------------------------|---|------------------|--------------------------|---|



a. If you have been in provincial or territorial jails for 1 year or longer, how many years and months was it exactly?

|       |                      |                      |        |                      |                      |
|-------|----------------------|----------------------|--------|----------------------|----------------------|
| Years | <input type="text"/> | <input type="text"/> | Months | <input type="text"/> | <input type="text"/> |
|-------|----------------------|----------------------|--------|----------------------|----------------------|

**17. Since last November, were you in the community outside federal prison on conditional release?**

No  0 Yes  1



**a. Which type of release was it?**  
(Please check all that apply if you were out more than once.)

Escorted temporary absence  0

Unescorted temporary absence  1

Work release  2

Other (for example: day parole, statutory release, full parole)  3

**18. Have you ever had dental surgery or any other surgery in your mouth?**

No  0 Yes  1 Don't know  2

**19. Have you ever been diagnosed with haemophilia?**

No  0 Yes  1 Don't know  2

**20. Have you ever received a blood transfusion or received other blood products?**

No  0 Yes  1 Don't know  2

**21. Have you ever shared personal hygiene items (e.g. your toothbrush, razor) with someone else?**

No  0 Yes  1



**a. Did you know if anyone you shared personal items with was infected with hepatitis B or hepatitis C?**

No  0 Yes  1 Don't know  2

**22. Did you ever clean up blood spills while incarcerated in CSC?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



**a. Did you always have access to protective gloves to clean up the blood spill?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



**a. Did you always wear protective gloves to clean up the blood spill?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

**23. Have you ever been in a fight where you came into contact with someone else's blood?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



**a. Do you know if they had hepatitis B or hepatitis C?**

|    |                          |   |     |                          |   |            |                          |   |
|----|--------------------------|---|-----|--------------------------|---|------------|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 | Don't know | <input type="checkbox"/> | 2 |
|----|--------------------------|---|-----|--------------------------|---|------------|--------------------------|---|

24. Have you ever been tattooed?

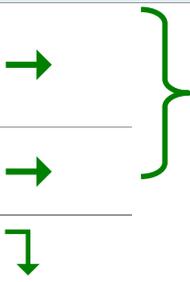
|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



**Go to question 25, next page**

a. Where did you get your tattoo(s) done? (Please check all that apply)

|  |                          |   |
|--|--------------------------|---|
| Outside prison or in provincial/territorial jail | <input type="checkbox"/> | 0 |
| CSC Prison Tattoo Shop                           | <input type="checkbox"/> | 1 |
| CSC Prison "range"                               | <input type="checkbox"/> | 2 |



**Go to question 25, next page**

b. Did you use someone else's ink for your tattoo(s)?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

c. Was the ink that was used for your tattoo(s) used again by someone else?

|    |                          |   |     |                          |   |            |                          |   |
|----|--------------------------|---|-----|--------------------------|---|------------|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 | Don't know | <input type="checkbox"/> | 2 |
|----|--------------------------|---|-----|--------------------------|---|------------|--------------------------|---|

d. Did you ever pass tattoo equipment on to someone else?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

e. Did you use someone else's tattoo equipment for your tattoos?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

f. Was the tattoo equipment cleaned each time you used it?

|    |                          |   |            |                          |   |     |                          |   |
|----|--------------------------|---|------------|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Don't know | <input type="checkbox"/> | 1 | Yes | <input type="checkbox"/> | 2 |
|----|--------------------------|---|------------|--------------------------|---|-----|--------------------------|---|



**Go to question 25, next page**



g. How was the tattoo equipment cleaned?

|                |                          |   |
|----------------|--------------------------|---|
| With bleach    | <input type="checkbox"/> | 0 |
| Some other way | <input type="checkbox"/> | 1 |
| Don't know     | <input type="checkbox"/> | 2 |

25. Do you have or have you had any body piercing(s) including piercing(s) for earrings?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



**Go to question 26, next page**

a. Where did you get your piercing(s) done? *(Please check all that apply)*

|  |                          |   |
|--|--------------------------|---|
| Outside prison or in provincial/territorial jail | <input type="checkbox"/> | 0 |
| CSC Prison "range"                               | <input type="checkbox"/> | 1 |



**Go to question 26, next page**



b. Did you use someone else's piercing equipment for your piercing(s)?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

c. Did you ever pass piercing equipment on to someone else?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

d. Was the piercing equipment cleaned each time you used it?

|    |                          |   |            |                          |   |     |                          |   |
|----|--------------------------|---|------------|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Don't know | <input type="checkbox"/> | 1 | Yes | <input type="checkbox"/> | 2 |
|----|--------------------------|---|------------|--------------------------|---|-----|--------------------------|---|



**Go to question 26, next page**



e. How was the piercing equipment cleaned?

|                |                          |   |
|----------------|--------------------------|---|
| With bleach    | <input type="checkbox"/> | 0 |
| Some other way | <input type="checkbox"/> | 1 |
| Don't know     | <input type="checkbox"/> | 2 |

### Doing drugs and / or chemicals

*Doing drugs / chemicals means you did or do illegal, illicit drugs or drugs that were not prescribed to you (including steroids) or chemicals (like glue or gasoline).*

26. Have you ever done drugs and / or chemicals?

|     |                          |   |   |
|-----|--------------------------|---|---|
| No  | <input type="checkbox"/> | 0 |  <b>Go to question 50, page 18</b> |
| Yes | <input type="checkbox"/> | 1 |   |

27. Have you ever **injected** drugs (or anything else such as alcohol or chemicals)?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



a. How old were you when you **first** started injecting drugs (or anything else such as alcohol or chemicals)?   **Age**

b. Where did you **first** start injecting drugs (or anything else such as alcohol or chemicals)?

|   |                          |   |
|---|--------------------------|---|
| In the community (before starting current sentence) | <input type="checkbox"/> | 0 |
| Inside provincial / territorial jail                | <input type="checkbox"/> | 1 |
| Inside federal prison                               | <input type="checkbox"/> | 2 |

c. How many years have you injected drugs (or anything else such as alcohol or chemicals)?

|   |   |              |
|---|---|--------------|
| 1 year or less  | <input type="checkbox"/>                  | 1            |
| More than 1 year (please specify the number of years) | <input type="text"/> <input type="text"/> | <b>Years</b> |

**28. Have you ever done drugs (e.g. pot or coke) or chemicals (e.g. glue or gasoline) by snorting, smoking, sniffing or swallowing?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



|  |  |  |                          |                      |       |
|--|--|--|--------------------------|----------------------|-------|
| <b>a. How old were you when you <b>first</b> did drugs by snorting, smoking, sniffing or swallowing?</b> |  |  | <input type="text"/>     | <input type="text"/> | Age   |
| <b>b. Where did you <b>first</b> do drugs by snorting, smoking, sniffing or swallowing?</b>              |  |  |                          |                      |       |
| In the community (before starting current sentence)  |  |  | <input type="checkbox"/> |                      | 0     |
| Inside provincial / territorial jail   |  |  | <input type="checkbox"/> |                      | 1     |
| Inside federal prison  |  |  | <input type="checkbox"/> |                      | 2     |
| <b>c. How many years have you done drugs by snorting, smoking, sniffing or swallowing?</b>               |  |  |                          |                      |       |
| 1 year or less   |  |  | <input type="checkbox"/> |                      | 1     |
| More than 1 year (please specify the number of years)  |  |  | <input type="text"/>     | <input type="text"/> | Years |

**29. Are you currently on methadone treatment?**

|   |                          |   |   |   |     |                          |   |
|---|--------------------------|---|---|---|-----|--------------------------|---|
| No  | <input type="checkbox"/> | 0 | → | <b>a. Did you ever try to get methadone treatment at CSC?</b> | Yes | <input type="checkbox"/> | 0 |
|   |                          |   |   |   | No  | <input type="checkbox"/> | 1 |
| Yes   | <input type="checkbox"/> | 1 | → | } <b>Go to Section B, next page</b>                           |     |                          |   |
| I no longer need to be treated with methadone | <input type="checkbox"/> | 2 | → |   |     |                          |   |

→ **Go to question 30 next page**  
 → **Go to Section B next page**

|  |                          |   |
|--|--------------------------|---|
| <b>30. Why are you not currently on methadone treatment in CSC?</b><br><i>(Please check one response only)</i> |                          |   |
| The last time I tried I was told I didn't meet the requirements for treatment                                  | <input type="checkbox"/> | 0 |
| I started treatment and then was taken off because I was selling and / or giving my methadone to someone else  | <input type="checkbox"/> | 1 |
| I took myself off  | <input type="checkbox"/> | 2 |
| I was taken off methadone treatment for some other reason  | <input type="checkbox"/> | 3 |

|          |  |
|----------|--|
| <b>B</b> | <h2>Your experiences in prison in CSC between November 2006 and now</h2> |
|----------|--|

**(If you were admitted after November 2006, please answer thinking about your prison experience in CSC since you were admitted.)**

|   |                          |   |
|---|--------------------------|---|
| <b>31. Since last November in prison, have you done drugs and / or chemicals?</b> |                          |   |
| No  | <input type="checkbox"/> | 0 |
| <i>Go to question 49, page 18</i>   |                          |   |
| Yes   | <input type="checkbox"/> | 1 |

|   |                          |                                     |     |                          |   |
|---|--------------------------|-------------------------------------|-----|--------------------------|---|
| <b>32. Since last November in prison, have you <b>injected</b> drugs (or anything else such as alcohol or chemicals)?</b> |                          |                                     |     |                          |   |
| No  | <input type="checkbox"/> | 0                                   | Yes | <input type="checkbox"/> | 1 |
|   |                          |                                     |     |                          |   |
| <i>Go to question 47, page 17</i>   |                          | <i>Go to question 33, next page</i> |     |                          |   |

**33. Since last November in prison, how often did you **inject** drugs (or anything else such as alcohol or chemicals)?**

|                        |                          |   |
|------------------------|--------------------------|---|
| Daily                  | <input type="checkbox"/> | 0 |
| Once or twice a week   | <input type="checkbox"/> | 1 |
| Once or twice a month  | <input type="checkbox"/> | 2 |
| Every couple of months | <input type="checkbox"/> | 3 |
| Every now and then     | <input type="checkbox"/> | 4 |
| One time only          | <input type="checkbox"/> | 5 |

**34. Since last November in prison, how often did you inject drugs “on a binge” (i.e., many times over a short period)?**

|       |                          |   |        |                          |   |       |                          |   |        |                          |   |
|-------|--------------------------|---|--------|--------------------------|---|-------|--------------------------|---|--------|--------------------------|---|
| Never | <input type="checkbox"/> | 0 | Rarely | <input type="checkbox"/> | 1 | Often | <input type="checkbox"/> | 2 | Always | <input type="checkbox"/> | 3 |
|-------|--------------------------|---|--------|--------------------------|---|-------|--------------------------|---|--------|--------------------------|---|

**35. Since last November in prison, did you **pass a rig on to someone else** after you had used it?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
| ↓  |                          |   | ↓   |                          |   |

**Go to question 36, next page**

**a. Who did you **pass the rig on to**? (Check all that apply)**

|  |                          |   |
|--|--------------------------|---|
| Other inmate(s) I know well              | <input type="checkbox"/> | 0 |
| Other inmate(s) I don't know well at all | <input type="checkbox"/> | 1 |
| Family                                   | <input type="checkbox"/> | 2 |
| Regular sex partner(s)                   | <input type="checkbox"/> | 3 |
| Other(s)                                 | <input type="checkbox"/> | 4 |

36. Since last November in prison, did you **use someone else's rig after they had used it?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



a. Who **passed the rig to you?** (Check all that apply)

|  |                          |   |
|--|--------------------------|---|
| Other inmate(s) I know well              | <input type="checkbox"/> | 0 |
| Other inmate(s) I don't know well at all | <input type="checkbox"/> | 1 |
| Family                                   | <input type="checkbox"/> | 2 |
| Regular sex partner(s)                   | <input type="checkbox"/> | 3 |
| Other(s)                                 | <input type="checkbox"/> | 4 |

37. The **last time** you used a rig since last November in prison, was it cleaned before you used it?

|    |                          |   |            |                          |   |     |                          |   |
|----|--------------------------|---|------------|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Don't know | <input type="checkbox"/> | 1 | Yes | <input type="checkbox"/> | 2 |
|----|--------------------------|---|------------|--------------------------|---|-----|--------------------------|---|



a. How was the rig cleaned?

|                |                          |   |
|----------------|--------------------------|---|
| With bleach    | <input type="checkbox"/> | 0 |
| Some other way | <input type="checkbox"/> | 1 |
| Don't know     | <input type="checkbox"/> | 2 |

38. Since last November in prison, which drugs and / or chemicals did you inject **most often?** (Please specify no more than three.)

|    |       |
|----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |

**39. Since last November in prison have you shared a rig with anyone who *you knew* was infected with HIV or hepatitis C?**

|  |                          |   |
|--|--------------------------|---|
| No                                       | <input type="checkbox"/> | 0 |
| Yes                                      | <input type="checkbox"/> | 1 |
| Didn't know if they were infected or not | <input type="checkbox"/> | 2 |

|   | Not difficult            |   | Somewhat difficult       |   | Quite difficult          |   | Impossible               |   |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| <b>40. If you wanted to get a rig in prison, how difficult would it be?</b> | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |

**41. Since last November in prison, have you used works (water, filter, cooker / spoon)?**

|     |                          |   |    |                          |   |
|-----|--------------------------|---|----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 0 |
|-----|--------------------------|---|----|--------------------------|---|



***Go to question 47,  
page 17***

**42. Since last November in prison how often did you use works (water, filter, cooker / spoon)?**

|                        |                          |   |
|------------------------|--------------------------|---|
| Daily                  | <input type="checkbox"/> | 0 |
| Once or twice a week   | <input type="checkbox"/> | 1 |
| Once or twice a month  | <input type="checkbox"/> | 2 |
| Every couple of months | <input type="checkbox"/> | 3 |
| Every now and then     | <input type="checkbox"/> | 4 |
| One time only          | <input type="checkbox"/> | 5 |

43. Since last November in prison, did you **pass works on to someone else** after you had used them?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



a. Who did you **pass the works to**? (Check all that apply)

|  |                          |   |
|--|--------------------------|---|
| Other inmate(s) I know well              | <input type="checkbox"/> | 0 |
| Other inmate(s) I don't know well at all | <input type="checkbox"/> | 1 |
| Family                                   | <input type="checkbox"/> | 2 |
| Regular sex partner(s)                   | <input type="checkbox"/> | 3 |
| Other(s)                                 | <input type="checkbox"/> | 4 |

44. Since last November in prison, did you **use someone else's works** after they had used them?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



a. Who **passed the works to you**? (Check all that apply)

|  |                          |   |
|--|--------------------------|---|
| Other inmate(s) I know well              | <input type="checkbox"/> | 0 |
| Other inmate(s) I don't know well at all | <input type="checkbox"/> | 1 |
| Family                                   | <input type="checkbox"/> | 2 |
| Regular sex partner(s)                   | <input type="checkbox"/> | 3 |
| Other(s)                                 | <input type="checkbox"/> | 4 |

45. Since last November in prison, which drugs and / or chemicals did you use works with **most often**? (Please specify no more than three.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**46. Since last November in prison have you ever shared works with anyone who *you knew* was infected with HIV or hepatitis C?**

|  |                          |   |
|--|--------------------------|---|
| No                                       | <input type="checkbox"/> | 0 |
| Yes                                      | <input type="checkbox"/> | 1 |
| Didn't know if they were infected or not | <input type="checkbox"/> | 2 |

**47. Since last November in prison, did you do drugs (e.g. pot or cocaine) or chemicals (e.g. glue, gasoline) by snorting, sniffing, smoking or swallowing (i.e., **without** using a rig)?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



**Go to question 48, next page**



**a. Since last November in prison how often did you do drugs and / or chemicals **without** using a rig? (Please check one response only)**

|                        |                          |   |
|------------------------|--------------------------|---|
| Daily                  | <input type="checkbox"/> | 0 |
| Once or twice a week   | <input type="checkbox"/> | 1 |
| Once or twice a month  | <input type="checkbox"/> | 2 |
| Every couple of months | <input type="checkbox"/> | 3 |
| Every now and then     | <input type="checkbox"/> | 4 |
| One time only          | <input type="checkbox"/> | 5 |

**b. Since last November in prison which drugs and / or chemicals did you do **most often without** using a rig? (Please specify no more than three)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

| 48. Since last November in prison...  | Never                    |   | Rarely                   |   | Often                    |   | Always                   |   |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| a. Did you think your use of drugs was out of control?                      | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| b. Did the prospect of missing a fix (or dose) make you anxious or worried? | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| c. Did you worry about your use of drugs?                                   | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| d. Did you wish you could stop?   | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
|   | Not difficult            |   | Somewhat difficult       |   | Quite difficult          |   | Impossible               |   |
| e. How difficult would you find it to stop or go without drugs?             | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |

| 49. Do the following statements apply to you?                     | No                       |   | Yes                      |   | Don't know               |   | Doesn't apply            |   |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| a. I won't do drugs in prison for fear of being caught            | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| b. I switched to drugs that are harder to catch in the urinalysis | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |

**Sexual health**

**Sex with a woman**

|   |                          |   |     |                          |   |
|---|--------------------------|---|-----|--------------------------|---|
| 50. Have you ever had oral, anal or vaginal sex with a woman? |                          |   |     |                          |   |
| No  | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |



|   |                          |   |
|---|--------------------------|---|
| a. How many women have you ever had oral, anal or vaginal sex with? |                          |   |
| 1   | <input type="checkbox"/> | 1 |
| 2 to 5  | <input type="checkbox"/> | 2 |
| 6 to 10   | <input type="checkbox"/> | 3 |
| 11 to 25  | <input type="checkbox"/> | 4 |
| More than 25  | <input type="checkbox"/> | 5 |

**Sex with a man**

**51. Have you ever had oral, anal or vaginal sex with a man?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



**a. How many men have you ever had oral, anal or vaginal sex with?**

|              |                          |   |
|--------------|--------------------------|---|
| 1            | <input type="checkbox"/> | 1 |
| 2 to 5       | <input type="checkbox"/> | 2 |
| 6 to 10      | <input type="checkbox"/> | 3 |
| 11 to 25     | <input type="checkbox"/> | 4 |
| More than 25 | <input type="checkbox"/> | 5 |

**52. Have you ever been a sex trade worker (e.g. male or female prostitute / escort)?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



**a. Who were your clients? (please check all that apply)**

|                |                          |   |
|----------------|--------------------------|---|
| Male clients   | <input type="checkbox"/> | 0 |
| Female clients | <input type="checkbox"/> | 1 |

**53. Have you ever had oral, anal or vaginal sex with a sex trade worker (e.g. male or female prostitute / escort)?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



**a. Which sex trade worker(s) did you have sex with? (please check all that apply)**

|                            |                          |   |
|----------------------------|--------------------------|---|
| Male sex trade worker(s)   | <input type="checkbox"/> | 0 |
| Female sex trade worker(s) | <input type="checkbox"/> | 1 |

54. Have you ever had oral, anal or vaginal sex with someone who injected drugs?

|    |                          |   |     |                          |   |            |                          |   |
|----|--------------------------|---|-----|--------------------------|---|------------|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 | Don't know | <input type="checkbox"/> | 2 |
|----|--------------------------|---|-----|--------------------------|---|------------|--------------------------|---|

**Sex in prison since November 2006**

*Note: If you were admitted to CSC after November 2006, please answer the questions below thinking about your prison experience in CSC since then.*

55. Since last November in prison, did you have oral, vaginal or anal sex with anyone?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

↓  
Go to question 69, page 22

↓  
a. Since last November in prison, how many men and / or women did you have sex with?  
(Please check all that apply)

|          |      |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |
|----------|------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| a. Men   | None | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 |
| b. Women | None | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 |

**Sex with one or more women**

56. Since last November in prison how often did you use ...

|  | Doesn't apply              | Never                      | Rarely                     | Often                      | Always                     |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. A condom while having vaginal sex?            | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. A condom or dental dam while having oral sex? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. A condom while having anal sex?               | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**Sex with one or more men**

57. Since last November in prison how often did you use ...

|  | Doesn't apply              | Never                      | Rarely                     | Often                      | Always                     |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. A condom while having vaginal sex?            | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. A condom or dental dam while having oral sex? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. A condom while having anal sex?               | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

58. Since last November in prison, did you ever use any object for sex or a sex toy that had been used by someone else?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

59. Since last November in prison, did you have **unprotected** sex with a **regular** sex partner?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

60. Since last November in prison, did you have **unprotected** sex with a **casual** sex partner (i.e. someone you didn't know well)?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

61. Since last November in prison, have you had sex with anyone who had HIV, hepatitis C or sexually transmitted infections?

|            |                          |   |
|------------|--------------------------|---|
| No         | <input type="checkbox"/> | 0 |
| Yes        | <input type="checkbox"/> | 1 |
| Don't know | <input type="checkbox"/> | 2 |

### Private family visits in prison since November 2006

*If you were admitted after November 2006, please answer thinking about your prison experience in CSC since you were admitted.*

62. Since last November in prison, did you participate in any private family visits?

|     |                          |   |                               |
|-----|--------------------------|---|-------------------------------|
| No  | <input type="checkbox"/> | 0 | → Go to question 65 next page |
| Yes | <input type="checkbox"/> | 1 |                               |

**63.** If you had sex during private family visits, how often did you use a condom or a barrier (dental dam, plastic wrap, cut condom)?

|                 |                          |   |  |
|-----------------|--------------------------|---|--|
| Didn't have sex | <input type="checkbox"/> | 0 |  |
| Always          | <input type="checkbox"/> | 1 |  |
| Often           | <input type="checkbox"/> | 2 |  |
| Rarely          | <input type="checkbox"/> | 3 |  |
| Never           | <input type="checkbox"/> | 4 |  |

**64.** What were the reasons why you didn't always use a condom and / or a dental dam during private family visits? (please check all that apply)

|   |                          |   |
|---|--------------------------|---|
| There weren't any when you needed them                              | <input type="checkbox"/> | 0 |
| One or both were past their "best before" date when you needed them | <input type="checkbox"/> | 1 |
| It was for some other reason  | <input type="checkbox"/> | 2 |

|   | No                       |   | Yes                      |   |
|---|--------------------------|---|--------------------------|---|
| <b>65.</b> Since last November in prison, did <b>you</b> ever <b>pay for sex</b> with money, works, rigs, drugs or goods (e.g., tobacco or cigarettes)?         | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |
| <b>66.</b> Since last November in prison, did <b>someone</b> ever <b>pay you for sex</b> with money, works, rigs, drugs or goods (e.g., tobacco or cigarettes)? | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |

|  | No                       |   | Yes                      |   |
|--|--------------------------|---|--------------------------|---|
| <b>67.</b> Since last November in prison, did <b>you</b> ever <b>pay</b> for drugs with sex?         | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |
| <b>68.</b> Since last November in prison, did <b>someone</b> ever <b>pay you</b> for drugs with sex? | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |

|   | No                       |   | Yes                      |   |
|---|--------------------------|---|--------------------------|---|
| <b>69.</b> Since last November in prison, did you have sex (oral, vaginal or anal) forced on you when you didn't want it? | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |

|   |                          |   |     |   |                                 |
|---|--------------------------|---|-----|---|---------------------------------|
| <b>70. In which year did you start your current sentence?</b>             |                          |   |     |   |                                 |
| Year started current sentence   |                          | <input type="text"/>  |     |   |                                 |
| <b>a. Did your current sentence start <b>BEFORE</b> November 1, 2004?</b> |                          |   |     |   |                                 |
| No  | <input type="checkbox"/> | 0   | Yes | <input type="checkbox"/>  | 1                               |
|   |                          |   |     |  | <b>Go to Section D, page 32</b> |
|   |                          |  |     |   |                                 |
|   |                          | <b>Go to Section C, below</b>   |     |   |                                 |

# **C Your life experiences during the last 6 months you were free in the community**

## **Doing drugs and / or chemicals during the last 6 months you were free in the community**

*Doing drugs means you did illegal, illicit drugs or drugs that were not prescribed to you (including steroids) or chemicals (like glue or gasoline).*

|  |                          |   |   |  |  |
|--|--------------------------|---|---|--|--|
| <b>71. Did you ever do drugs and / or chemicals during the last 6 months you were free in the community?</b> |                          |   |   |  |  |
| No   | <input type="checkbox"/> | 0 |  <b>Go to question 89, page 29</b> |  |  |
| Yes  | <input type="checkbox"/> | 1 |   |  |  |

|   |                          |   |   |                          |   |
|---|--------------------------|---|---|--------------------------|---|
| <b>72. During the last six months you were free in the community, did you ever inject drugs and / or chemicals?</b> |                          |   |   |                          |   |
| No  | <input type="checkbox"/> | 0   | Yes   | <input type="checkbox"/> | 1 |
|   |                          |  |   |                          |   |
|   |                          | <b>Go to question 80, page 26</b>   |   |                          |   |
|   |                          |   |  |                          |   |
|   |                          |   | <b>Go to question 73, next page</b>   |                          |   |

73. During the last six months you were free in the community, how often did you **inject** drugs (or anything else such as alcohol or chemicals)?

|                        |                          |   |
|------------------------|--------------------------|---|
| Daily                  | <input type="checkbox"/> | 0 |
| Once or twice a week   | <input type="checkbox"/> | 1 |
| Once or twice a month  | <input type="checkbox"/> | 2 |
| Every couple of months | <input type="checkbox"/> | 3 |
| Every now and then     | <input type="checkbox"/> | 4 |
| One time only          | <input type="checkbox"/> | 5 |

74. During the last six months you were free in the community, how often did you inject drugs “on a binge” (i.e., many times over a short period)?

|       |                          |   |        |                          |   |       |                          |   |        |                          |   |
|-------|--------------------------|---|--------|--------------------------|---|-------|--------------------------|---|--------|--------------------------|---|
| Never | <input type="checkbox"/> | 0 | Rarely | <input type="checkbox"/> | 1 | Often | <input type="checkbox"/> | 2 | Always | <input type="checkbox"/> | 3 |
|-------|--------------------------|---|--------|--------------------------|---|-------|--------------------------|---|--------|--------------------------|---|

75. During the last six months you were free in the community, did you **pass a rig on to someone else after you** had used it?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



a. Who did you **pass the rig on to**? (Check all that apply)

|  |                          |   |
|--|--------------------------|---|
| Other people I knew well               | <input type="checkbox"/> | 0 |
| Other people I didn't know well at all | <input type="checkbox"/> | 1 |
| Family                                 | <input type="checkbox"/> | 2 |
| Regular sex partner(s)                 | <input type="checkbox"/> | 3 |
| Other(s)                               | <input type="checkbox"/> | 4 |

76. During the last six months you were free in the community, did you **use someone else's rig after they had used it?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



a. Who passed the rig to you? (Check all that apply)

|  |                          |   |
|--|--------------------------|---|
| Other people I knew well               | <input type="checkbox"/> | 0 |
| Other people I didn't know well at all | <input type="checkbox"/> | 1 |
| Family                                 | <input type="checkbox"/> | 2 |
| Regular sex partner(s)                 | <input type="checkbox"/> | 3 |
| Other(s)                               | <input type="checkbox"/> | 4 |

77. The **last time** you used a rig during the last six months you were free in the community, was it cleaned before you used it?

|    |                          |   |            |                          |   |     |                          |   |
|----|--------------------------|---|------------|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Don't know | <input type="checkbox"/> | 1 | Yes | <input type="checkbox"/> | 2 |
|----|--------------------------|---|------------|--------------------------|---|-----|--------------------------|---|



a. How was the rig cleaned?

|                |                          |   |
|----------------|--------------------------|---|
| With bleach    | <input type="checkbox"/> | 0 |
| Some other way | <input type="checkbox"/> | 1 |
| Don't know     | <input type="checkbox"/> | 2 |

78. During the last six months you were free in the community, which drugs and / or chemicals did you inject **most often?** (Please specify no more than three.)

|          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

79. During the last six months you were free in the community, did you ever share a rig with anyone who *you knew* was infected with HIV or hepatitis C?

|  |                          |   |
|--|--------------------------|---|
| No                                       | <input type="checkbox"/> | 0 |
| Yes                                      | <input type="checkbox"/> | 1 |
| Didn't know if they were infected or not | <input type="checkbox"/> | 2 |

80. During the last six months you were free in the community, did you ever use works (water, filter, cooker / spoon)?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



Go to question 85, page 28



Go to question 81, next question

81. During the last six months you were free in the community, did you **pass works on to someone else after you** had used them?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



a. Who did you **pass the works to**? (Check all that apply)

|  |                          |   |
|--|--------------------------|---|
| Other people I knew well               | <input type="checkbox"/> | 0 |
| Other people I didn't know well at all | <input type="checkbox"/> | 1 |
| Family                                 | <input type="checkbox"/> | 2 |
| Regular sex partner(s)                 | <input type="checkbox"/> | 3 |
| Other(s)                               | <input type="checkbox"/> | 4 |

**82. During the last six months you were free in the community, did you use someone else's works after they had used them?**

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



**a. Who passed the works to you? (Check all that apply)**

|  |                          |   |
|--|--------------------------|---|
| Other people I knew well               | <input type="checkbox"/> | 0 |
| Other people I didn't know well at all | <input type="checkbox"/> | 1 |
| Family                                 | <input type="checkbox"/> | 2 |
| Regular sex partner(s)                 | <input type="checkbox"/> | 3 |
| Other(s)                               | <input type="checkbox"/> | 4 |

**83. During the last six months you were free in the community, which drugs and / or chemicals did you use works with **most often**? (Please specify no more than three.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**84. During the last six months you were free in the community did you ever share works with anyone who *you knew* was infected with HIV or hepatitis C?**

|  |                          |   |
|--|--------------------------|---|
| No                                       | <input type="checkbox"/> | 0 |
| Yes                                      | <input type="checkbox"/> | 1 |
| Didn't know if they were infected or not | <input type="checkbox"/> | 2 |

85. During the last six months you were free in the community, did you do drugs (e.g. pot or cocaine) or chemicals (e.g. glue, gasoline) by snorting, sniffing, smoking or swallowing?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|



a. During the last six months you were free in the community, how often did you do drugs and / or chemicals by snorting, sniffing, smoking or swallowing? (Please check one response only)

|                        |                          |   |
|------------------------|--------------------------|---|
| Daily                  | <input type="checkbox"/> | 0 |
| Once or twice a week   | <input type="checkbox"/> | 1 |
| Once or twice a month  | <input type="checkbox"/> | 2 |
| Every couple of months | <input type="checkbox"/> | 3 |
| Every now and then     | <input type="checkbox"/> | 4 |
| One time only          | <input type="checkbox"/> | 5 |

b. During the last six months you were free in the community, which drugs and / or chemicals did you do **most often** by snorting, sniffing, smoking or swallowing? (Please specify no more than three)

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

| 86. During the last 6 months you were free in the community ...             | Never                    |   | Rarely                   |   | Often                    |   | Always                   |   |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| a. Did you think your use of drugs was out of control?                      | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| b. Did the prospect of missing a fix (or dose) make you anxious or worried? | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| c. Did you worry about your use of drugs?                                   | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| d. Did you wish you could stop?   | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
|   | Not difficult            |   | Somewhat difficult       |   | Quite difficult          |   | Impossible               |   |
| e. How difficult would you have found it to stop or go without drugs?       | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |

**Last 6 months you were free in the community**

|  | No                       |   | Yes                      |   |
|--|--------------------------|---|--------------------------|---|
| 87. Did <b>you</b> ever <b>pay for drugs</b> with sex?         | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |
| 88. Did <b>someone</b> ever <b>pay you for drugs</b> with sex? | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |

**Sex during the last 6 months you were free in the community**

|  |                          |   |    |   |
|--|--------------------------|---|----|---|
| 89. During the last 6 months you were free in the community, did you have oral, anal or vaginal sex with anyone? |                          |   |    |   |
| Yes  | <input type="checkbox"/> | 0 | No | <input type="checkbox"/> 1 → Go to question 98, page 31 |

**Sex with one or more women during the last 6 months you were free in the community**

|  |                          |   |     |                            |
|--|--------------------------|---|-----|----------------------------|
| 90. Did you have oral, anal or vaginal sex with a woman?       |                          |   |     |                            |
| No   | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> 1 |
| ↓  |                          |   |     |                            |
| a. How many women did you have oral, anal or vaginal sex with? |                          |   |     |                            |
| 1  | <input type="checkbox"/> | 1 |     |                            |
| 2 to 5   | <input type="checkbox"/> | 2 |     |                            |
| 6 to 10  | <input type="checkbox"/> | 3 |     |                            |
| 11 to 25   | <input type="checkbox"/> | 4 |     |                            |
| More than 25   | <input type="checkbox"/> | 5 |     |                            |

**Sex with one or more men during the last 6 months you were free in the community**

|   |                          |   |     |                            |
|---|--------------------------|---|-----|----------------------------|
| <b>91. Did you have oral, anal or vaginal sex with a man?</b>                     |                          |   |     |                            |
| No  | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> 1 |
|  |                          |   |     |                            |
| <b>a. How many men did you have oral, anal or vaginal sex with?</b>               |                          |   |     |                            |
| 1   | <input type="checkbox"/> | 1 |     |                            |
| 2 to 5  | <input type="checkbox"/> | 2 |     |                            |
| 6 to 10   | <input type="checkbox"/> | 3 |     |                            |
| 11 to 25  | <input type="checkbox"/> | 4 |     |                            |
| More than 25  | <input type="checkbox"/> | 5 |     |                            |

**Last 6 months you were free in the community**

|  |                          |   |        |                          |   |       |                          |   |        |                          |   |
|--|--------------------------|---|--------|--------------------------|---|-------|--------------------------|---|--------|--------------------------|---|
| <b>92. Considering <b>all</b> the people you had sex with, how often did you use a condom and / or barrier (dental dam, plastic wrap, cut condom) with them?</b> |                          |   |        |                          |   |       |                          |   |        |                          |   |
| Never  | <input type="checkbox"/> | 0 | Rarely | <input type="checkbox"/> | 1 | Often | <input type="checkbox"/> | 2 | Always | <input type="checkbox"/> | 3 |

|   |                          |   |     |                            |
|---|--------------------------|---|-----|----------------------------|
| <b>93. Did you have <b>unprotected</b> sex with your <b>regular</b> sex partner(s)?</b> |                          |   |     |                            |
| No  | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> 1 |

|   |                          |   |     |                            |
|---|--------------------------|---|-----|----------------------------|
| <b>94. Did you have <b>unprotected</b> sex with <b>casual</b> sex partner(s) (i.e. someone or people you didn't know well)?</b> |                          |   |     |                            |
| No  | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> 1 |

**95. Did you ever have sex with anyone who you knew was infected with HIV or hepatitis C?**

|   |                          |   |
|---|--------------------------|---|
| No                                      | <input type="checkbox"/> | 0 |
| Yes                                     | <input type="checkbox"/> | 1 |
| Don't know if they were infected or not | <input type="checkbox"/> | 2 |

**Last 6 months you were free in the community**

|  | No                       |   | Yes                      |   |
|--|--------------------------|---|--------------------------|---|
| <b>96. Did you ever pay for sex with money, works, rigs, drugs or goods (e.g., tobacco or cigarettes)?</b>         | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |
| <b>97. Did someone ever pay you for sex with money, works, rigs, drugs or goods (e.g., tobacco or cigarettes)?</b> | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |

| <b>98. During the last 6 months you were free in the community, did you ever have sex (oral, vaginal or anal) forced on you when you didn't want it?</b> | No                       |   | Yes                      |   |
|--|--------------------------|---|--------------------------|---|
|  | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |

# D Infectious Disease Information and Support for Prevention

The Reception Awareness Program (RAP) is a program. It would have been offered to you when you were first admitted. It is mainly about infectious diseases and health services offered in prison.

**99. Did you ever take the Reception Awareness Program (RAP)?**

|     |                          |   |            |                          |   |    |                          |   |
|-----|--------------------------|---|------------|--------------------------|---|----|--------------------------|---|
| Yes | <input type="checkbox"/> | 2 | Don't know | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 0 |
|-----|--------------------------|---|------------|--------------------------|---|----|--------------------------|---|



**a. Why didn't you take the RAP program?**  
*(Please check one response only)*

|   |                          |   |
|---|--------------------------|---|
| I wasn't interested                                 | <input type="checkbox"/> | 0 |
| I wasn't aware CSC had such a program               | <input type="checkbox"/> | 1 |
| I plan to take it sometime soon                     | <input type="checkbox"/> | 2 |
| The program did not exist when I was first admitted | <input type="checkbox"/> | 3 |
| Other   | <input type="checkbox"/> | 4 |

The Choosing Health in Prisons (CHIPs) is about healthy living, nutrition and stress. The course is also about how diseases such as can be spread. Diseases that can be spread include HIV, hepatitis and tuberculosis. It is usually offered early in someone's sentence.

**100. Did you ever take the Choosing Health in Prisons (CHIPs) program?**

|     |                          |   |            |                          |   |    |                          |   |
|-----|--------------------------|---|------------|--------------------------|---|----|--------------------------|---|
| Yes | <input type="checkbox"/> | 2 | Don't know | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 0 |
|-----|--------------------------|---|------------|--------------------------|---|----|--------------------------|---|



**a. Why didn't you take the CHIPs program?**  
*(Please check one response only)*

|                                       |                          |   |
|---------------------------------------|--------------------------|---|
| I wasn't interested                   | <input type="checkbox"/> | 0 |
| I wasn't aware CSC had such a program | <input type="checkbox"/> | 1 |
| I plan to take it sometime soon       | <input type="checkbox"/> | 2 |
| Other                                 | <input type="checkbox"/> | 3 |

CSC offers a program called The National HIV/AIDS Peer Education and Counselling Program; PEC for short. The PEC provides information on HIV/AIDS. It also offers information on other infectious diseases. It is a program for inmates to become "peer educators". Peer educators provide peer support to other inmates. There is a "Women's Component" of this program. For Aboriginal inmates the program is called Circles of Knowledge Keepers or Chee Mamuk.

**101. Did you ever take the Peer Education and Counselling Program (the PEC program)?**

|     |                          |   |            |                          |   |    |                          |   |
|-----|--------------------------|---|------------|--------------------------|---|----|--------------------------|---|
| Yes | <input type="checkbox"/> | 2 | Don't know | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 0 |
|-----|--------------------------|---|------------|--------------------------|---|----|--------------------------|---|



**a. Why didn't you take the PEC program?  
(Please check one response only)**

|                                       |                          |   |
|---------------------------------------|--------------------------|---|
| I wasn't interested                   | <input type="checkbox"/> | 0 |
| I wasn't chosen                       | <input type="checkbox"/> | 1 |
| I wasn't aware CSC had such a program | <input type="checkbox"/> | 2 |
| I plan to take it sometime soon       | <input type="checkbox"/> | 3 |
| Other                                 | <input type="checkbox"/> | 4 |

**102. Have you talked to a PEC counsellor about infectious diseases in prison?**

|     |                          |   |    |                          |   |                      |                          |   |
|-----|--------------------------|---|----|--------------------------|---|----------------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 0 | No | <input type="checkbox"/> | 1 | I'm a PEC counsellor | <input type="checkbox"/> | 2 |
|-----|--------------------------|---|----|--------------------------|---|----------------------|--------------------------|---|

**103. Are you aware that CSC has a policy to ensure inmates have easy access to the items listed below? (Please check all that apply)**

|   | No                       |   | Yes                      |   |
|---|--------------------------|---|--------------------------|---|
| a. Condoms  | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |
| b. Lubricant  | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |
| c. Dental dams  | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |
| d. Bleach (for cleaning injecting, piercing and / or tattooing equipment) | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 |

**104. Since November 2006 did you have any problems getting *condoms* in CSC?**

|  |                          |   |  |
|--|--------------------------|---|--|
| I haven't tried to get condoms                 | <input type="checkbox"/> | 0 |  |
| No, I didn't have any problems getting condoms | <input type="checkbox"/> | 1 |  |
| Yes, I had a problem getting condoms           | <input type="checkbox"/> | 2 | → <b>a. Why did you have a problem getting condoms?<br/>(Please check all that apply.)</b> |
|  | <input type="checkbox"/> |   | Dispensers were empty  |
|  | <input type="checkbox"/> |   | Dispensers were broken   |
|  | <input type="checkbox"/> |   | People could see me take condoms from the dispenser  |
|  | <input type="checkbox"/> |   | Other inmates hoarded them   |
|  | <input type="checkbox"/> |   | Other inmates limited my access to them  |
|  | <input type="checkbox"/> |   | The condoms were damaged   |
|  | <input type="checkbox"/> |   | I had to ask staff to get them   |
|  | <input type="checkbox"/> |   | Other  |

**105. Since November 2006 did you have any problems getting *dental dams* in CSC?**

|  |                          |   |  |
|--|--------------------------|---|--|
| I haven't tried to get dental dams                 | <input type="checkbox"/> | 0 |  |
| No, I didn't have any problems getting dental dams | <input type="checkbox"/> | 1 |  |
| Yes, I had a problem getting dental dams           | <input type="checkbox"/> | 2 | → <b>a. Why did you have a problem getting dental dams?<br/>(Please check all that apply.)</b> |
|  | <input type="checkbox"/> |   | Dispensers were empty  |
|  | <input type="checkbox"/> |   | Dispensers were broken   |
|  | <input type="checkbox"/> |   | People could see me take dental dams from the dispenser  |
|  | <input type="checkbox"/> |   | Other inmates hoarded them   |
|  | <input type="checkbox"/> |   | Other inmates limited my access to them  |
|  | <input type="checkbox"/> |   | The dental dams were damaged   |
|  | <input type="checkbox"/> |   | I had to ask staff to get them   |
|  | <input type="checkbox"/> |   | Other  |

**106. Since November 2006 did you have any problems getting *lubricant* in CSC?**

|  |                          |   |   |
|--|--------------------------|---|---|
| I haven't tried to get lubricant                 | <input type="checkbox"/> | 0 |   |
| No, I didn't have any problems getting lubricant | <input type="checkbox"/> | 1 |   |
| Yes, I had a problem getting lubricant           | <input type="checkbox"/> | 2 | → a. Why did you have a problem getting lubricant?<br>(Please check all that apply) |
|  | <input type="checkbox"/> | 0 | Dispensers were empty   |
|  | <input type="checkbox"/> | 1 | Dispensers were broken  |
|  | <input type="checkbox"/> | 2 | People could see me take lubricant from the dispenser                               |
|  | <input type="checkbox"/> | 3 | Other inmates hoarded it  |
|  | <input type="checkbox"/> | 4 | Other inmates limited my access to it   |
|  | <input type="checkbox"/> | 5 | The tube of lubricant was damaged   |
|  | <input type="checkbox"/> | 6 | I had to ask staff to get it  |
|  | <input type="checkbox"/> | 7 | Other   |

**107. Since November 2006 did you have any problems getting *bleach* in CSC?**

|   |                          |   |  |
|---|--------------------------|---|--|
| I haven't tried to get bleach                 | <input type="checkbox"/> | 0 |  |
| No, I didn't have any problems getting bleach | <input type="checkbox"/> | 1 |  |
| Yes, I had a problem getting bleach           | <input type="checkbox"/> | 2 | → a. Why did you have a problem getting bleach?<br>(Please check all that apply) |
|   | <input type="checkbox"/> | 0 | Dispensers were empty  |
|   | <input type="checkbox"/> | 1 | Dispensers were broken   |
|   | <input type="checkbox"/> | 2 | People could see me take bleach from the dispenser                               |
|   | <input type="checkbox"/> | 3 | Other inmates hoarded it   |
|   | <input type="checkbox"/> | 4 | Other inmates limited my access to it  |
|   | <input type="checkbox"/> | 5 | The bleach was diluted   |
|   | <input type="checkbox"/> | 6 | I had to ask staff to get it   |
|   | <input type="checkbox"/> | 7 | Other  |

**108. Please indicate the extent you agree or disagree with each of the following statements.**

|  | Strongly Agree           |   | Agree                    |   | Disagree                 |   | Strongly Disagree        |   | Doesn't apply            |   |
|--|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| a. Getting sterile needles and syringes in prison is difficult for me.   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| b. Getting sterile tattooing equipment in prison is difficult for me.  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| c. Accessing substance abuse programs in prison is difficult for me.   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| d. Getting "female" condoms in prison is difficult for me.   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| e. Having to ask prison health care staff for condoms, dental dams, or lubricant is a problem for me.          | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| f. Having to ask prison health care staff for bleach is a problem for me.                                      | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| g. Having other inmates see me take condoms, dental dams, or lubricant from the dispenser is a problem for me. | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| h. I need to know more about how to protect myself from infectious diseases.                                   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |

# E Testing and Treatment of Infectious Diseases

## Testing for HIV (Human Immunodeficiency Virus) when you were in the community, in provincial / territorial jail or in federal prison for a previous sentence

109. **Before** being sent to federal prison for your current sentence, were you ever tested for HIV when you were in the community, in provincial / territorial jail or in federal prison for a previous sentence?

|                        |                          |   |            |                          |   |                   |                          |   |
|------------------------|--------------------------|---|------------|--------------------------|---|-------------------|--------------------------|---|
| No, I was never tested | <input type="checkbox"/> | 0 | Don't know | <input type="checkbox"/> | 1 | Yes, I was tested | <input type="checkbox"/> | 2 |
|------------------------|--------------------------|---|------------|--------------------------|---|-------------------|--------------------------|---|



a. Where were you tested? (Please check all that apply)

|                         |                          |   |
|-------------------------|--------------------------|---|
| Tested in the community | <input type="checkbox"/> | 0 |
|-------------------------|--------------------------|---|

|   |                          |   |
|---|--------------------------|---|
| Tested in provincial / territorial jail | <input type="checkbox"/> | 1 |
|---|--------------------------|---|

|                          |                          |   |
|--------------------------|--------------------------|---|
| Tested in federal prison | <input type="checkbox"/> | 2 |
|--------------------------|--------------------------|---|

b. In which year was your last HIV test before being sent to federal prison for your current sentence?

|      |            |
|------|------------|
| Year | Don't know |
|------|------------|

|                      |                      |                      |                      |                      |            |   |
|----------------------|----------------------|----------------------|----------------------|----------------------|------------|---|
| <input type="text"/> | Don't know | 0 |
|----------------------|----------------------|----------------------|----------------------|----------------------|------------|---|

c. Where was your last HIV test taken before being sent to federal prison for your current sentence?

|                  |                          |   |
|------------------|--------------------------|---|
| In the community | <input type="checkbox"/> | 0 |
|------------------|--------------------------|---|

|                                  |                          |   |
|----------------------------------|--------------------------|---|
| In provincial / territorial jail | <input type="checkbox"/> | 1 |
|----------------------------------|--------------------------|---|

|                   |                          |   |
|-------------------|--------------------------|---|
| In federal prison | <input type="checkbox"/> | 2 |
|-------------------|--------------------------|---|

d. What was the result of your last HIV test before being sent to federal prison for your current sentence?

|                                     |                          |   |
|-------------------------------------|--------------------------|---|
| I was told I <i>didn't</i> have HIV | <input type="checkbox"/> | 0 |
|-------------------------------------|--------------------------|---|

|                              |                          |   |
|------------------------------|--------------------------|---|
| I was told I <i>have</i> HIV | <input type="checkbox"/> | 1 |
|------------------------------|--------------------------|---|

|              |                          |   |
|--------------|--------------------------|---|
| I don't know | <input type="checkbox"/> | 2 |
|--------------|--------------------------|---|

### Testing for HIV at admission to CSC

**If you have been through intake assessment on more than one occasion, please think now about your most recent admission.**

|  |                          |                                      |  |   |  |                          |   |
|--|--------------------------|--------------------------------------|--|---|--|--------------------------|---|
| <b>110. <u>At</u> admission to CSC, were you tested for HIV?</b> |                          |                                      |  |   |  |                          |   |
| <b>Yes, I got tested at admission to CSC</b>                     | <input type="checkbox"/> | 1                                    | <b>Don't Know</b>  | <input type="checkbox"/>  | 2  |                          |   |
|  |                          |                                      | <b>No, I didn't get tested at admission to CSC</b>                       | <input type="checkbox"/>  | 0  |                          |   |
| ↓  |                          | ↓                                    |  | ↓   |  |                          |   |
| <b>a. What was the result of your HIV test at admission?</b>     |                          | <b>Go to question 111, next page</b> |  | <b>a. Why didn't you get tested for HIV at admission to CSC? (Please check all that apply.)</b> |  |                          |   |
| I was told I didn't have HIV                                     | <input type="checkbox"/> |                                      |  | 0   | It wasn't offered to me  | <input type="checkbox"/> | 0 |
| I found out I have HIV   | <input type="checkbox"/> |                                      |  | 1   | I didn't think I was at risk   | <input type="checkbox"/> | 1 |
| The test confirmed I have HIV                                    | <input type="checkbox"/> |                                      |  | 2   | I was at risk, but I didn't want to know                             | <input type="checkbox"/> | 2 |
| I don't know   | <input type="checkbox"/> |                                      |  | 3   | I was afraid of having my name reported at CSC if I went for testing | <input type="checkbox"/> | 3 |
|  |                          |                                      | I was afraid of being discriminated against at CSC if I went for testing | <input type="checkbox"/>  | 4  |                          |   |
|  |                          |                                      | I have HIV   | <input type="checkbox"/>  | 5  |                          |   |
|  |                          |                                      | I was already tested and was negative                                    | <input type="checkbox"/>  | 6  |                          |   |
|  |                          |                                      | I was tested before being admitted to CSC                                | <input type="checkbox"/>  | 7  |                          |   |

### Testing for HIV since admission to CSC

**111. Since admission** to CSC, did you get a blood test for HIV?

(If you have had more than one HIV test at CSC, think about the last HIV test you had.)

|   |  |                          |                       |  |                          |   |   |                          |   |                          |   |
|---|--|--------------------------|-----------------------|--|--------------------------|---|---|--------------------------|---|--------------------------|---|
| <b>Yes</b> , I've been tested since admission |  | <input type="checkbox"/> | 1                     | <b>Don't Know</b>  | <input type="checkbox"/> | 2 | <b>No</b> , I haven't been tested since admission to CSC  | <input type="checkbox"/> | 0 |                          |   |
|   |  | ↓                        |                       |  |                          | ↓ |   |                          |   |                          |   |
| <b>a.</b> When was your last test for HIV?    |  | <input type="text"/>     | Year of last HIV test | <b>Go to question 112 below</b>  |                          |   | <b>a.</b> Why haven't you been tested for HIV <b>since</b> admission to CSC? (Please check all that apply.) |                          |   |                          |   |
| What was the result of your last HIV test?    |  |                          |                       |  |                          |   | It wasn't offered to me   |                          |   | <input type="checkbox"/> | 0 |
| I was told I didn't have HIV                  |  | <input type="checkbox"/> | 0                     |  |                          |   | I don't think I'm at risk   |                          |   | <input type="checkbox"/> | 1 |
| I found out I have HIV                        |  | <input type="checkbox"/> | 1                     |  |                          |   | I am at risk, but I don't want to know  |                          |   | <input type="checkbox"/> | 2 |
| The test confirmed I have HIV                 |  | <input type="checkbox"/> | 2                     |  |                          |   | I'm afraid of having my name reported at CSC if I were to go for testing                                    |                          |   | <input type="checkbox"/> | 3 |
| I don't know                                  |  | <input type="checkbox"/> | 3                     | I'm afraid of being discriminated against at CSC if I were to go for testing |                          |   | <input type="checkbox"/>  | 4                        |   |                          |   |
|   |  |                          |                       | I have HIV   |                          |   | <input type="checkbox"/>  | 5                        |   |                          |   |
|   |  |                          |                       | I don't have HIV   |                          |   | <input type="checkbox"/>  | 6                        |   |                          |   |

### Treatment for HIV

**112.** Have you ever been told you have HIV?

|    |                          |   |     |                          |   |
|----|--------------------------|---|-----|--------------------------|---|
| No | <input type="checkbox"/> | 0 | Yes | <input type="checkbox"/> | 1 |
|----|--------------------------|---|-----|--------------------------|---|

↓

**Go to question 117, page 41**

|     |                          |   |   |                                      |  |
|-----|--------------------------|---|---|--------------------------------------|--|
| ↓   |                          |   | <b>a.</b> Have you seen a doctor or nurse about how the HIV could be treated? |                                      |  |
| Yes | <input type="checkbox"/> | 1 | →   | <b>Go to question 113, next page</b> |  |
| No  | <input type="checkbox"/> | 0 | →   | <b>Go to question 116, page 41</b>   |  |

|  |                          |   |   |
|--|--------------------------|---|---|
| <b>113. Has the doctor started you on treatment for HIV (with anti-retroviral medication)?</b> |                          |   |   |
| <b>Yes, the doctor started treatment</b>   | <input type="checkbox"/> | 1 |   |
| ↓  |                          |   |   |
| <b>a. Where did you start your treatment for HIV?</b>  |                          |   |   |
| In the community   | <input type="checkbox"/> | 0 |   |
| In provincial / territorial jail   | <input type="checkbox"/> | 1 |   |
| In federal prison  | <input type="checkbox"/> | 2 |   |
| <b>No, the doctor hasn't started me on treatment</b>   | <input type="checkbox"/> | 0 |   |
| ↓  |                          |   |   |
| <b>a. Why hasn't the doctor started you on medication for HIV?</b>                             |                          |   |   |
| The doctor said I shouldn't start medication yet   | <input type="checkbox"/> | 0 | → |
| I didn't want to go on medication  | <input type="checkbox"/> | 1 | → |
| I don't know   | <input type="checkbox"/> | 2 | → |

} **Go to question 116, next page**

|   |                          |  |    |
|---|--------------------------|--|----|
| <b>114. Are you currently taking medication for HIV?</b>                                    |                          |  |    |
| <b>No, I'm not currently taking HIV medication</b>  | <input type="checkbox"/> | 1  |    |
| ↓   |                          |  |    |
| <b>a. Why are you currently not on medication for HIV? (Please check one response only)</b> |                          |  |    |
| I've just transferred from another institution and my medication is temporarily unavailable | <input type="checkbox"/> | 0  |    |
| My medication is temporarily unavailable because the pharmacy doesn't have any              | <input type="checkbox"/> | 1  |    |
| I took myself off treatment for HIV for the time being                                      | <input type="checkbox"/> | 2  |    |
| My medication ran out before I asked for a new prescription                                 | <input type="checkbox"/> | 3  |    |
| The medication is temporarily unavailable for some other reason                             | <input type="checkbox"/> | 4  |    |
| My doctor took me off treatment for HIV for the time being                                  | <input type="checkbox"/> | 5  | →  |
|   |                          | <b>b. Do you know why the doctor took you off treatment?</b> |    |
| Yes   | <input type="checkbox"/> | 1  | No |
|   | <input type="checkbox"/> | 0  |    |

**115.** Has there ever been a previous occasion **in CSC** when you were off your HIV medication for at least a day?

|     |                          |   |    |                          |   |                            |
|-----|--------------------------|---|----|--------------------------|---|----------------------------|
| Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 0 | → Go to question 116 below |
|-----|--------------------------|---|----|--------------------------|---|----------------------------|



**a.** Why was there an interruption in your treatment for HIV? (Please check all that apply)

|  |                          |   |   |
|--|--------------------------|---|---|
| I transferred from another institution and my medication was temporarily unavailable | <input type="checkbox"/> | 0 | → |
| My medication was temporarily unavailable because the pharmacy didn't have any       | <input type="checkbox"/> | 1 | → |
| I took myself off treatment for HIV  | <input type="checkbox"/> | 2 | → |
| My medication ran out before I asked for a new prescription                          | <input type="checkbox"/> | 3 | → |
| The medication was temporarily unavailable for some other reason                     | <input type="checkbox"/> | 4 | → |

} Go to question 116 below

**b.** Do you know why the doctor took you off treatment?

|     |                          |   |    |                          |   |
|-----|--------------------------|---|----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 0 |
|-----|--------------------------|---|----|--------------------------|---|

**116.** Do the statements below apply to you? (Please check all that apply)

|  | Yes                      |   | No                       |   |
|--|--------------------------|---|--------------------------|---|
| a. I am worried about being discriminated against in CSC because I have HIV. | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| b. I am afraid of having my name reported in CSC because I have HIV.         | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |

→ Go to question 118, page 42

**117.** Do the statements below apply to you? (Please check all that apply)

|  | Yes                      |   | No                       |   |
|--|--------------------------|---|--------------------------|---|
| a. I am worried about being discriminated against in CSC if I test positive for HIV.                 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| b. I am afraid of having my name reported in CSC if I test positive for HIV.                         | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| c. I am not willing to be tested in CSC because I'm afraid of the result of the HIV test.            | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| d. I'm now more willing to get tested for HIV than when I went through the admission process to CSC. | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| e. I'm now more willing in CSC to have an HIV test than when I was in the community.                 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |

## Testing for Hepatitis C

### Testing for hepatitis C when you were in the community, in provincial / territorial jail or in federal prison for a previous sentence

118. Before serving your current sentence, were you ever tested for Hepatitis C while you were in the community or provincial / territorial jail or in federal prison for a previous sentence?

|                               |                          |   |                   |                          |   |                          |                          |   |
|-------------------------------|--------------------------|---|-------------------|--------------------------|---|--------------------------|--------------------------|---|
| <b>No, I was never tested</b> | <input type="checkbox"/> | 0 | <b>Don't know</b> | <input type="checkbox"/> | 1 | <b>Yes, I was tested</b> | <input type="checkbox"/> | 2 |
|-------------------------------|--------------------------|---|-------------------|--------------------------|---|--------------------------|--------------------------|---|



**a. Where were you tested?**  
(Please check all that apply)

|   |                          |   |
|---|--------------------------|---|
| Tested in the community                 | <input type="checkbox"/> | 0 |
| Tested in provincial / territorial jail | <input type="checkbox"/> | 1 |
| Tested in federal prison                | <input type="checkbox"/> | 2 |

**b. In which year was your last hepatitis C test before being sent to prison for your current sentence?**

| Year  | Don't know                 |
|---|----------------------------|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> 0 |

**c. Where was your last hepatitis C test taken before being sent to federal prison for your current sentence?**

|                                  |                          |   |
|----------------------------------|--------------------------|---|
| In the community                 | <input type="checkbox"/> | 0 |
| In provincial / territorial jail | <input type="checkbox"/> | 1 |
| In federal prison                | <input type="checkbox"/> | 2 |

**d. What was the result of your last hepatitis C test before being sent to prison for your current sentence?**

|   |                          |   |
|---|--------------------------|---|
| I was told I <i>didn't</i> have hepatitis C | <input type="checkbox"/> | 0 |
| I was told I <i>had</i> hepatitis C         | <input type="checkbox"/> | 1 |
| I don't know                                | <input type="checkbox"/> | 2 |

## Testing for hepatitis C at admission to CSC

**If you went through intake assessment more than once, please think about your most recent admission.**

| 119. <b>At</b> admission to CSC, did you get tested for hepatitis C?       |                          |                                      |                   |   |  |                          |   |
|--|--------------------------|--------------------------------------|-------------------|---|--|--------------------------|---|
| <b>Yes, I got tested at admission to CSC</b>                               | <input type="checkbox"/> | 1                                    | <b>Don't know</b> | <input type="checkbox"/>  |  |                          |   |
|  |                          |                                      | 2                 |   |  |                          |   |
|  |                          |                                      |                   | <b>No, I didn't get tested at admission to CSC</b>  |  |                          |   |
|  |                          |                                      |                   | <input type="checkbox"/>  |  |                          |   |
|  |                          |                                      |                   | 0   |  |                          |   |
| ↓  |                          | ↓                                    |                   | ↓   |  |                          |   |
| <b>a. What was the result of the hepatitis C test at admission to CSC?</b> |                          | <b>Go to question 120, next page</b> |                   | <b>a. Why didn't you get tested for hepatitis C at admission to CSC? (Please check all that apply.)</b> |  |                          |   |
| I was told I didn't have hepatitis C                                       | <input type="checkbox"/> |                                      |                   | 0   | It wasn't offered to me  | <input type="checkbox"/> | 0 |
| I found out I have hepatitis C   | <input type="checkbox"/> |                                      |                   | 1   | I didn't think I was at risk   | <input type="checkbox"/> | 1 |
| The test confirmed I have hepatitis C                                      | <input type="checkbox"/> |                                      |                   | 2   | I was at risk, but I didn't want to know                             | <input type="checkbox"/> | 2 |
| I don't know   | <input type="checkbox"/> |                                      |                   | 3   | I was afraid of having my name reported at CSC if I went for testing | <input type="checkbox"/> | 3 |
|  |                          |                                      |                   | I was afraid of being discriminated against at CSC if I went for testing                                | <input type="checkbox"/>   | 4                        |   |
|  |                          |                                      |                   | I knew I had hepatitis C  | <input type="checkbox"/>   | 5                        |   |
|  |                          |                                      |                   | I knew I didn't have hepatitis C  | <input type="checkbox"/>   | 6                        |   |
|  |                          |                                      |                   | I was tested before I was admitted to CSC   | <input type="checkbox"/>   | 7                        |   |

## Testing for hepatitis C since admission to CSC

**120. Since admission to CSC, did you get tested for hepatitis C?**

(If you had more than one hepatitis C test in CSC, think about the last time you were tested for hepatitis C.)

|   |                          |   |  |                          |   |  |                          |   |
|---|--------------------------|---|--|--------------------------|---|--|--------------------------|---|
| <b>Yes, I've been tested since admission</b>                    | <input type="checkbox"/> | 1 | <b>Don't know</b>  | <input type="checkbox"/> | 2 | <b>No, I haven't been tested since admission</b>   | <input type="checkbox"/> | 0 |
| ↓   |                          |   | ↓  |                          |   | ↓  |                          |   |
| <b>a. In which year was your last test for hepatitis C?</b>     |                          |   | <b>Go to question 121 below</b>  |                          |   | <b>a. Why haven't you been tested for hepatitis C <u>since</u> admission to CSC?</b><br><i>(Please check all that apply)</i> |                          |   |
| Year  |                          |   |  |                          |   | <input type="checkbox"/>   |                          |   |
| <b>b. What was the result of your last hepatitis C test?</b>    |                          |   |  |                          |   | It wasn't offered to me <input type="checkbox"/> 0   |                          |   |
| I was told I didn't have hepatitis C <input type="checkbox"/> 0 |                          |   |  |                          |   | I don't think I'm at risk <input type="checkbox"/> 1   |                          |   |
| I found out I had hepatitis C <input type="checkbox"/> 1        |                          |   |  |                          |   | I am at risk, but I don't want to know <input type="checkbox"/> 2  |                          |   |
| The test confirmed I had hepatitis C <input type="checkbox"/> 2 |                          |   | I am afraid of having my name reported in CSC if I go for testing <input type="checkbox"/> 3     |                          |   |  |                          |   |
| I don't know <input type="checkbox"/> 3                         |                          |   | I am afraid of being discriminated against in CSC if I go for testing <input type="checkbox"/> 4 |                          |   |  |                          |   |
|   |                          |   | I have hepatitis C <input type="checkbox"/> 5  |                          |   |  |                          |   |
|   |                          |   | I don't have hepatitis C <input type="checkbox"/> 6  |                          |   |  |                          |   |

**121. Have you ever been told you had hepatitis C?**

No  0      Yes  1

↓  
**Go to question 124, page 46**

↓

**a. Have you seen the CSC doctor or nurse about how the hepatitis C could be treated?**

Yes  1      No  0

|   |   |
|---|---|
| ↓<br><b>Go to question 122, next page</b> | ↓<br><b>Go to question 123, next page</b> |
|---|---|

### Treatment for hepatitis C

|  |  |  |  |
|--|--|--|--|
| <b>122. Did you take the medication for hepatitis C?</b>   |  |  |  |
| <b>Yes, I took the medication for hepatitis C</b> <input type="checkbox"/> 1   | <b>No, I did not take the hepatitis C medication</b> <input type="checkbox"/> 0                  |  |  |
|  |  |  |  |
| <b>a. If you did take hepatitis C medication during your current incarceration, can you tell us what happened? (Please check all that apply)</b> |  |  |  |
| I'm still taking the hepatitis C medication <input type="checkbox"/> 0   | I felt fine <input type="checkbox"/> 0   |  |  |
| The medication worked and I was told that hepatitis C could no longer be detected in my blood <input type="checkbox"/> 1                         | I wasn't interested in taking any hepatitis C medication <input type="checkbox"/> 1              |  |  |
| I finished my medication, but it didn't work <input type="checkbox"/> 2  | I heard that hepatitis C medication made you sick <input type="checkbox"/> 2                     |  |  |
| The doctor took me off the medication because of the side effects I was having <input type="checkbox"/> 3  | I was told that I was not eligible <input type="checkbox"/> 3                                    |  |  |
| I took myself off the medication because of the side effects I was having <input type="checkbox"/> 4   | I was told that medication wouldn't work for me <input type="checkbox"/> 4                       |  |  |
| My blood test results showed that the medication wasn't working so treatment stopped <input type="checkbox"/> 5                                  | I didn't want people in CSC to find out/know about my hepatitis C <input type="checkbox"/> 5     |  |  |
| I was taken off treatment because I was doing drugs <input type="checkbox"/> 6   | I didn't feel safe about taking hepatitis C medication here in prison <input type="checkbox"/> 6 |  |  |
| Treatment stopped for some other reason <input type="checkbox"/> 7   | I'm in the process of starting hepatitis C medication <input type="checkbox"/> 7                 |  |  |
|  | I'm on the waiting list for hepatitis C medication <input type="checkbox"/> 8                    |  |  |
|  | Some other reason <input type="checkbox"/> 9   |  |  |

|  |                          |   |                          |   |
|--|--------------------------|---|--------------------------|---|
| <b>123. Do the statements below apply to you? (Please check all that apply)</b>      |                          |   |                          |   |
|  | Yes                      |   | No                       |   |
| a. I am worried about being discriminated against at CSC because I have hepatitis C. | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| b. I am afraid of having my name reported at CSC because I have hepatitis C.         | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |

Go to question 125, next page

| 124. Do any of the statements below apply to you? <i>Please check all that apply.</i>             |                          |   |                          |   |
|---|--------------------------|---|--------------------------|---|
|   | Yes                      |   | No                       |   |
| a. I am worried about being discriminated against at CSC if I tested positive for hepatitis C.    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| b. I am afraid of having my name reported at CSC if I tested positive for hepatitis C.            | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| c. I am not willing to be tested at CSC because I'm afraid of the result of the hepatitis C test. | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| d. I'm now more willing to have a hepatitis C test than when I was first admitted to CSC.         | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| e. I'm now more likely to get tested for hepatitis C at CSC than when I was in the community.     | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |

### Sexually Transmitted Infections (STIs)

125. Have you ever been told you had any of the infections in the list below? *Please check all that apply.*

|  | No                       |   | Yes                      |   | Don't Know               |   |
|--|--------------------------|---|--------------------------|---|--------------------------|---|
| a. Chlamydia                                   | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |
| b. Gonorrhoea                                  | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |
| c. Syphilis                                    | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |
| d. Genital Herpes (HSV – herpes simplex virus) | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |
| e. Genital warts (HPV – human papillomavirus)  | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |
| f. Other sexually transmitted infections       | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |

126. **Since your admission to CSC** for your current sentence, have you ever been told you had any of the infections in the list below? *Please check all that apply.*

|  | No                       |   | Yes                      |   | Don't Know               |   |
|--|--------------------------|---|--------------------------|---|--------------------------|---|
| a. Chlamydia                                   | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |
| b. Gonorrhoea                                  | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |
| c. Syphilis                                    | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |
| d. Genital Herpes (HSV – herpes simplex virus) | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |
| e. Genital warts (HPV – human papillomavirus)  | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |
| f. Other sexually transmitted infections       | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 |

### Testing and vaccinations for Hepatitis A and B

|  |  |                          |   |                          |   |                                 |   |           |  |                          |   |  |  |                          |   |                          |   |
|--|--|--------------------------|---|--------------------------|---|---------------------------------|---|-----------|--|--------------------------|---|--|--|--------------------------|---|--------------------------|---|
| <b>127. Have you ever been vaccinated for hepatitis A?</b> |  |                          |   |                          |   |                                 |   |           |  |                          |   |  |  |                          |   |                          |   |
| <b>No, I have never been vaccinated</b>                    |  |                          |   | <input type="checkbox"/> | 0 | <b>Don't know</b>               |   |           |  | <input type="checkbox"/> | 1 | <b>Yes, I have been vaccinated</b>             |  |                          |   | <input type="checkbox"/> | 2 |
|  |  |                          |   | ↓                        |   |                                 |   |           |  |                          |   | ↓  |  |                          |   |                          |   |
| <b>a. Were you ever told you had hepatitis A?</b>          |  |                          |   |                          |   | <i>Go to question 128 below</i> |   |           |  |                          |   | <b>a. Did you get your vaccination in CSC?</b> |  |                          |   |                          |   |
| <b>No</b>  |  | <input type="checkbox"/> | 0 | <b>Yes</b>               |   | <input type="checkbox"/>        | 1 | <b>No</b> |  | <input type="checkbox"/> | 0 | <b>Yes</b>                                     |  | <input type="checkbox"/> | 1 |                          |   |

|  |  |                          |   |                          |   |                                   |   |           |  |                          |   |  |  |                          |   |                          |   |
|--|--|--------------------------|---|--------------------------|---|-----------------------------------|---|-----------|--|--------------------------|---|--|--|--------------------------|---|--------------------------|---|
| <b>128. Have you ever been vaccinated for hepatitis B?</b> |  |                          |   |                          |   |                                   |   |           |  |                          |   |  |  |                          |   |                          |   |
| <b>No, I have never been vaccinated</b>                    |  |                          |   | <input type="checkbox"/> | 0 | <b>Don't know</b>                 |   |           |  | <input type="checkbox"/> | 1 | <b>Yes, I have been vaccinated</b>             |  |                          |   | <input type="checkbox"/> | 2 |
|  |  |                          |   | ↓                        |   |                                   |   |           |  |                          |   | ↓  |  |                          |   |                          |   |
| <b>a. Were you ever told you had hepatitis B?</b>          |  |                          |   |                          |   | <i>Go to Section F, next page</i> |   |           |  |                          |   | <b>a. Did you get your vaccination in CSC?</b> |  |                          |   |                          |   |
| <b>No</b>  |  | <input type="checkbox"/> | 0 | <b>Yes</b>               |   | <input type="checkbox"/>          | 1 | <b>No</b> |  | <input type="checkbox"/> | 0 | <b>Yes</b>                                     |  | <input type="checkbox"/> | 1 |                          |   |

# **F** Your knowledge of infectious diseases and risk behaviours

## Questions about HIV (Human immunodeficiency virus)

129. Please answer *Yes* or *No* to each question below. If you aren't sure or don't know the answer, check *Don't Know*.

|   | Yes                      |   | No                       |   | Don't Know               |   |
|---|--------------------------|---|--------------------------|---|--------------------------|---|
| a. Is HIV spread by coughing or sneezing?   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| b. Can a woman protect herself from getting HIV during sexual intercourse if the man pulls out his penis before he climaxes / cums?     | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| c. Is there a risk of getting HIV if a person has unprotected anal sex?   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| d. If a person washes their genitals/private parts after sex, can they protect themselves from getting HIV?                             | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| e. Is there such a thing as a female condom that can be used by women to protect themselves from getting HIV during sexual intercourse? | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| f. Is HIV spread from one person to another if they share a drink?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| g. If a person is taking antibiotics, are they protected from getting HIV?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| h. Is HIV spread in swimming pools and hot tubs?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| i. Is it possible to get HIV from oral sex?   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| j. If a person uses Vaseline or baby oil with a condom, does this lower their chance of getting HIV?                                    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| k. Is there a risk of getting HIV if a person shoots up with a needle used by someone else?   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| l. Is HIV spread through food?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| m. Is there medication a person can take that will cure HIV?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| n. Is plastic wrap (Saran wrap) as effective as a condom in protecting a person from getting HIV during sexual intercourse?             | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |

*The answers to question 129 will be given to you when you've finished the survey.*

### Questions about hepatitis C

**130.** Please answer *Yes* or *No* to each question below. If you aren't sure or don't know the answer, check *Don't Know*.

|  | Yes                      |   | No                       |   | Don't Know               |   |
|--|--------------------------|---|--------------------------|---|--------------------------|---|
| a. Is it possible for someone to get hepatitis C if they borrow straws and / or crack pipes to snort or smoke cocaine?                                       | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| b. Is it possible for a person to get hepatitis C if they have unprotected sexual intercourse?   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| c. Is there a risk of getting infected with hepatitis C while getting a tattoo or piercing?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| d. Is hepatitis C spread through food?   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| e. Is there a vaccine that can prevent people from getting hepatitis C?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| f. Is there a risk of getting hepatitis C if a person injects with a needle used by someone else?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| g. Is hepatitis C spread in hot tubs and swimming pools?   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| h. Is it true that some people live for many years with hepatitis C without feeling sick?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| i. Is it possible, with the use of medication, to no longer be able to detect hepatitis C in a person's blood?   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| j. Is hepatitis C spread by coughing or sneezing?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| k. Once a person's hepatitis C has been treated and the virus can't be detected in their blood, is it possible for them to get re-infected with hepatitis C? | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| l. If a person is taking antibiotics, are they safe from getting hepatitis C?  | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| m. Is hepatitis C spread from one person to another if they share a drink?   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |
| n. Is it possible for a person to get hepatitis C if they borrow a razor or toothbrush from someone?   | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 2 |

*The answers to question 130 will be given to you when you've finished the survey.*

|   | No risk                  |   | Low risk                 |   | Medium risk              |   | High risk                |   | I'm already infected     |   |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| <b>131.</b> How at risk are you of getting infected with <b>HIV</b> while in prison?                | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 |
| <b>132.</b> How at risk are you of getting infected with <b>hepatitis C</b> while in prison?        | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 |
| <b>133.</b> How at risk are you of getting a <b>sexually transmitted infection</b> while in prison? | <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 |

**Place your completed questionnaire in the envelope, seal it well and hand it to the survey administrator.**

**DO NOT PUT YOUR NAME (OR ANYONE ELSE'S NAME) ON THE QUESTIONNAIRE OR THE ENVELOPE.**

**Your health is very important!**

***For more information, the survey administrator will give you the answers to questions 129 and 130 on HIV and hepatitis C.***

***If you think you may be at risk or think you've been exposed to HIV, hepatitis C, or other infectious diseases, see the health care staff as soon as possible.***

**Thank you very much for your time and participation!**

## Questionnaire Errata

Table C1:  
*Questionnaire Errata*

| <b>Section/<br/>Question</b>          | <b>Issue</b>  | <b>Rectification</b>                                 |
|---------------------------------------|---|--|
| Transition statement, section B, p.12 | Inconsistent wording between English and French.<br><br>English:<br>If you were admitted after November 2006, please answer thinking about your prison experience in CSC since you were admitted.<br><br>French:<br>If you were admitted after November 1, 2006, please answer for the period since your admission until today. | Make French version consistent with English version. |
| Q39                                   | Inconsistent wording of response options in English and French.<br><br>English:<br>0 = No<br>1 = Yes<br>2 = Didn't know if they were infected or not<br><br>French:<br>0 = No<br>1 = Yes, I knew this person was infected<br>2 = Yes, I thought or I suspected this person to be infected                                       | Make French version consistent with English version. |

Table C1:  
*Questionnaire Errata*

| <b>Section/<br/>Question</b> | <b>Issue</b>   | <b>Rectification</b>  |
|------------------------------|--|---|
| Q48a to<br>Q48d              | <p>Inconsistent wording of response options in English and French.</p> <p>English:<br/>           0 = Never<br/>           1 = Rarely<br/>           2 = Often<br/>           3 = Always</p> <p>French:<br/>           0 = Never<br/>           1 = Sometimes<br/>           2 = Often<br/>           3 = Always</p>           | <p>Make French version consistent with English version.</p> |
| Q49a<br>Q49b                 | <p>Inconsistent coding of response options in English and French.</p> <p>English:<br/>           0 = No<br/>           1 = Yes<br/>           2 = Don't know<br/>           3 = Doesn't apply</p> <p>French:<br/>           0 = Yes<br/>           1 = No<br/>           2 = I don't know<br/>           3 = Doesn't apply</p> | <p>Make French version consistent with English version.</p> |

Table C1:  
*Questionnaire Errata*

| <b>Section/<br/>Question</b>          | <b>Issue</b>  | <b>Rectification</b>                                 |
|---------------------------------------|---|--|
| Transition statement, section B, p.20 | <p>Inconsistent wording between English and French.</p> <p>English:<br/>Note: If you were admitted to CSC after November 2006, please answer the questions below thinking about your prison experience in CSC <u>since</u> then.</p> <p>French:<br/>If you were admitted after November 1, 2006, please answer for the period since your admission until today.</p>   | Make French version consistent with English version. |
| Q61                                   | <p>Inconsistent wording of question across English and French versions.</p> <p>English:<br/>Since last November in prison, have you had sex with anyone who had HIV, hepatitis C or sexually transmitted infections?</p> <p>French:<br/>Since last November in the institution, have you had unprotected sexual relations with a person with HIV, hepatitis C or with a sexually transmitted infection?</p> | Make French version consistent with English version. |

Table C1:  
*Questionnaire Errata*

| <b>Section/<br/>Question</b>          | <b>Issue</b>  | <b>Rectification</b>                                 |
|---------------------------------------|---|--|
| Transition statement, section B, p.21 | <p>Inconsistent wording between English and French.</p> <p>English:<br/>           If you were admitted after November 2006, please answer thinking about your prison experience in CSC <u>since</u> you were admitted.</p> <p>French:<br/>           If you were admitted after November 1, 2006, please answer for the period since your admission until today.</p> | Make French version consistent with English version. |
| Q74                                   | <p>Inconsistent coding of response options in English and French.</p> <p>English:<br/>           0 = Never<br/>           1 = Rarely<br/>           2 = Often<br/>           3 = Always</p> <p>French:<br/>           0 = Never<br/>           1 = Rarely<br/>           1 = Often<br/>           1 = Always</p>  | Make French version consistent with English version. |

Table C1:  
*Questionnaire Errata*

| <b>Section/<br/>Question</b> | <b>Issue</b>   | <b>Rectification</b>  |
|------------------------------|--|---|
| Q79                          | <p>Inconsistent wording of response options in English and French.</p> <p>English:<br/>0 = No<br/>1 = Yes<br/>2 = Didn't know if they were infected or not</p> <p>French:<br/>0 = No<br/>1 = Yes, I knew this person was infected<br/>2 = I didn't know if the person was infected</p> | <p>Make French version consistent with English version.</p> |
| Q84                          | <p>Inconsistent wording of response options in English and French.</p> <p>English:<br/>0 = No<br/>1 = Yes<br/>2 = Didn't know if they were infected or not</p> <p>French:<br/>0 = No<br/>1 = Yes, I knew this person was infected<br/>2 = I didn't know if the person was infected</p> | <p>Make French version consistent with English version.</p> |

Table C1:  
*Questionnaire Errata*

| <b>Section/<br/>Question</b> | <b>Issue</b>  | <b>Rectification</b>  |
|------------------------------|---|---|
| Q86a to<br>Q86d              | Inconsistent wording of response options in English and French.<br><br>English:<br>0 = Never<br>1 = Rarely<br>2 = Often<br>3 = Always<br><br>French:<br>0 = Never<br>1 = Sometimes<br>2 = Often<br>3 = Always | Make French version consistent with English version.  |
| Q100                         | In the English version, the program description has a typographical error in the following sentence: “The course is also about how diseases such as can be spread.”   | The sentence should read as follows: “The course is also about how diseases can be spread.” |
| Q102                         | Inconsistent coding of response options in English and French.<br><br>English:<br>0 = Yes<br>1 = No<br>2 = I’m a PEC counsellor<br><br>French:<br>0 = No<br>1 = Yes<br>2 = I’m a PEC counsellor               | Make French version consistent with English version.  |

Table C1:  
Questionnaire Errata

| Section/<br>Question | Issue   | Rectification  |
|----------------------|---|--|
| Q109                 | Inconsistent coding of response options in English and French.<br><br>English:<br>0 = No, I was never tested<br>1 = Don't know<br>2 = Yes, I was tested<br><br>French:<br>0 = No, I was never tested<br>1 = Yes, I was tested<br>2 = I don't know | Make French version consistent with English version.   |
| Q110, No, a          | Inconsistent wording of response options in English and French.<br><br>English:<br>5 = I have HIV<br>6 = I was already tested and was negative<br><br>French:<br>5 = I already knew I had HIV<br>6 = I already knew I didn't have HIV             | Make French version consistent with English version.   |
| Q114                 | Error in coding of English question.<br><br>1 = No, I'm not currently taking HIV medication<br>1 = Yes, I'm still taking my HIV medication  | Code as follows:<br><br>0 = No, I'm not currently taking HIV medication<br>1 = Yes, I'm still taking my HIV medication |
| Q120, Yes, b         | Inconsistent wording of question across English and French versions.<br><br>English:<br>What was the result of your last hepatitis C test?<br><br>French:<br>What was the result of the hepatitis C test at admission?                            | Make French version consistent with English version.   |

**Appendix D: Answers to Survey Questions on Human Immunodeficiency Virus and  
Hepatitis C**

# 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

*Answers to survey questions on HIV and hepatitis C*

## HIV FACTS

- You can't tell if a person has HIV just by looking at them.
  - HIV can be found in blood, semen (cum), vaginal fluid (cum), and breast milk of an infected person.
  - You can get HIV if you have unprotected sex (if you don't use a condom or dental dam) with a person who has HIV.
  - You can get HIV if you share rigs (needles/syringes) and works (water, cooker, spoons, cotton) with someone who has HIV.
  - You can get HIV if you share tattooing or piercing equipment with someone who has HIV.
  - HIV can enter through cuts and open sores on the skin and in the vagina, rectum (bum), mouth and nose.
  - To find out if you have HIV, ask a nurse in Health Care for a blood test.
-

# 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

## *Answers to survey questions on HIV and hepatitis C*

| Question   | Answer    | Here's why   |
|--|-----------|--|
| <b><i>a. Is HIV spread by coughing or sneezing?</i></b>  | <b>No</b> | <ul style="list-style-type: none"><li>• There are no reports of anyone getting HIV from being exposed to coughing or sneezing by a person who has HIV.</li><li>• There can be a small amount of HIV in saliva (spit) but not enough to infect a person.</li></ul>  |
| <b><i>b. Is a woman protected from HIV during sexual intercourse if the man pulls out his penis before he climaxes/cums?</i></b> | <b>No</b> | <ul style="list-style-type: none"><li>• HIV could be in his ejaculate (cum) and in his pre-ejaculate (or “pre-cum” - liquid that is released from the penis before he cums).</li><li>• Even if he pulls out his penis before he cums, the “pre-cum” will have already entered the woman. This also explains why women can get pregnant even if a man pulls out his penis before he cums.</li><li>• Sexual intercourse (penile-vaginal) without a condom is a high-risk activity for getting HIV.</li></ul> |

## 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

### *Answers to survey questions on HIV and hepatitis C*

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|   |            |  |
|---|------------|--|
| <b><i>c. Is there a risk of getting HIV if a person has unprotected anal sex?</i></b>   | <b>Yes</b> | <ul style="list-style-type: none"><li>• The skin inside the bum is thin and can be easily cut. If HIV-infected cum or blood enters the cut, a person could HIV.</li><li>• Anal sex without a condom is a high-risk activity for getting HIV.</li><li>• Always use a condom and lots of water-based lubricant when having anal sex.</li></ul>   |
| <b><i>d. If a person washes their genitals/private parts after sex, can they protect themselves from getting HIV?</i></b>                             | <b>No</b>  | <ul style="list-style-type: none"><li>• The HIV will have entered your body during sex, so washing after sex will not kill the HIV.</li><li>• Urinating (peeing) or douching after sex will not kill the HIV either.</li><li>• Always use protection (condom, dental dam or non-microwavable plastic wrap) when having sex.</li></ul>  |
| <b><i>e. Is there such a thing as a female condom that can be used by women to protect themselves from getting HIV during sexual intercourse?</i></b> | <b>Yes</b> | <ul style="list-style-type: none"><li>• With the female condom, a woman does not have to depend on her male partner to wear a condom.</li><li>• The woman puts the female condom in her vagina.</li><li>• Some people use the female condom for anal sex. The female condom is inserted in the bum. Lots of water-based lubricant should be used as the condom could tear.</li></ul> |
| <b><i>f. Is HIV spread from one person to another if they share a drink?</i></b>  | <b>No</b>  | <ul style="list-style-type: none"><li>• There have been no reports of getting HIV by drinking from the same glass as someone with HIV.</li><li>• There can be HIV in saliva (spit), but not enough to infect a person.</li></ul>   |

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# 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

## Answers to survey questions on HIV and hepatitis C

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|  |            |  |
|--|------------|--|
| <b><i>g. If a person is taking antibiotics, are they protected from getting HIV?</i></b>                           | <b>No</b>  | <ul style="list-style-type: none"><li>• There are no medications that you can take to prevent you from getting HIV.</li><li>• You can prevent yourself from getting HIV by:<ul style="list-style-type: none"><li>○ <b>using</b> condoms and dental dams;</li><li>○ <b>not using</b> someone else's rigs and works; and;</li><li>○ <b>not using</b> someone else's tattooing or piercing equipment.</li></ul></li></ul>   |
| <b><i>h. Is HIV spread in swimming pools and hot tubs?</i></b>   | <b>No</b>  | <ul style="list-style-type: none"><li>• There are no reports of someone getting HIV by sharing a hot tub or swimming in a pool with a person who has HIV.</li></ul>  |
| <b><i>i. Is it possible to get HIV from oral sex?</i></b>  | <b>Yes</b> | <ul style="list-style-type: none"><li>• HIV can be found in ejaculate (cum) and vaginal fluids. If you have an open sore in your mouth and you go down on someone with HIV, the virus could enter your body through the open sore.</li><li>• Unprotected oral sex is a low-risk activity for getting HIV, but you should always use a non-lubricated condom when going down on a man. Use a dental dam or non-microwavable plastic wrap as a barrier when going down on a woman.</li></ul> |
| <b><i>j. If a person uses Vaseline or baby oil with a condom, does this lower their chance of getting HIV?</i></b> | <b>No</b>  | <ul style="list-style-type: none"><li>• Vaseline or baby oil will weaken a latex condom making it easier for the condom to break.</li><li>• Use only water-based lubricants</li></ul>  |

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# 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

## Answers to survey questions on HIV and hepatitis C

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|   |            |   |
|---|------------|---|
| <b><i>k. Is there a risk of getting HIV if a person shoots up with a needle used by someone else?</i></b>                                 | <b>Yes</b> | <ul style="list-style-type: none"><li>• Using someone else's rig (syringe/needle) is a high-risk activity for getting HIV.</li><li>• Full strength bleach will kill HIV and should be used if you use someone else's syringe.</li></ul> |
| <b><i>l. Is HIV spread through food?</i></b>  | <b>No</b>  | <ul style="list-style-type: none"><li>• There are no reports of a person getting HIV from food.</li></ul>   |
| <b><i>m. Is there medication a person can take that will cure HIV?</i></b>  | <b>No</b>  | <ul style="list-style-type: none"><li>• There is no cure for HIV.</li><li>• There are drugs that a person with HIV can take to help them live longer.</li></ul>   |
| <b><i>n. Is plastic wrap (Saran wrap) as effective as a condom in protecting a person from getting HIV during sexual intercourse?</i></b> | <b>No</b>  | <ul style="list-style-type: none"><li>• Plastic wrap can easily slip off a penis during and after insertion.</li><li>• For oral sex, you can use plastic wrap (the non-microwavable kind) instead of a dental dam.</li></ul>            |

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# 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

*Answers to survey questions on HIV and hepatitis C*

## More about HIV

If you have a sexually transmitted infection (STI), such as chlamydia, gonorrhoea, syphilis, herpes, or genital warts, you could be at high-risk for getting HIV.

Here's why

- Some STIs can cause open sores in and/or around the genitals and anus. You may have open sores and not even know it. When you use a condom or dental dam, you can protect yourself and your partner from not only HIV, but other STIs as well.
  - If you have any open sores in and/or around your genitals or anus, or you think you might have sores in your vagina or bum, see a nurse in health care. STIs can be treated and cured.
-

# 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

## *Answers to survey questions on HIV and hepatitis C*

### HEPATITIS C FACTS

- You can't tell if a person has hepatitis C just by looking at them.
  - The hepatitis C virus can be found in the blood of an infected person.
  - You can get hepatitis C if you have blood to blood contact (an open bleeding cut comes into contact with an open bleeding cut) with a person who has hepatitis C.
  - You can get hepatitis C if you share rigs (needles/syringes) and works (water, cooker, spoons, cotton) with someone who has hepatitis C.
  - You can get hepatitis C if you share tattooing or piercing equipment with someone who has hepatitis C.
  - You can get hepatitis C if you have unprotected sex (if you don't use a condom or dental dam) with a person who has hepatitis C.
  - Hepatitis C can enter through cuts and open sores on the skin and in the vagina, rectum (bum), mouth and nose.
  - The hepatitis C virus can live for a long time in blood outside the body – up to 4 days.
  - To find out if you have hepatitis C, ask a nurse in Health Care for a blood test.
-

## 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

### Answers to survey questions on HIV and hepatitis C

| Question  | Answer     | Here's why  |
|---|------------|---|
| <b>a. Is it possible for someone to get hepatitis C if they borrow straws and / or crack pipes to snort or smoke cocaine?</b> | <b>Yes</b> | <ul style="list-style-type: none"><li>• There could be hepatitis C-infected blood on the straw or crack pipe that you might not be able to see.</li><li>• When the cocaine is snorted or smoked, hepatitis C-infected blood can enter the body through cuts in your nose or on your lips.</li></ul>   |
| <b>b. Is it possible for a person to get hepatitis C if they have unprotected sexual intercourse?</b>                         | <b>Yes</b> | <ul style="list-style-type: none"><li>• Hepatitis C is spread through blood to blood contact.</li><li>• If there are open sores on the penis, in the vagina or in the bum, you could get hepatitis C if you have unprotected sexual intercourse with a hepatitis C-infected person who also has open sores.</li><li>• Unprotected sexual intercourse is a low-risk activity for getting hepatitis C.</li><li>• You should use a condom to protect yourself from hepatitis C, because you may have cuts or open sores you're not aware of.</li></ul> |
| <b>c. Is there a risk of getting infected with hepatitis C while getting a tattoo or piercing?</b>                            | <b>Yes</b> | <ul style="list-style-type: none"><li>• There may be hepatitis C-infected blood that you cannot see on the piercing and tattooing equipment.</li><li>• There could be also be blood in the inks used for tattooing.</li><li>• Using someone else's tattooing or piercing equipment is a high-risk activity for getting hepatitis C.</li></ul>   |

## 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

### *Answers to survey questions on HIV and hepatitis C*

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|   |            |  |
|---|------------|--|
| <b><i>d. Is hepatitis C spread through food?</i></b>  | <b>No</b>  | <ul style="list-style-type: none"><li>• There are no reports of a person getting hepatitis C from food</li></ul>   |
| <b><i>e. Is there a vaccine that can prevent people from getting hepatitis C?</i></b>   | <b>No</b>  | <ul style="list-style-type: none"><li>• There are vaccines to prevent people from getting hepatitis A and B, but there is no vaccine to prevent someone from getting hepatitis C.</li></ul>  |
| <b><i>f. Is there a risk of getting hepatitis C if a person injects with a needle used by someone else?</i></b>               | <b>Yes</b> | <ul style="list-style-type: none"><li>• Blood is almost always present in a used needle or syringe, even though you may not be able to see it.</li><li>• Using a needle/syringe that has been used by someone else is a high-risk activity for getting hepatitis C.</li></ul>  |
| <b><i>g. Is hepatitis C spread in hot tubs and swimming pools?</i></b>  | <b>No</b>  | <ul style="list-style-type: none"><li>• There are no reports of someone getting hepatitis C by sharing a hot tub or swimming in a pool with someone who has hepatitis C.</li></ul>   |
| <b><i>h. Is it true that some people live for many years with hepatitis C without feeling sick?</i></b>                       | <b>Yes</b> | <ul style="list-style-type: none"><li>• Some people live for many years with hepatitis C and do not feel sick. However, even though they feel fine, they are infectious and can infect others if their blood comes into contact with the blood of another person.</li></ul>  |
| <b><i>i. Is it possible, with the use of medications, to no longer be able to detect hepatitis C in a person's blood?</i></b> | <b>Yes</b> | <ul style="list-style-type: none"><li>• Until recently, doctors would tell their hepatitis C patients that they had “cleared the virus”. This means that the virus could no longer be detected in their blood. Some doctors are now saying that the hepatitis is cured when it can no longer be detected in the blood.</li></ul> |

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## 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

### Answers to survey questions on HIV and hepatitis C

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|--|------------|---|
| <b><i>j. Is hepatitis C spread by coughing or sneezing?</i></b>  | <b>No</b>  | <ul style="list-style-type: none"><li>• There are no reports of anyone getting hepatitis C from being exposed to coughing or sneezing by a person who has hepatitis C.</li></ul>  |
| <b><i>k. Once a person's hepatitis C has been treated and the virus can't be detected in their blood, is it possible for them to get re-infected with hepatitis C?</i></b> | <b>Yes</b> | <ul style="list-style-type: none"><li>• A person can get infected with hepatitis C again if they continue to practice risk behaviours such as sharing injecting, tattooing and piercing equipment, sharing razors or toothbrushes, or having unprotected sex where there is blood to blood contact.</li></ul>   |
| <b><i>l. If a person is taking antibiotics, are they safe from getting hepatitis C?</i></b>  | <b>No</b>  | <ul style="list-style-type: none"><li>• There are no medications that you can take to prevent you from getting hepatitis C.</li><li>• You can prevent yourself from getting hepatitis C by:<ul style="list-style-type: none"><li>○ <b>using</b> condoms and dental dams;</li><li>○ <b>not using</b> someone else's rigs and works;</li><li>○ <b>not using</b> someone else's razor or toothbrush; and;</li><li>○ <b>not using</b> someone else's tattooing or piercing equipment.</li></ul></li></ul> |
| <b><i>m. Is hepatitis C spread from one person to another if they share a drink?</i></b>   | <b>No</b>  | <ul style="list-style-type: none"><li>• There are no reports of someone getting hepatitis C by drinking from the same glass as someone with hepatitis C.</li></ul>  |

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## 2007 National Inmate Survey on Infectious Diseases & Risk Behaviours

*Answers to survey questions on HIV and hepatitis C*

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***n. Is it possible for a person to get hepatitis C if they borrow a razor or toothbrush from someone?***

**Yes**

- There could be blood on the razor or toothbrush which you may not be able to see. If you have open cuts on your face, you could get hepatitis C from a razor used by someone who has hepatitis C. If you have open sores in your mouth, you could get hepatitis C from a toothbrush used by someone who has hepatitis C.
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## Answers to Survey Questions Errata

Table D1:  
*Answers to Survey Questions Errata*

| <b>Question</b>         | <b>Issue</b>   | <b>Rectification</b>   |
|-------------------------|--|--|
| HIV, question c         | Typographical error:<br>“If HIV-infected cum or blood enters the cut, a person could HIV.” | Should read:<br>“If HIV-infected cum or blood enters the cut, a person could get HIV.” |
| HIV, question g         | Typographical error:<br>“ <b>not using</b> someone else’s rigs and works; and;”            | Should read:<br>“ <b>not using</b> someone else’s rigs and works; and,”                |
| Hepatitis C, question c | Typographical error:<br>“There could be also be blood in the inks used for tattooing.”     | Should read:<br>“There could also be blood in the inks used for tattooing.”            |
| Hepatitis C, question l | Typographical error:<br>“ <b>not using</b> someone else’s razor or toothbrush; and;”       | Should read:<br>“ <b>not using</b> someone else’s razor or toothbrush; and,”           |