**[](http://www.esrc.ac.uk/)**

**Life in Prison Survey**

**What is this survey about?**

You are being invited to take part in a research study which is trying to understand what life in prison is like for the people who spend time in them.

Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. **Please take time to read the following information carefully**.

**What do I need to do?**

The survey is not a test and there are no right or wrong answers. In most cases you just need to tick a box.

**How long will this survey take?**

Completing this survey should take about 5-10 minutes.

**Who is this survey conducted by?**

The survey is being completed by staff at University of Brighton and the University of Birmingham.

**Do I have to take part?**

You don’t have to take part but we would be pleased if you did, because we have no other way of getting this information.

**Will I gain anything by taking part?**

There are no particular benefits for you but you will help us to carry out important research.

**Will this survey put me at risk?**

There is nothing that we think will harm you in this survey.

**Will you tell anyone about my answers?**

We don’t need to know your name and we won’t give anyone a copy of your survey. If you do reveal something that puts yourself or someone else at risk, we will have to show the prison authorities your form. We will keep all the forms in a secure place.

**What will happen to the results of the survey?**

We will use this survey to write reports, academic articles, and presentations for conferences.

**What if I have any questions?**

If you would like to ask any questions, a member of our research team will be coming around the prison to talk to you about the project.

Thank you for taking the time to read this information. Your time is greatly appreciated, and the information you give is very important.

**[PLEASE TEAR OFF THE TOP SHEET AND KEEP IT FOR YOUR INFORMATION]**

**Questions about your cell**

Please answer each question to the best of your knowledge. Thank you for your participation.

1. **We would like you to consider the requirements of your cell space.**

**Please place a tick in the box that matches your answer:**

In my cell, I have…?

My own showering facilities Yes  No

Enough places to store my belongings Yes  No

Lots of personal touches around me Yes  No

Most of the time….

I’m happy with how clean my cell is Yes  No

I have enough fresh air in my cell Yes  No

The air is too stuffy in my cell Yes  No

There is enough natural light in my cell Yes  No

The noise I hear from my cell is too loud Yes  No

Can you….?

let enough fresh air in if you need to? Yes  No

Increase the temperature if it’s too cold? Yes  No

Control the lighting? Yes  No

Put things on the wall? Yes  No

Sit somewhere comfortable to watch TV? Yes  No

When I look out of my cell window, I can see…

Other buildings Yes  No

The perimeter wall Yes  No

Fields Yes  No

Trees Yes  No

Birds Yes  No

Views into the distance Yes  No

1. **Think about how you feel when you are in your cell.**

**Please place a tick in the box that matches your answer:**

Most of the time…

I feel safe Yes  No

I feel comfortable Yes  No

I feel relaxed Yes  No

I feel rested Yes  No

I feel like I have enough things to

do to occupy my time Yes  No

I feel like I have enough privacy Yes  No

I feel in charge of my own space Yes  No

I am able to sleep well at night Yes  No

**Questions about your flat**

1. **Think about your unit/wing. Please place a tick in the box that matches your answer:**

The flat is suitable for…

meeting with other prisoners Yes  No

private conversations with officers Yes  No

private conversations with other prisoners Yes  No

telephone calls Yes  No

peace and quiet Yes  No

relaxing Yes  No

recreational activities Yes  No

lots of different activities to occur at once Yes  No

**Questions about other areas around the prison**

1. **Have you ever used the following facilities? Please place a tick in the box that matches your answer:**

Gym Yes  No

Education centre Yes  No

Place of work Yes  No

Place of worship Yes  No

Faith minister Yes  No

Counsellor Yes  No

Visiting room Yes  No

Communal dining space Yes  No

Prison shop Yes  No

Library Yes  No

1. **This question refers to the outside exercise area. Do you participate in any of the following activities in the outdoor exercise area? Please place a tick in the box that matches your answer:**

Walking or jogging Yes  No

Stretching or toning exercises Yes  No

Weights and/or other resistance

activities Yes  No

Ball games Yes  No

Other team games Yes  No

Gardening Yes  No

Drawing, painting or sketching Yes  No

Meeting with people from other

parts of the prison Yes  No

Other (please write:

…………………………………….)

1. **Again, this question relates to the outside exercise area. Please place a tick in the box that matches your answer:**

Most of the time…

I like to spend time outside Yes  No

I go outside because I am told to do so Yes  No

I go outside to be on my own Yes  No

I go outside to meet friends/other prisoners Yes  No

Going outside feels like a break from prison Yes  No

I feel relaxed outside Yes  No

I take every opportunity to go outside Yes  No

In the outside exercise area, there is enough …

Grass Yes  No

Flowers and plants Yes  No

Seating areas Yes  No

Sports facilities Yes  No

In the outside exercise area, I can see…

Other buildings Yes  No

The perimeter wall Yes  No

Fields Yes  No

Trees Yes  No

Birds Yes  No

Views into the distance Yes  No

1. **Which material dominates the surroundings that you live in? Please tick one box:**

Metal

Concrete

Brick

Wood

Plastic

Other

(please write …………………………………….)

1. **Please write down 2 colours that best describe your surroundings in prison:**

|  |
| --- |
| **1)** |
| **2)** |

1. **Please write down 3 words that best describe how the prison looks:**

|  |  |
| --- | --- |
| **1)** | **2)** |
| **3)** |  |

**Questions about you**

1. **How long have you been in this prison?**
2. **Have you ever been in prison before?**

No  Go to question 14

Yes  Go to question 12

1. **How many times have you been in prison?**

1. **Have you been in this prison before?**

Yes

No

1. **What is your current status?**

Remand/untried

Convicted (not yet sentenced)

Sentenced

Licence Recall

1. **Do you normally spend most of your day in your cell?**

Yes

No

1. **Do you have your own cell?**

Yes

No, I share a cell

1. **What is your age in years?**

**Questions continue on next page….**

1. **If you can think of anything else that we should know about how the prison building affects you, please write it in the space below:**

**Please return the completed survey to a member of staff ——— Thank you for your help!**

****

**If you would be interested in taking part in an interview or group discussion** to talk in more detail about some of the things mentioned in this questionnaire, **please fill in the form below.** We will be offering £## credit to anyone who participates. If demand is high, we will draw names from a hat.

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRISONER NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I am willing to take part in an interview

□ I am willing to take part in a group discussion

□ I am willing to take part in **both** an interview and a group discussion

**Please tear off this sheet and return it to a prisoner officer separately so we can keep your questionnaire anonymous!**