

Establishment .....

Researcher initials .....

Visit date

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
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| DD                   |                      | MM                   |                      | YYYY                 |                      |                      |                      |

### Participant information

Date consented

|                      |                      |                      |                      |                      |                      |                      |                      |
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| DD                   |                      | MM                   |                      | YYYY                 |                      |                      |                      |

#### Inclusion criteria

- 1 Aged 50 or over
- 2 A known release date (convicted) or likely release date (unconvicted)  
of at least three months after prison entry date

No Yes

<sub>00</sub> <sub>01</sub>

<sub>00</sub> <sub>01</sub>

#### Exclusion criteria

- 1 Does not have capacity to consent
- 2 Considered by prison or healthcare staff not safe to interview alone  
due to their current risk assessment
- 3 Previous inclusion in the study

<sub>00</sub> <sub>01</sub>

<sub>00</sub> <sub>01</sub>

<sub>00</sub> <sub>01</sub>

Date of birth

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DD                   |                      | MM                   |                      | YYYY                 |                      |                      |                      |

Ethnicity

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <sub>01</sub> White British           | <input type="checkbox"/> <sub>07</sub> Other, Mixed    | <input type="checkbox"/> <sub>13</sub> Bangladeshi          |
| <input type="checkbox"/> <sub>02</sub> White Irish             | <input type="checkbox"/> <sub>08</sub> Black Caribbean | <input type="checkbox"/> <sub>14</sub> Other, Asian         |
| <input type="checkbox"/> <sub>03</sub> Other, White            | <input type="checkbox"/> <sub>09</sub> Black African   | <input type="checkbox"/> <sub>15</sub> Chinese              |
| <input type="checkbox"/> <sub>04</sub> White & Black Caribbean | <input type="checkbox"/> <sub>10</sub> Other, Black    | <input type="checkbox"/> <sub>88</sub> Prefer not to answer |
| <input type="checkbox"/> <sub>05</sub> White & Black African   | <input type="checkbox"/> <sub>11</sub> Indian          | <input type="checkbox"/> <sub>98</sub> Unknown              |
| <input type="checkbox"/> <sub>06</sub> White & Asian           | <input type="checkbox"/> <sub>12</sub> Pakistani       |   |
| <input type="checkbox"/> <sub>77</sub> Other, .....            |  |   |

Marital status (*immediately prior to prison entry*)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <sub>01</sub> Single            | <input type="checkbox"/> <sub>04</sub> Separated    | <input type="checkbox"/> <sub>88</sub> Prefer not to answer |
| <input type="checkbox"/> <sub>02</sub> Married (Partner) | <input type="checkbox"/> <sub>05</sub> Widowed      | <input type="checkbox"/> <sub>98</sub> Unknown              |
| <input type="checkbox"/> <sub>03</sub> Divorced          | <input type="checkbox"/> <sub>77</sub> Other, ..... |   |

Employment status (*immediately prior to prison entry*)

- |   |  |
|---|--|
| <input type="checkbox"/> <sub>01</sub> Employed full time           | <input type="checkbox"/> <sub>06</sub> Long-term sick (employed)                   |
| <input type="checkbox"/> <sub>02</sub> Employed part time           | <input type="checkbox"/> <sub>07</sub> Not seeking work and not receiving benefits |
| <input type="checkbox"/> <sub>03</sub> Unemployed (but casual work) | <input type="checkbox"/> <sub>08</sub> Retired                                     |
| <input type="checkbox"/> <sub>04</sub> Unemployed                   | <input type="checkbox"/> <sub>88</sub> Prefer not to answer                        |
| <input type="checkbox"/> <sub>05</sub> Long-term sick (on benefits) | <input type="checkbox"/> <sub>98</sub> Unknown                                     |
| <input type="checkbox"/> <sub>77</sub> Other, .....                 |  |



# Proportion of met Health and Social Care needs

## Camberwell Assessment of Need (CANFOR)

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### Preamble

I am going to start off by asking you some questions about problems that people experience from time to time and any help you may be receiving for the problems you have. Some of these questions will not be relevant to you, and all questions relate to problems you have experienced during the **last month only**.

Some of the questions are of a more personal nature so if you feel uncomfortable answering any of them please say so and we can move on to the next area.

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### Domain 1: Accommodation

- 1.1 Could I start by asking how long you've been in prison for and if you have any idea how long you will be in here for? *(if will be in prison for >6 months score as "not applicable" and go to Q2.)*
- 1.2 Do you have a place to live when you leave prison (or are you waiting to be transferred to a hospital)?
- 1.3 Are you receiving any help with finding an appropriate placement, and if so is it helping you find somewhere to live?

- Has place to live and isn't receiving any help **no problem** <sub>00</sub>
- Needs somewhere to live and is getting help finding somewhere **met need** <sub>01</sub>
- Needs somewhere, no help received or help received not helping. **unmet need** <sub>02</sub>  
*(Also score as 2 if there has been an unreasonable delay finding somewhere)*
- Will not be back in community / moved out of prison for 6 months or more **not applicable** <sub>88</sub>
- Person does not know / does not want to answer **not known** <sub>98</sub>

### Domain 2: Food

- 2.1 All the food you receive here is provided by the prison. Do you think that this food is adequate, has enough variety and meets your dietary / religious needs?

- Has own supply of food so nothing provided by prison **no problem** <sub>00</sub>
- Food provided is generally ok, some variety, no major problems **met need** <sub>01</sub>
- Food is inadequate, poor standard, not good enough **unmet need** <sub>02</sub>
- Doesn't know or doesn't want to answer **not known** <sub>98</sub>

### Domain 3: Looking after the environment

- 3.1 Are you able to keep your living space clean and tidy? For example do you have access to clean sheets and cleaning equipment?
- 3.2 Do you get any help for this, for example do other prisoners or staff prompt you to do it, and is this helping you?

Does it themselves and doesn't get any help with it **no problem** <sub>00</sub>

Is a problem but gets help from peers and / or staff which helps **met need** <sub>01</sub>

Says it is a problem, getting no help or help not helping **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

### Domain 4: Self-care

- 4.1 Do you have any problems keeping yourself clean and tidy? For example do you have appropriate access to washing facilities, showers, shaving products, etc.? Does anyone give you any help with this?

Reports no difficulties in this area and no help received **no problem** <sub>00</sub>

Has some difficulties but receiving help that helps **met need** <sub>01</sub>

Has problem with self-care and either getting no help or not getting help that helps **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

### Domain 5: Daytime activities

- 5.1 Do you have any kind of structured activities you can do during the day (this could include education, work, therapies, association, etc)? Do you think that what you get is enough, or do you think that you need more activities? *(if no activities provided do they need any kind of programme or are they happy doing their own thing?)*

Occupies self, doesn't want or need a programme **no problem** <sub>00</sub>

Has programme of activities which is adequate for their needs **met need** <sub>01</sub>

No activity programme and wants/needs one, or programme provided inadequate **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 6: Physical health

- 6.1 Do you have any physical health problems at the moment, or in the last month? If so, have you had any help for these problems and has this helped at all?
- 6.2 Are you taking any medication or getting any treatment for anything at the moment, and is it helping?

|   |  |    |
|---|--|----|
| No problems and not taking any meds / getting any treatment                         | <b>no problem</b> <input type="checkbox"/> | 00 |
| Has problem and is receiving effective treatment                                    | <b>met need</b> <input type="checkbox"/>   | 01 |
| Problem with no help received, help received not helping, or suffering side-effects | <b>unmet need</b> <input type="checkbox"/> | 02 |
| Doesn't know or doesn't want to answer  | <b>not known</b> <input type="checkbox"/>  | 98 |

## Domain 7: Psychotic symptoms

- 7.1 Some people have problems with hearing voices or with their thoughts, what is sometimes referred to as "psychotic symptoms". Is this something that you have difficulties with and/or are you receiving any treatment or other help for these kind of problems?
- 7.2 *(if referred to psychotropic meds in Q6 or above)* Could you tell me what medications you are taking and what they are for (*OR* – you said that you were taking -----, do you know what this is for)?
- 7.3 *(if taking something)* Do you think that the medication you are taking is helping, or do you find that you still have residual symptoms?

|   |  |    |
|---|--|----|
| Denies any problems in this area and not receiving any treatment for psychotic symptoms                             | <b>no problem</b> <input type="checkbox"/> | 00 |
| Has difficulties and receiving treatment that is helping  | <b>met need</b> <input type="checkbox"/>   | 01 |
| Has difficulties, not receiving help, or help received not helping<br>(e.g. residual symptoms, treatment resistant) | <b>unmet need</b> <input type="checkbox"/> | 02 |
| Doesn't know or doesn't want to answer  | <b>not known</b> <input type="checkbox"/>  | 98 |

## Camberwell Assessment of Need (CANFOR), contd.

### Domain 8: Information about condition and treatment

8.1 Have you been given enough clear information about your current medication, treatment, and rights, for example has your personal officer/RMO/CPN/care coordinator/solicitor spent some time explaining your detention and treatment while you are here?

8.2 Do you think that any information you have received has been enough and have you understood what has been said?

Knows all needs to know, not receiving any help at present **no problem** <sub>00</sub>

Receiving help that helps (e.g. sessions with RMO etc) **met need** <sub>01</sub>

Has not received or understood adequate information, or wants more **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

### Domain 9: Psychological stress

9.1 Have you recently felt overly anxious, frightened or worried about anything, by this I mean anything out of the ordinary?

9.2 Have you been able to get any support or help for this from anyone – staff, other prisoners or friends/family? And, if so, has this support helped you with these problems?

9.3 In balance how much would you say difficulties in this area have affected you?

Reports no difficulties in this area in last month **no problem** <sub>00</sub>

Reports some difficulties and that they have benefitted from help received **met need** <sub>01</sub>

Reports difficulties but no helpful help received so still a big problem **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

### Domain 10: Safety to self

10.1 In the last month have you had any thoughts of harming yourself or put yourself in danger in any way? Have you actually harmed yourself?

10.2 Have you received any help with these difficulties, for example been able to discuss your problems with a member of staff, other prisoners, friends/family, or been placed on close/continuous observations, etc? And, if so, has this been helpful?

No thoughts of or incidents of self-harm and no help received for those problems **no problem** <sub>00</sub>

Reports some difficulties (thoughts, attempts) but receiving help that has helped **met need** <sub>01</sub>

Reports difficulties and any help received not helping, or has self-harmed/attempted suicide in last month **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 11: Safety to others

11.1 In the last month have you threatened other people or been violent? Have the staff or other prisoners had to do anything to stop something like this happening?

No threats or violence in last month and no help received **no problem** <sub>00</sub>

Reports some difficulties (e.g. potential to be violent) but not done so as received **met need** <sub>01</sub>  
some help which is helping/preventing escalation

Problem with no help received, help received not helping, or suffering side-effects **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 12: Alcohol

12.1 Would you say you have any problems with alcohol? Is this something you think you need some help with at the moment? What kind of help do you think you need, and are you receiving any help for this either from services or from family/friends?

Reports no difficulties with alcohol consumption and no help received **no problem** <sub>00</sub>

Reports some difficulties and receiving some help that is helping **met need** <sub>01</sub>

Reports difficulties but no help received, or help received is not helping **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 13: Drugs

13.1 Would you say you have any problems with drugs? Is this something you think you need some help with at the moment? What kind of help do you think you need, and are you receiving any help for this either from the services or family/friends?

Reports no difficulties with drug consumption and no help received **no problem** <sub>00</sub>

Reports some difficulties and receiving some help that is helping **met need** <sub>01</sub>

Reports difficulties but no help received, or help received is not helping **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 14: Company

14.1 Are you happy with your social life at the moment – in other words are you able to make friends and do you have enough contact with other people?

14.2 (*if problem suggested*) Would you say that you often feel lonely or isolated?

14.3 Are you able to get any help with these difficulties, either from the services or from friends and family? Would you say that this helps with your difficulties with this?

Able to make friends without difficulty, or content in own company **no problem** <sub>00</sub>

Has some difficulties but receiving helpful help either from services or friends/ family (e.g. social skills training, support/advice, etc) **met need** <sub>01</sub>

Has difficulties but despite any help received still feels lonely and isolated frequently **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

### Domain 15: Intimate relationships

15.1 This is more of a personal question – do you have a partner at the moment?

15.2 (IF YES) are there any difficulties in your relationship with them?

15.3 (IF NO) is not having a partner a big problem for you at the moment?

15.4 Are you receiving any help for these difficulties, and is this help helpful?

Satisfactory relationship or happy not having a partner **no problem** <sub>00</sub>

Reports some difficulties for which receiving appropriate help (e.g. supportive counselling) **met need** <sub>01</sub>

Reports difficulties but not receiving any help that helps with problems **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

### Domain 16: Sexual expression

16.1 Again this is a personal area – are you experiencing any difficulties with sexual matters (for example sexual difficulties, lack of access to partner, impotence, etc)?

16.2 Have you been able to get any help with these difficulties, either from friends/family or from the services?

16.3 In balance would you say that any help you have received has been helpful, and how big a problem would you say this was for you?

Relatively happy with current situation **no problem** <sub>00</sub>

Reports some difficulties and receiving some help that is helping **met need** <sub>01</sub>

Reports difficulties (e.g. no access to partner) which is a big problem for them regardless of any help received **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 17: Childcare

17.1 Can I just ask if you have any children under the age of 18? *(if no children under 18 score as 8 “not applicable” and move to next question)*

17.2 Are they staying with family/friends, or do you have appropriate access to see them?

17.3 Have you been able to get any help with any difficulties you are having in this area, either from friends/family or from services here?

No problems with children or access to them **no problem** <sub>00</sub>

Has some difficulties with parenting, such as access but receiving helpful help from **met need** <sub>01</sub>

friends and family

Reports difficulties and no appropriate help being received, or children at risk **unmet need** <sub>02</sub>

No children under 18 **not applicable** <sub>88</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 18: Basic education

18.1 Do you have any difficulties reading, writing or counting change in a shop? *(if yes, may need help with self-report questionnaires)* For example can you understand letters you receive from your solicitor? Are you receiving any help for difficulties in this area, and is this help helping you?

Can read and write to basic standard **no problem** <sub>00</sub>

Reports difficulties but receiving helpful help such as adult education to help with numeracy/literacy **met need** <sub>01</sub>

Reports difficulties and no appropriate help being received, or lack of fluent English with no access to interpreter **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 19: Telephone

19.1 Do you have any difficulties using a telephone? Do you have appropriate access to one when you need to use one? Are you getting any help for this problem? If so, is this help helping?

Can use phone whenever they want/need to without help **no problem** <sub>00</sub>

Has some difficulties but receiving appropriate help **met need** <sub>01</sub>

Cannot use phone, or no/inappropriate access to phone **unmet need** <sub>02</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 20: Transport

20.1 (if Domain 1 Accommodation scored as not applicable, score this domain not applicable as well – as won't have been tested out or applicable at this time) Do you have any difficulties using public transport and do you understand bus/train timetables? Are you getting any help for this problem? If so, is this help helping?

- Able to use public transport, can use timetables or has access to car **no problem** <sub>00</sub>
- Reports some difficulties but receiving appropriate help **met need** <sub>01</sub>
- Unable to use public transport or follow timetables and not receiving any helpful help **unmet need** <sub>02</sub>
- Not been tested out, or not applicable at this time as won't be using public transport for 6 months+ **not applicable** <sub>88</sub>
- Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 21: Money

21.1 Do you have any problems budgeting your money, for example do you often run out of money and find you can't pay for the things you need? Are you getting any help for this problem? If so, is this help helping?

- Able to buy essential items and pay bills **no problem** <sub>00</sub>
- Reports some difficulties but receiving appropriate help (such as supervision of money expenditure, weekly budget, etc) **met need** <sub>01</sub>
- Reports difficulties and not receiving any helpful help (e.g. in debt, frequently over limit) **unmet need** <sub>02</sub>
- Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 22: Benefits

22.1 Do you know what benefits, if any, you are entitled to at the moment? Are you sure that you are getting all that you are entitled to? Are you getting any help for this problem? If so, is this helping?

- Receiving full entitlement and no help **no problem** <sub>00</sub>
- Reports some concern/difficulty and receiving appropriate help **met need** <sub>01</sub>
- Reports difficulties (e.g. not receiving entitlement) and no appropriate help (regardless of interventions) **unmet need** <sub>02</sub>
- Doesn't know or doesn't want to answer **not known** <sub>98</sub>

## Domain 23: Treatment

23.1 Do you agree with any treatment (either medication or psychological) prescribed for you?

Are you receiving any help for difficulties in the is area, and is help helping you?

- |   |  |
|---|--|
| Person agrees and complies with treatment prescribed  | <b>no problem</b> <input type="checkbox"/> <sub>00</sub>     |
| Does not agree but complies, receiving helpful intervention (for example in determining appropriate treatments) | <b>met need</b> <input type="checkbox"/> <sub>01</sub>       |
| Does not agree with treatment and does not comply with it   | <b>unmet need</b> <input type="checkbox"/> <sub>02</sub>     |
| Receiving no treatment  | <b>not applicable</b> <input type="checkbox"/> <sub>88</sub> |
| Doesn't know or doesn't want to answer  | <b>not known</b> <input type="checkbox"/> <sub>98</sub>      |

### Domain 24: Sexual offending

24.1 Can I just check, do you have any history of offences of a sexual nature?

24.2 Do you consider yourself at risk of committing any such offences?

*(If no to both score as 8 "not applicable, and go to the next question)*

24.3 *(If Yes)* Are you receiving any help for difficulties you may have in this area, and is this help helping you?

- |  |  |
|--|--|
| Has a history but reports no current risk of offending   | <b>no problem</b> <input type="checkbox"/> <sub>00</sub>     |
| Has history, considers self at risk and receiving helpful help<br>(e.g. specific psychological/ medical treatments, SOTP, etc) | <b>met need</b> <input type="checkbox"/> <sub>01</sub>       |
| Has history and considers self at risk regardless of any help currently received   | <b>unmet need</b> <input type="checkbox"/> <sub>02</sub>     |
| No history and no current risk   | <b>not applicable</b> <input type="checkbox"/> <sub>88</sub> |
| Doesn't know or doesn't want to answer   | <b>not known</b> <input type="checkbox"/> <sub>98</sub>      |

**Domain 25: Arson**

25.1 Again, can I just check – do you have a history of fire setting or arson?

25.2 Do you consider yourself at risk of committing any such offences?

*(If No to both, score as 8 “not applicable”, CANFOR finished)*

25.3 *(If yes)* Are you receiving any help for difficulties in this area, and is this help helping you?

Has a history but reports no current risk of offending **no problem** <sub>00</sub>

Has a history, considers self at risk and receiving helpful help **met** <sub>01</sub>  
**need**

*(e.g. specific psychological treatment, preventative intervention)*

Has history and considers self at risk regardless of any help currently received **unmet need** <sub>02</sub>

No history and no current risk **not applicable** <sub>88</sub>

Doesn't know or doesn't want to answer **not known** <sub>98</sub>

**Total number of unmet needs**

# OHSCAP bespoke tool, Q1

To what extent are you currently experiencing difficulties in the following areas?

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

EQ-5D-5L Health Questionnaire has been redacted owing to copyright (EuroQol: <https://euroqol.org>).

## Geriatric Depression Scale (short form)

Circle the answer that best describes how you felt over the past week.

- |  |            |           |
|--|------------|-----------|
| 1. Are you basically satisfied with your life?                     | <b>yes</b> | <b>no</b> |
| 2. Have you dropped many of your activities and interests?         | <b>yes</b> | no        |
| 3. Do you feel that your life is empty?                            | <b>yes</b> | no        |
| 4. Do you often get bored?   | <b>yes</b> | no        |
| 5. Are you in good spirits most of the time?                       | yes        | <b>no</b> |
| 6. Are you afraid that something bad is going to happen to you?    | <b>yes</b> | no        |
| 7. Do you feel happy most of the time?                             | yes        | <b>no</b> |
| 8. Do you often feel helpless?                                     | <b>yes</b> | no        |
| 9. Do you go on association?                                       | <b>yes</b> | no        |
| 10. Do you feel that you have more problems with memory than most? | <b>yes</b> | no        |
| 11. Do you think it is wonderful to be alive now?                  | yes        | <b>no</b> |
| 12. Do you feel worthless the way you are now?                     | <b>yes</b> | no        |
| 13. Do you feel full of energy?                                    | yes        | <b>no</b> |
| 14. Do you feel that your situation is hopeless?                   | <b>yes</b> | no        |
| 15. Do you think that most people are better off than you are?     | <b>yes</b> | no        |

**Total score**

Score 1 point for each bolded answer. A score of 5 or more suggests depression

## PriSnQuest

A score of 3 or more indicates further assessment for mental health is required

- |   | <b>No</b>                              | <b>Yes</b>                             |
|---|--|--|
| 1 Have you previously seen a psychiatrist?  | <input type="checkbox"/> <sub>00</sub> | <input type="checkbox"/> <sub>01</sub> |
| 2 Have you been taking longer over the things you do?   | <input type="checkbox"/> <sub>00</sub> | <input type="checkbox"/> <sub>01</sub> |
| 3 Have you recently been able to enjoy your normal everyday activities?   | <input type="checkbox"/> <sub>00</sub> | <input type="checkbox"/> <sub>01</sub> |
| 4 Have you recently felt that life isn't worth living?  | <input type="checkbox"/> <sub>00</sub> | <input type="checkbox"/> <sub>01</sub> |
| 5 Have you recently found yourself wishing you were dead and away from it all?  | <input type="checkbox"/> <sub>00</sub> | <input type="checkbox"/> <sub>01</sub> |
| 6 Have you recently felt that your thoughts have been directly interfered with or controlled by another, in a way that people would find hard to believe? | <input type="checkbox"/> <sub>00</sub> | <input type="checkbox"/> <sub>01</sub> |
| 7 Have you recently heard voices saying a few words or sentences when there was no one around to account for this?  | <input type="checkbox"/> <sub>00</sub> | <input type="checkbox"/> <sub>01</sub> |

Score 1 point for a 'Yes' response to questions 1,2,4,5,6,7.

**Total score**

## Burvill Grid

|  |           | SEVERITY CODES   |   | DISABILITY CODES   |   |  |  |  |
|--|-----------|--|---|--|---|--|--|--|
|  |           | 0 = absent<br>1 = mild<br>2 = moderate<br>3 = severe     |   | 0 = not at all<br>1 = little<br>2 = some<br>3 = great deal |   |  |  |  |
| BODY SYSTEMS                             | SEVERITY  |  | DISABILITY  |  |   |  |  |  |
|  | ACUTE (A) | CHRONIC (B)  | ACUTE (C)   |  | CHRONIC (D)   |  |  |  |
| CNS                                      |           |  |   |  |   |  |  |  |
| Cardiovascular                           |           |  |   |  |   |  |  |  |
| Endocrine                                |           |  |   |  |   |  |  |  |
| Genitourinary                            |           |  |   |  |   |  |  |  |
| Haematological                           |           |  |   |  |   |  |  |  |
| Hearing / Eyesight                       |           |  |   |  |   |  |  |  |
| Musculoskeletal                          |           |  |   |  |   |  |  |  |
| Other                                    |           |  |   |  |   |  |  |  |
| <b>TOTAL</b>                             |           | <input style="width: 80px; height: 25px;" type="text"/>  | <input style="width: 80px; height: 25px;" type="text"/> | <input style="width: 80px; height: 25px;" type="text"/>    | <input style="width: 80px; height: 25px;" type="text"/> |  |  |  |
|  |           | ACSEV  | CHSEV   | ACDIS  | CHDIS   |  |  |  |
| <b>N<sup>o</sup> of systems affected</b> |           | <input style="width: 100px; height: 25px;" type="text"/> |   | <input style="width: 100px; height: 25px;" type="text"/>   |   |  |  |  |
|  |           | NUMBER OF ACUTE  |   | NUMBER OF CHRONIC  |   |  |  |  |

## Bristol Activities of Daily Living scale

|  | Tick one                               |
|--|--|
| <b>1 FOOD</b>  |  |
| A Selects and prepares food as required                          | <input type="checkbox"/> <sub>00</sub> |
| B Able to prepare food if ingredients are set out                | <input type="checkbox"/> <sub>01</sub> |
| C Can prepare food if prompted step by step                      | <input type="checkbox"/> <sub>02</sub> |
| D Unable to prepare food even with prompting and supervision     | <input type="checkbox"/> <sub>03</sub> |
| E Not applicable   | <input type="checkbox"/> <sub>88</sub> |
| F Not stated   | <input type="checkbox"/> <sub>98</sub> |
| <b>2 EATING</b>  |  |
| A Eats appropriately using correct cutlery                       | <input type="checkbox"/> <sub>00</sub> |
| B Eats appropriately if food made manageable and/or uses a spoon | <input type="checkbox"/> <sub>01</sub> |
| C Uses fingers to eat food                                       | <input type="checkbox"/> <sub>02</sub> |
| D Needs to be fed  | <input type="checkbox"/> <sub>03</sub> |
| E Not applicable   | <input type="checkbox"/> <sub>88</sub> |
| F Not stated   | <input type="checkbox"/> <sub>98</sub> |

## Bristol Activities of Daily Living scale, cont'd

|   | Tick one                               |
|---|--|
| <b>3 DRINK</b>  |  |
| A Selects and prepares drinks as required                                   | <input type="checkbox"/> <sub>00</sub> |
| B Can prepare drinks if ingredients left available                          | <input type="checkbox"/> <sub>01</sub> |
| C Can prepare drinks if prompted step by step                               | <input type="checkbox"/> <sub>02</sub> |
| D Unable to make a drink even with prompting and supervision                | <input type="checkbox"/> <sub>03</sub> |
| E Not applicable  | <input type="checkbox"/> <sub>88</sub> |
| F Not stated  | <input type="checkbox"/> <sub>98</sub> |
| <b>4 DRINKING</b>   |  |
| A Drinks appropriately  | <input type="checkbox"/> <sub>00</sub> |
| B Drinks appropriately with aids, beaker/straw etc                          | <input type="checkbox"/> <sub>01</sub> |
| C Does not drink appropriately even with aids, but attempts to              | <input type="checkbox"/> <sub>02</sub> |
| D Has to have drinks administered (fed)                                     | <input type="checkbox"/> <sub>03</sub> |
| E Not applicable  | <input type="checkbox"/> <sub>88</sub> |
| F Not stated  | <input type="checkbox"/> <sub>98</sub> |
| <b>5 DRESSING</b>   |  |
| A Selects appropriate clothing and dresses self                             | <input type="checkbox"/> <sub>00</sub> |
| B Puts clothes on in wrong order and/or back to front and/or dirty clothing | <input type="checkbox"/> <sub>01</sub> |
| C Unable to dress self but moves limbs to assist                            | <input type="checkbox"/> <sub>02</sub> |
| D Unable to assist and requires total dressing                              | <input type="checkbox"/> <sub>03</sub> |
| E Not applicable  | <input type="checkbox"/> <sub>88</sub> |
| F Not stated  | <input type="checkbox"/> <sub>98</sub> |
| <b>6 HYGIENE</b>  |  |
| A Washes regularly and independently  | <input type="checkbox"/> <sub>00</sub> |
| B Can wash self if given soap, flannel, towel, etc                          | <input type="checkbox"/> <sub>01</sub> |
| C Can wash self if prompted and supervised                                  | <input type="checkbox"/> <sub>02</sub> |
| D Unable to wash self and needs full assistance                             | <input type="checkbox"/> <sub>03</sub> |
| E Not applicable  | <input type="checkbox"/> <sub>88</sub> |
| F Not stated  | <input type="checkbox"/> <sub>98</sub> |
| <b>7 TEETH</b>  |  |
| A Cleans own teeth/dentures regularly and independently                     | <input type="checkbox"/> <sub>00</sub> |
| B Cleans teeth/dentures if given appropriate items                          | <input type="checkbox"/> <sub>01</sub> |
| C Requires some assistance, toothpaste on brush, brush to mouth, etc        | <input type="checkbox"/> <sub>02</sub> |
| D Full assistance given   | <input type="checkbox"/> <sub>03</sub> |
| E Not applicable  | <input type="checkbox"/> <sub>88</sub> |
| F Not stated  | <input type="checkbox"/> <sub>98</sub> |
| <b>8 BATH/SHOWER</b>  |  |
| A Bathes regularly and independently  | <input type="checkbox"/> <sub>00</sub> |
| B Needs bath to be drawn/shower turned on but washes independently          | <input type="checkbox"/> <sub>01</sub> |
| C Needs supervision and prompting to wash                                   | <input type="checkbox"/> <sub>02</sub> |
| D Totally dependent, needs full assistance                                  | <input type="checkbox"/> <sub>03</sub> |
| E Not applicable  | <input type="checkbox"/> <sub>88</sub> |
| F Not stated  | <input type="checkbox"/> <sub>98</sub> |

**Bristol Activities of Daily Living scale, cont'd**

|                               |  | <b>Tick one</b>             |
|-------------------------------|--|-----------------------------|
| <b>9 TOILET/COMMODE</b>       |  |                             |
| A                             | Uses toilet appropriately when required                            | <input type="checkbox"/> 00 |
| B                             | Needs to be taken to the toilet and given assistance               | <input type="checkbox"/> 01 |
| C                             | Incontinent of urine <b>or</b> faeces                              | <input type="checkbox"/> 02 |
| D                             | Incontinent of urine <b>and</b> faeces                             | <input type="checkbox"/> 03 |
| E                             | Not applicable   | <input type="checkbox"/> 88 |
| F                             | Not stated   | <input type="checkbox"/> 98 |
| <b>10 TRANSFERS</b>           |  |                             |
| A                             | Can get in/out of chair unaided                                    | <input type="checkbox"/> 00 |
| B                             | Can get into a chair but needs help to get out                     | <input type="checkbox"/> 01 |
| C                             | Needs help getting in and out of a chair                           | <input type="checkbox"/> 02 |
| D                             | Totally dependent on being put into and lifted from chair          | <input type="checkbox"/> 03 |
| E                             | Not applicable   | <input type="checkbox"/> 88 |
| F                             | Not stated   | <input type="checkbox"/> 98 |
| <b>11 MOBILITY</b>            |  |                             |
| A                             | Walks independently  | <input type="checkbox"/> 00 |
| B                             | Walks with assistance, i.e. furniture, arm for support             | <input type="checkbox"/> 01 |
| C                             | Uses aids to mobilise, i.e. frame, sticks, etc                     | <input type="checkbox"/> 02 |
| D                             | Unable to walk   | <input type="checkbox"/> 03 |
| E                             | Not applicable   | <input type="checkbox"/> 88 |
| F                             | Not stated   | <input type="checkbox"/> 98 |
| <b>12 ORIENTATION - TIME</b>  |  |                             |
| A                             | Fully oriented to time/day/date, etc                               | <input type="checkbox"/> 00 |
| B                             | Unaware of time/day etc but seems unconcerned                      | <input type="checkbox"/> 01 |
| C                             | Repeatedly asks the time/day/date                                  | <input type="checkbox"/> 02 |
| D                             | Mixes up day and night   | <input type="checkbox"/> 03 |
| E                             | Not applicable   | <input type="checkbox"/> 88 |
| F                             | Not stated   | <input type="checkbox"/> 98 |
| <b>13 ORIENTATION - SPACE</b> |  |                             |
| A                             | Fully oriented to surroundings                                     | <input type="checkbox"/> 00 |
| B                             | Oriented to familiar surroundings only                             | <input type="checkbox"/> 01 |
| C                             | Gets lost, needs reminding where bathroom is, etc                  | <input type="checkbox"/> 02 |
| D                             | Does not recognise surroundings and attempts to leave              | <input type="checkbox"/> 03 |
| E                             | Not applicable   | <input type="checkbox"/> 88 |
| F                             | Not stated   | <input type="checkbox"/> 98 |
| <b>14 COMMUNICATION</b>       |  |                             |
| A                             | Able to hold appropriate conversation                              | <input type="checkbox"/> 00 |
| B                             | Shows understanding and attempts to respond verbally with gestures | <input type="checkbox"/> 01 |
| C                             | Can make self understood but difficulty understanding others       | <input type="checkbox"/> 02 |
| D                             | Does not respond to or communicate with others                     | <input type="checkbox"/> 03 |
| E                             | Not applicable   | <input type="checkbox"/> 88 |
| F                             | Not stated   | <input type="checkbox"/> 98 |

## Bristol Activities of Daily Living scale, cont'd

|                            |  | Tick one                               |
|----------------------------|--|--|
| <b>15 TELEPHONE</b>        |  |  |
| A                          | Uses telephone appropriately, including obtaining correct number | <input type="checkbox"/> <sub>00</sub> |
| B                          | Uses telephone if number given verbally/visually or predialled   | <input type="checkbox"/> <sub>01</sub> |
| C                          | Answers telephone but does not make calls                        | <input type="checkbox"/> <sub>02</sub> |
| D                          | Unable/unwilling to use telephone at all                         | <input type="checkbox"/> <sub>03</sub> |
| E                          | Not applicable   | <input type="checkbox"/> <sub>88</sub> |
| F                          | Not stated   | <input type="checkbox"/> <sub>98</sub> |
| <b>16 HOUSEWORK</b>        |  |  |
| A                          | Able to keep cell clean to required standard                     | <input type="checkbox"/> <sub>00</sub> |
| B                          | Able to clean cell but not to required standard                  | <input type="checkbox"/> <sub>01</sub> |
| C                          | Limited participation even with a lot of supervision             | <input type="checkbox"/> <sub>02</sub> |
| D                          | Unwilling/unable to keep cell clean                              | <input type="checkbox"/> <sub>03</sub> |
| E                          | Not applicable   | <input type="checkbox"/> <sub>88</sub> |
| F                          | Not stated   | <input type="checkbox"/> <sub>98</sub> |
| <b>17 SHOPPING/CANTEEN</b> |  |  |
| A                          | Shops to required standard                                       | <input type="checkbox"/> <sub>00</sub> |
| B                          | Only able to shop for 1 or 2 items with or without a list        | <input type="checkbox"/> <sub>01</sub> |
| C                          | Unable to shop alone, but participates when assisted             | <input type="checkbox"/> <sub>02</sub> |
| D                          | Unable to participate in shopping even when assisted             | <input type="checkbox"/> <sub>03</sub> |
| E                          | Not applicable   | <input type="checkbox"/> <sub>88</sub> |
| F                          | Not stated   | <input type="checkbox"/> <sub>98</sub> |
| <b>19 GAMES/HOBBIES</b>    |  |  |
| A                          | Participates in pastimes/activities to required standard         | <input type="checkbox"/> <sub>00</sub> |
| B                          | Participates but needs instruction/supervision                   | <input type="checkbox"/> <sub>01</sub> |
| C                          | Reluctant to join in, very slow, needs coaxing                   | <input type="checkbox"/> <sub>02</sub> |
| D                          | No longer able or willing to join in                             | <input type="checkbox"/> <sub>03</sub> |
| E                          | Not applicable   | <input type="checkbox"/> <sub>88</sub> |
| F                          | Not stated   | <input type="checkbox"/> <sub>98</sub> |

*Note: 18 and 20 omitted*

### Randomisation details

|                 |  |                      |                      |  |                      |                      |                      |
|-----------------|--|----------------------|----------------------|--|----------------------|----------------------|----------------------|
| Date randomised | <input type="text"/>                   | <input type="text"/> | <input type="text"/> | <input type="text"/>                   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                 | DD                                     | MM                   | YYYY                 |  |                      |                      |                      |
| Allocation      | <input type="checkbox"/> <sub>01</sub> | OHSCAP               |                      | <input type="checkbox"/> <sub>02</sub> | TAU                  |                      |                      |

## Discontinuation

Complete page if participant will not be taking part in the scheduled 3 month follow-up assessments

Date discontinued participation in quantitative portion of the study

|    |  |   |    |  |   |      |  |  |  |
|----|--|---|----|--|---|------|--|--|--|
|    |  | / |    |  | / |      |  |  |  |
| DD |  |   | MM |  |   | YYYY |  |  |  |

Main reason (*one only*)

- <sub>02</sub> Participant decision      *Specify*.....
- <sub>03</sub> Non-compliance      *(please state if reason not given)*
- <sub>04</sub> Transferred to non-participating prison
- <sub>05</sub> Released
- <sub>06</sub> Participant a high risk to others
- <sub>07</sub> Physical health reasons      *Specify*.....
- <sub>08</sub> Mental health reasons      *Specify*.....
- <sub>09</sub> Participant died      *Cause of Death*.....
- <sub>77</sub> Other reason      *Specify*.....