

Appendix C. Prevalence of Chronic Diseases and Chronic Mental Disorders in Prisons: NCCHC/NIJ Survey Instrument

Name of Prison System: _____

Person Responding:

Name: _____

Title: _____

Address: _____

Telephone: Voice (____) _____ - _____ Fax (____) _____ - _____

E-mail: _____

I. Population

Number of Facilities: _____

Today's Population: _____ (Total)

Avg. Daily Census: _____ (Total)

Total Annual Intake: _____ (Most recent year available: _____)

Total Annual Releases: _____ (Most recent year available: _____)

Is there a computerized system for recording inmate demographic data? _____ Yes _____ No

Do you have the capability of determining the *current* population by their demographic characteristics? _____ Yes _____ No

If yes,

- Can you determine the population by gender? _____ Yes _____ No
- Can you determine the population by race (e.g., White, African American, Hispanic, other)? _____ Yes _____ No
- Can you determine the population by age? _____ Yes _____ No
- Can you break down the population by age, race, and gender (i.e., number of white males less than 40 yrs old)? _____ Yes _____ No

II. Chronic Diseases

In this section we are interested in collecting information about inmates with chronic conditions (particularly asthma, diabetes, hypertension, and heart disease).

1. Some systems designate certain facilities for housing inmates with specific chronic diseases or cluster inmates with chronic conditions in certain facilities. Does your system designate one or more facilities to manage inmates with chronic diseases, or do you cluster inmates with chronic conditions in certain facilities or, do all of your facilities usually manage all of their own inmates with chronic medical conditions?
 - _____ In our system, certain facilities are designated for inmates with chronic diseases.
 - _____ We do not designate facilities for care of chronic conditions but we cluster inmates in certain facilities.
 - _____ We do not transfer or house inmates in specific facilities for routine care of chronic medical conditions such as asthma, diabetes, hypertension, or heart disease.
2. Except for those who refuse, do you routinely test or screen inmates at intake for:

Fasting Blood Sugar _____ Yes _____ No Blood Pressure _____ Yes _____ No
3. By policy, do you provide hepatitis B vaccine to all susceptible inmates? _____ Yes _____ No
4. Do you have data on the number of inmates (i.e., the prevalence) with chronic diseases by diagnoses?

_____ Yes _____ No

If yes, how many, or what percent, of inmates in your system have been diagnosed with the following chronic conditions?

	Number of Inmates	-or-	Percent of Inmates
Asthma	_____		_____ %
Diabetes (Types 1 and 2)	_____		_____ %
Hypertension	_____		_____ %
Heart Disease	_____		_____ %

5. Can you determine the number of inmates in your system with chronic diseases according to their age, race, gender, and diagnosis? _____ Yes _____ No

If yes, please complete the following table with the most recent data you have available.

PREVALENCE OF CHRONIC DISEASES

			Number of Inmates	-or-	Percent of Inmates
Asthma	Gender:	Male	_____		_____ %
		Female	_____		_____ %
	Age:	<40	_____		_____ %
		≥40	_____		_____ %
	Race:	White	_____		_____ %
		Black	_____		_____ %
		Hispanic	_____		_____ %
Other		_____		_____ %	
Diabetes (Type 1 and 2)	Gender:	Male	_____		_____ %
		Female	_____		_____ %
	Age:	<40	_____		_____ %
		≥40	_____		_____ %
	Race:	White	_____		_____ %
		Black	_____		_____ %
		Hispanic	_____		_____ %
Other		_____		_____ %	
Hypertension	Gender:	Male	_____		_____ %
		Female	_____		_____ %
	Age:	<40	_____		_____ %
		≥40	_____		_____ %
	Race:	White	_____		_____ %
		Black	_____		_____ %
		Hispanic	_____		_____ %
Other		_____		_____ %	
Heart Disease	Gender:	Male	_____		_____ %
		Female	_____		_____ %
	Age:	<40	_____		_____ %
		≥40	_____		_____ %
	Race:	White	_____		_____ %
		Black	_____		_____ %
		Hispanic	_____		_____ %
Other		_____		_____ %	

Please indicate the source and time period from which the above data are taken.

Time Period _____ intake History and Physical _____ other Medical Record Data _____

6. Do you have systemwide clinical protocols for the management of:

Asthma _____ Yes _____ No Diabetes _____ Yes _____ No

Hypertension _____ Yes _____ No Heart Disease _____ Yes _____ No

If yes, please include a copy of the relevant protocols with your completed survey.

7. For the most recent time period for which data are available, can you provide the number of inmates who were taking the following medications?

a. Inhaled asthma meds (e.g., beta-agonists) _____

b. Insulin or oral hypoglycemic _____

c. Anti-hypertensive medications _____

d. Anti-ischemic agents _____

e. Anti-arrhythmic _____

Indicate time period for the above data: _____

8. Are your pharmacy data computerized? _____ Yes _____ No

9. Do you have a policy and procedure on discharge planning for patients with chronic diseases? _____ Yes _____ No

If yes, please include a copy of the relevant discharge planning policies and procedures with your completed survey.

10. Are inmates with chronic medical conditions given a supply of medication when they are released? _____ Yes _____ No

If yes, please include a copy of your policies and procedures for releasing inmates with medications with your completed survey.

11. Could you determine which inmates have been released within the past 6 months? _____ Yes _____ No

If yes, please provide a list of inmates released within the past 6 months broken down by age, race, and gender. _____ Yes _____ No

Could you identify inmates released within the past 6 months by diagnosis of chronic conditions? _____ Yes _____ No

Name of person completing this section: _____

Telephone number (_____) _____ - _____

III. Mental Health

In this section we are interested in collecting information about inmates with mental disorders in your system.

1. Some systems designate certain facilities for housing inmates with mental disorders. Does your system designate one or more facilities to manage inmates with mental disorders, or do all or most of your facilities manage all of their own inmates with mental disorders?

_____ In our system, certain facilities are designated for inmates with mental disorders.

_____ We do not transfer or house inmates in specific facilities for routine care of mental disorders.

2. Do you have data on the number of inmates with mental disorders by diagnoses (i.e., prevalence)? _____ Yes _____ No

If yes, are diagnoses classified by DSM-IV using Axis 1, 2, and 3? _____ Yes _____ No

If no, how are diagnoses classified?

3. How many inmates are there in your system with each of the following diagnoses?
(Count only one diagnosis per person.)

		Number	-or-	Percent
A. Chronic Mental Illness	1. Schizophrenia	_____		_____%
	2. Schizo/Affective Disorder	_____		_____%
	3. Psychotic Disorder (NOS)	_____		_____%
B. Affective Disorders	1. Major Depression	_____		_____%
	2. Bipolar Disorder	_____		_____%
	3. Dysthymic Disorder	_____		_____%
C. Anxiety	1. Panic Disorder	_____		_____%
	2. PTSD	_____		_____%
D. Delusions, Dementia, and Amnesia	1. Cognitive Disorders	_____		_____%
	2. Organic Brain Syndrome	_____		_____%

Please indicate the source and time period from which the above data are taken.

Time Period _____ intake History and Physical _____ other Medical Record Data _____

4. Among the inmates with diagnosed mental disorders, how many or what percent have a co-occurring:

A. Alcohol Disorder _____ or _____%

B. Substance Dependency Disorder _____ or _____%

5. Is the information on the mental disorders kept in a computerized database?

_____ Yes _____ No

If no, please indicate the period and source of the information on prevalence given above (i.e., record review, etc.). _____

6. Could you determine the prevalence of the mental disorders listed in item 3 according to:

A. Age of inmate _____ Yes _____ No

B. Gender _____ Yes _____ No

C. Race _____ Yes _____ No

D. Age/race/gender (e.g., number of white males less than 40 years old) _____ Yes _____ No

7. Do you have statewide protocols or guidelines for the management of inmates with mental disorders?

_____ Yes _____ No

If yes, please forward a copy of these protocols or guidelines for the conditions in item 3 along, with your completed survey.

8. Do you have statewide policies and procedures for discharge planning of inmates with mental disorders?

_____ Yes _____ No

If yes, please forward a copy of these protocols or guidelines for the conditions in item 3 along with your completed survey.

9. Is it your policy to give inmates with chronic mental disorders a supply of medication on release? _____Yes _____No

If yes, please forward a copy of these protocols or guidelines for the conditions in item 3 along with your completed survey.

10. Can you identify inmates with chronic mental disorders who have been released within the past:
- A. 3 months _____Yes _____No
 - B. 6 months _____Yes _____No
 - C. 12 months _____Yes _____No

Name of person completing this section: _____

Telephone number (_____) _____ - _____