For the collection of service use information in prison, special hospital or other forensic secure facility

Patient ID number			
Period for which data are collected:			
From			
То			
Completed by			
Date of completion			

# Instructions:

This questionnaire should be completed using prisoner/patient files and covers the patient's use of services *during the study period as stated above*.

Suggested data sources are given in dashed boxes

## Accommodation

This section is concerned with the accommodation in which the prisoner/patient resided over the study period. For each location, please note the name of the secure facility, the unit, block, ward or wing and the number of days spent in that location. For prisons, also note any period of time in which the prisoner was subject to a Rule 45 segregation order or an F2052SH.

г –		- 1
i.	Prison: inmate information system	Í
1	Secure hospital: medical files	1
1		- 1
1		

Name of secure facility, unit/block/ward/wing, and order, if appropriate Number

	of days
l.	
2.	
3.	
4.	
5.	

If the prisoner/patient travelled between secure establishments please give the details below.

	Name of establishments	Number of escorts
Between		
And		
Between		
And		
And		

I

# Professional contacts inside secure facility

This section concerns one-to-one contacts with professionals *inside* the secure facility. There is a section below for group activities. Please note the number of contacts with each professional over the study period and the average duration of contacts.

	ord, wing record, inmate personal record or n prison; Secure hospital: medical records	     	
Professional		Number of contacts	Average duration
General practitioner/prison doctor	r		
Practice nurse/prison nurse			
Psychiatric nurse			
Psychiatrist			
Psychologist			
Counsellor/therapist			
Drug and alcohol treatment staff/C	CARAT staff		
Dentist			
Optician			
Chiropodist			
Physiotherapist			
Chaplain			
Other: please specify			

## Daily activities inside secure facility

This section is concerned with group and other activities *inside* the secure facility. Please note the name of the group or activity they took part in, the number of contacts over the study period and the average duration of each activity.

г - I	Prison: inmate information system or wing record	-   
 	Secure hospital: patient file.	1

Activity	Name of group/activity	Number of contacts	Average duration
Therapeutic group: anger management, etc.	Ι.		
	2.		
Creative activity: art, music, drama, etc.	Ι.		
	2.		
Work: farm, industrial,	I.		
kitchen, etc.	2.		
Educational course: literacy, maths, information technology, etc.	Ι.		
	2.		
_			
Sports activity, team games, etc.	l		
	2.		
Other, please give details	l.		
	2.		

## Hospital contacts inside secure facility

This section concerns contacts with hospital services and with visiting hospital specialists running out-patient clinics inside the secure facility. Note the name of the facility, the medical specialty and/or reason for contact, the length of stay or number of contacts.

٦ Prison: inmate medical record or wing record Secure hospital: medical records 1

# **In-patient stays**

Name of secure facility	Specialty/reason	Length of stay

# **Contacts with visiting specialists**

Specialty	Number of
	contacts
	Specialty

## Complaints

This section concerns the number of complaints the prisoner/patient made during the study period. Please note the number of complaints taken to each level (e.g. dealt with on wing, to governor, etc.).

> ٦ Prison: inmate information system or inmate personal record - 1 Secure hospital: patient file. 1 L \_ \_ \_ \_ \_ \_ \_ \_ .

## Level complaint taken to

I.

Number

# Medication

1

This section concerns all medication prescribed. Please note the name of the medication, the daily dose and the number of days the medication was prescribed during the study period.

------Prison: inmate medical records or pharmacy Secure hospital: medical records or pharmacy I

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Daily dose** Number days Name of medication prescribed ١. 2. 3. 4. 5. 6. 7. 8.

## Hospital contacts outside secure facility

This section asks about contact with hospital services *outside* the secure facility. Please note the name of the hospital where treatment was received, the medical specialty or reason for contact and the number of contacts. Also record here the number of escorts that were required to accompany the prisoner/patient.

Г-----л | Prison: inmate medical record or wing record | 1 - 1 Secure hospital: medical records. L\_\_\_\_ 

In-patient stays:

Name of hospital	Specialty	Length of stay	Number of escorts

## Out-patient/day patient attendances:

Name of hospital	Specialty	Number	Number
		of contacts	ofescorts

### Accident and emergency attendances:

Name of hospital	Reason	Number	Number
		of contacts	of escorts

## External services used in secure facility

This section records information on contacts the prisoner/patient had with *external* professionals and services received *inside* the secure facility. Please note the number of personal contacts and telephone calls, whether made or received. For letters, please note only those letters *received*.

Prison: wing record or inmate personal record Secure hospital: patient file

Service	Number of personal	Number of phone	Number of letters
	contacts	calls	received
Samaritans or Listeners			
Citizen's Advice Bureau, etc.			
Solicitor			
Barrister			
Legal advocate			
Organised prison visitors (NAPV <sup>I</sup> )			
Probation officer			
Police officer			
Other			
Other			

I. NAPV, National Association of Prison Visitors.

## **Court appearances**

This section is concerned with any court appearances the prisoner/patient made during the study period. Please note the type of court (e.g. crown court, magistrate's court) and the offence for each court appearance.



# Type of court

6

Offence

## Category A review board/mental health review tribunal

This section is concerned with external reviews of security category and mental health review tribunals. Please note the type and number of each review.

Prison: wing record or inmate personal record Secure hospital: patient file	
′ Type of review Nι	

This schedule was developed at the Institute of Psychiatry, King's College London.

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