

NATIONAL SURVEY OF PRISON HEALTH CARE QUESTIONS

1) Does your prison system have a contract agreement (e.g., with a private company, a university, or other health care provider in the community) for the following health care services provided to inmates?

Health care services	All contracted	Some Contracted	None (all DOC provided)	Don't know
a) Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Pharmaceutical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Laboratory Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Medical (excluding all of the above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) On December 31, 2011, how many full-time equivalent (FTE) employees did your prison system have employed under the DOC or contracted (e.g., with a private company, a university, or other health care provider in the community) for each of the following health care positions?

{If FTEs are not employed by DOC or contracted, please indicate with NOT APPLICABLE}

Employee Type	Number of FTE employees			
	DOC	If estimate, check box below	Contracted	If estimate, check box below
Mental health				
a) Psychiatrists (MD, DO)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
b) Psychiatric physician assistants	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
c) Psychiatric nurses (PMHCNS, NP)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
d) Clinical psychologists (PhD, PsyD, MS)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
e) Clinical social workers (LCSW)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
f) Other mental health staff	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
Pharmaceutical				
g) Pharmacists (DPh, RPh)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
h) Other pharmaceutical staff	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
Dental				
i) Dentists (DDS)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
j) Dental hygienists/assistants	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
k) Other dental staff	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
Medical only				
l) Physician assistants (PA)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
m) Nurse practitioners (NP)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
n) Other nurses (RN, LPN, LVN)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
o) Surgeons (MD, DO)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
p) All other physicians (MD, DO)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
q) Other medical staff	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

3) Does your prison system provide the following health care services, either on-site or off-site/within the community?

Services	On-site			Off-site/Community		
	Yes	No	Don't Know	Yes	No	Don't Know
a. Inpatient mental health (overnight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outpatient mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Inpatient medical health care (overnight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Outpatient medical health care (i.e., infirmary or sick call)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chronic care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 24-hour physician or nurse coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Emergency department care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Inpatient surgeries/operations (overnight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Outpatient surgeries/operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Long-term/nursing home care (geriatric, assisted living, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) Between January 1, 2011 and December 31, 2011, did your prison system have any of the following health care services available on-site, off-site (i.e., in the community), by telemedicine, or was the service not available?

Services	On-site	Off-site/In Community	Telemedicine Consultation	Service Not Available	Don't Know
Specialty Services					
a) Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Oral surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Optometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Tests					
k) Cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) High-sensitivity fecal occult blood test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Hemoglobin A1C test (HA1C)					
n) Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Colposcopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) CT scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) ECG (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Ultrasound (excluding hand-held dopplers and bladder scanners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) X-rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapies					
w) Restorative/rehabilitation/physiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Physical/occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) How long is your prison system's admissions process, in days? *{Please provide a range if necessary}*

Physical Health

{Please answer the following questions according to the time frame provided in Question 5}

6) Does your prison system test inmates for the following infectious diseases during the admissions process?

Infectious Diseases	Yes	No	Don't Know
a. Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tuberculosis (PPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Does your prison system test inmates for the following health concerns during the admissions process?

{Please answer the following questions according to the time frame provided in Question 5}

Health Concerns	Yes	No	Don't Know
a. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Elevated lipids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) Does your prison system conduct the following tests for inmates during the admissions process?

{Please answer the following questions according to the time frame provided in Question 5}

Tests	Yes	No	Don't Know
a. Routine dental exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ECG (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health

{Please answer the following questions according to the time frame provided in Question 5}

9) Does your prison system conduct the following mental health screenings during the admissions process?

Tests	Yes	No	Don't Know
a. Mental health problems (excluding suicide risk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Suicide risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Admissions

10) How many total inmates were in the custody of your state's prison system on (END DATE FOR ADMISSION RANGE)?

11) How many inmates were admitted to your state's prison system between (INSERT DATE RANGE HERE)?

12) What major challenges/issues is the DOC currently facing in regards to the delivery of health care?