


Appendix 5: Prisoner health census forms

 Australian Government
Australian Institute of
Health and Welfare

National Prisoner Health Census—Trial Census 2009

The *Prisoners Health Information Group*, which includes representatives from the Department responsible for the health of prisoners in each State and Territory, is collecting information about the health of Australia's prisoners. The census is being conducted through the Australian Institute of Health and Welfare (AIHW). This will be the first time this type of information has been available across the whole country and it will help to ensure appropriate health services are in place to meet the needs of the prisoner population.

Prison clinics in all prisons throughout Australia are participating in the census.

Further background information about this data collection and how to complete this form is available in the accompanying *Guidelines and definitions* document.

- ▶ One prison entrants form should be completed for each prisoner aged 18 years or over who enters custody during the census week.
- ▶ Census week is **Monday 29 June to Sunday 5 July 2009**.
- ▶ Completed forms will be kept strictly confidential and do not contain names of prisoners.
- ▶ This form should be completed during the routine health assessment for new prisoners.
- ▶ Please return to the Director of Prison Health Services in your jurisdiction by **Friday 17 July 2009**.

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National Prisoner Health Census—Trial Census 2009

Prison Entrants Form

To be completed by health professional at prison reception health assessment
Census week: 29 June 2009 to 5 July 2009

1. Correctional facility identifier	<input style="width: 100%;" type="text"/>																				
2. State or territory	<input style="width: 100%;" type="text"/>																				
3. Prisoner identifier	<input style="width: 100%;" type="text"/>																				
4. Date of birth	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td></td> <td style="text-align: center; font-size: small;">Month</td> <td></td> <td style="text-align: center; font-size: small;">Year</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											Day		Month		Year					
Day		Month		Year																	
5. Age in years <small>COMPLETE ONLY IF DATE OF BIRTH UNKNOWN</small>	<input style="width: 100%;" type="text"/>																				

<p>6. Country of birth <small>PLEASE TICK ONE BOX ONLY</small></p> <p>Australia <input type="checkbox"/> 1</p> <p>Other (specify) <input style="width: 100px;" type="text"/> <input type="checkbox"/> 2</p> <hr/> <p>7. Main language spoken at home <small>PLEASE TICK ONE BOX ONLY</small></p> <p>English <input type="checkbox"/> 1</p> <p>Other (specify) <input style="width: 100px;" type="text"/> <input type="checkbox"/> 2</p> <hr/> <p>8a. Sex <small>PLEASE TICK ONE BOX ONLY</small></p> <p>Male <input type="checkbox"/> 1</p> <p>Female <input type="checkbox"/> 2</p> <p>8b. Transgender or currently undergoing gender reassignment? <small>PLEASE TICK ONE BOX ONLY</small></p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <hr/> <p>9. Are you of Aboriginal or Torres Strait Islander origin? <small>PLEASE TICK ONE BOX ONLY</small></p> <p>Aboriginal <input type="checkbox"/> 1</p> <p>Torres Strait Islander <input type="checkbox"/> 2</p> <p>Both Aboriginal and Torres Strait Islander <input type="checkbox"/> 3</p> <p>Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> 4</p>	<p>10a. What was the highest year of school you have completed? <small>PLEASE TICK ONE BOX ONLY</small></p> <p>Year 12 <input type="checkbox"/> 1</p> <p>Year 11 <input type="checkbox"/> 2</p> <p>Year 10 <input type="checkbox"/> 3</p> <p>Year 9 <input type="checkbox"/> 4</p> <p>Year 8 or below <input type="checkbox"/> 5</p> <p>No schooling <input type="checkbox"/> 6</p> <hr/> <p>10b. Have you completed a trade certificate, diploma, degree or any other educational qualification? <small>MULTIPLE BOXES MAY BE TICKED</small></p> <p>Yes (specify below)</p> <p>Trade Certificate <input type="checkbox"/> 1</p> <p>Diploma <input type="checkbox"/> 2</p> <p>Bachelors degree <input type="checkbox"/> 3</p> <p>Postgraduate qualification <input type="checkbox"/> 4</p> <p>No <input type="checkbox"/> 5</p>
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11a. Is this your first time in a prison or a juvenile detention centre?

PLEASE TICK ONE BOX ONLY

Yes 1 ▶ Go to Question 12

No..... 2 ▶ Go to Question 11b

11b. If NOT the first time in prison then (please insert number in the boxes below):

Total number of times in custody in a juvenile detention centre.....

Total number of times in custody in an adult prison (including this time).....

11c. What was your age at first detention?.....

12a. Have you ever been told by a doctor, psychiatrist, psychologist or nurse that you have a mental health disorder (including drug and alcohol abuse)?

PLEASE TICK ONE BOX ONLY

Yes 1

No..... 2

12b. Are you currently on medication for a mental health disorder?

PLEASE TICK ONE BOX ONLY

Yes 1

No..... 2

13a. In the past four weeks, how often did you feel...?

(please mark the answer that best describes the amount of time you felt that way).

PLEASE TICK ONE BOX PER LINE

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. Tired out for no good reason?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Nervous?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. So nervous that nothing could calm you down?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Hopeless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. Restless or fidgety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. So restless that you could not sit still?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. Depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. Like everything was an effort?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. So sad that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. Worthless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

13b. If you are currently experiencing any distress, is it related to your current incarceration?

PLEASE TICK ONE BOX ONLY

Yes 1

No..... 2

Not applicable 3

14a. Have you ever been told by a doctor or nurse that you have asthma?

PLEASE TICK ONE BOX ONLY

Yes 1 ► Go to Question 14b
 No 2 ► Go to Question 15a

14b. Do you still have asthma?

PLEASE TICK ONE BOX ONLY

Yes 1
 No 2

15a. Have you ever been told by a doctor or nurse that you have cancer?

Excludes non-melanoma skin cancer

PLEASE TICK ONE BOX ONLY

Yes 1 ► Go to Question 15b
 No 2 ► Go to Question 16a

15b. Do you still have cancer (including cancer which is in remission)?

Excludes non-melanoma skin cancer

PLEASE TICK ONE BOX ONLY

Yes 1
 No 2

16a. Including conditions which can be controlled by medication, have you ever been told by a doctor or nurse that you have cardiovascular disease?

Cardiovascular disease includes coronary heart disease, heart failure, rheumatic fever, rheumatic heart disease, congenital heart disease, stroke and peripheral vascular disease

PLEASE TICK ONE BOX ONLY

Yes 1 ► Go to Question 16b
 No 2 ► Go to Question 17a

16b. Including conditions which you are controlling with medication, do you currently have cardiovascular disease?

PLEASE TICK ONE BOX ONLY

1. Yes 1
 2. No 2

17a. Have you ever been told by a doctor or nurse that you have arthritis?

Arthritis includes gout, rheumatism, osteoarthritis, rheumatoid arthritis, other type, arthritis type unknown

PLEASE TICK ONE BOX ONLY

Yes 1 ► Go to Question 17b
 No 2 ► Go to Question 18a

17b. Do you currently have arthritis?

PLEASE TICK ONE BOX ONLY

Yes 1
 No 2

18a. Have you ever been told by a doctor or nurse that you have diabetes?

Diabetes includes Type 1 diabetes, Type 2 diabetes and gestational diabetes

PLEASE TICK ONE BOX ONLY

Yes 1 ► Go to Question 18b
 No 2 ► Go to Question 19a

18b. Do you currently have diabetes?

PLEASE TICK ONE BOX ONLY

Yes 1
 No 2

19a. In the last 12 months, have you consulted any of the following professionals for your own health?

MULTIPLE BOXES MAY BE TICKED

	While in the community	While in prison
Doctor/GP	<input type="checkbox"/> 1	<input type="checkbox"/> 9
Nurse	<input type="checkbox"/> 2	<input type="checkbox"/> 10
Alcohol and drug worker	<input type="checkbox"/> 3	<input type="checkbox"/> 11
Aboriginal health worker	<input type="checkbox"/> 4	<input type="checkbox"/> 12
Dentist	<input type="checkbox"/> 5	<input type="checkbox"/> 13
Psychologist	<input type="checkbox"/> 6	<input type="checkbox"/> 14
Psychiatrist	<input type="checkbox"/> 7	<input type="checkbox"/> 15
Social worker/ welfare officer	<input type="checkbox"/> 8	<input type="checkbox"/> 16

19b. In the last 12 months was there ever a time you needed to go to any of the following professionals for your own health but didn't?

MULTIPLE BOXES MAY BE TICKED

	While in the community	While in prison
Doctor/GP	<input type="checkbox"/> 1	<input type="checkbox"/> 9
Nurse	<input type="checkbox"/> 2	<input type="checkbox"/> 10
Alcohol and drug worker	<input type="checkbox"/> 3	<input type="checkbox"/> 11
Aboriginal health worker	<input type="checkbox"/> 4	<input type="checkbox"/> 12
Dentist	<input type="checkbox"/> 5	<input type="checkbox"/> 13
Psychologist	<input type="checkbox"/> 6	<input type="checkbox"/> 14
Psychiatrist	<input type="checkbox"/> 7	<input type="checkbox"/> 15
Social worker/ welfare officer	<input type="checkbox"/> 8	<input type="checkbox"/> 16

19c. Why didn't you go?

(please answer only if you ticked a box in question 19b)

MULTIPLE BOXES MAY BE TICKED

- Cost..... 1
- Discrimination..... 2
- Service not culturally appropriate..... 3
- Felt it would not help..... 4
- Language problems..... 5
- Transport/distance..... 6
- Waiting time too long or not available at time required..... 7
- Decided not to seek care..... 8
- Not available in area or prison..... 9
- Too busy (including work, personal, family responsibilities)..... 10
- Dislikes (service /professional, afraid, embarrassed)..... 11
- Other reason please specify 20

20. Have you ever received a blow to the head resulting in a loss of consciousness or blacking out?

PLEASE TICK ONE BOX ONLY

- Yes..... 1
- No..... 2

21a. Have you ever intentionally harmed yourself?

PLEASE TICK ONE BOX ONLY

- Yes..... 1
- No..... 2

21b. Have you thought of harming yourself in the last 12 months?

PLEASE TICK ONE BOX ONLY

- Yes..... 1
- No..... 2

22a. Over the last 12 months, how often did you have a drink containing alcohol?

PLEASE TICK ONE BOX ONLY

- Never..... 0 ▶ Go to Question 23
- Monthly or less..... 1
- 2-4 times a month..... 2
- 2-3 times a week..... 3
- 4 or more times a week..... 4

22b. Over the last 12 months, how many standard drinks (see table on next page), would you have on a typical day when you were drinking?

PLEASE TICK ONE BOX ONLY

- 1 or 2..... 0
- 3 or 4..... 1
- 5 or 6..... 2
- 7 to 9..... 3
- 10 or more..... 4

22c. In the last 12 months, how often did you have six or more standard drinks on one occasion?

PLEASE TICK ONE BOX ONLY

- Never..... 0
- Less than monthly..... 1
- Monthly..... 2
- Weekly..... 3
- Daily or almost daily..... 4

23a. Have you ever smoked a full cigarette?

Includes manufactured cigarettes, roll-your-own cigarettes, cigars, pipes and other tobacco products

PLEASE TICK ONE BOX ONLY

- Yes 1 ► Go to Question 23b
 No 2 ► Go to Question 24a

23b. If YES, how old were you when you smoked your FIRST full cigarette (Years)

23c. Do you smoke NOW?

- Yes 1
 No 2 ► Go to Question 24a

23d. If YES which of the following best describes your CURRENT use of tobacco?

PLEASE TICK ONE BOX ONLY

- I NOW smoke:
 occasionally, but less than once a week 1
 occasionally, not everyday, but at least once a week 2
 regularly, every day or most days 3

Standard drinks

-  285ml full strength beer (4.9% alcohol) **1 standard drink**
-  425 ml light beer (2.9% alcohol) **1 standard drink**
-  375 ml Stubby or can (4.9% alcohol) **1.4 standard drinks**
-  425 ml full strength beer (4.9% alcohol) **1.6 standard drink**
-  30 ml spirits (40% alcohol) **1 standard drink**
-  150 ml wine (12% alcohol) **1.5 standard drinks**

24a. Have you used drugs in the last 12 months?

Excludes medical use of prescribed drugs—please see guidelines for definitions

PLEASE TICK ONE BOX ONLY

- Yes 1 ► Go to Question 24b
 No 2 ► Go to Question 25a

24b. Have you used any of the following substances for non-medical purposes or that were not supplied to you medically in the last 12 months?

Excludes medical use of prescribed drugs—please see guidelines for definitions

MULTIPLE BOXES MAY BE TICKED

- Analgesics/pain killers** (Aspirin, Paracetamol, Mersyndol, Panadeine forte, Nurofen Plus) 1
- Other analgesics**—opiates/opioids such as morphine/oxycotin/pethidine 2
- Tranquillisers/Sleeping Pills** (Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies) 3
- Methadone** (Done, Junk, Jungle Juice) / **Buprenorphine** (Bupe, Sub) / **Suboxone** 4
- Heroin** (Hammer, Smack, Horse, H, Boy, Junk) 5
- Barbiturates** (Barbies, Barbs, Downers, Reds, Purple Hearts) 6
- Ketamine** (K, Special K, Vitamin K, KitKat, Ket) 7
- Inhalants—Petrol / Volatile solvents** (e.g. glue, butane, aerosol sprays, cleaning fluid, felt pens, liquid paper, paint thinner) 8
- Inhalants—Anaesthetics** (e.g. nitrous oxide, ether, chloroform)/ **Nitrates** (e.g. amyl nitrate (poppers, snappers)/ **Butyl** (rush, bolt, climax, video head cleaner)/ **Other inhalants** 9
- Steroids** (Roids, Juice, Gear) 10
- Cannabis/Marijuana** (Pot, Grass, Weed, Reefer, Joint, MaryJane, Acapulco gold, Rope, Mull, Cone, Spliff, Dope, Skunk, Bhang, Ganja, Hash, Chronic) 11
- Meth/amphetamine** (e.g. Speed, Crystal, Whizz, Goey, Gogo, Uppers, Amphet, Ice, Meth, Zip, Ox blood, Leopards blood, MDEA, Methylamphetamine, Eve, Shabu) 12
- Cocaine** (Coke, Crack, Flake, Snow, White lady/girl, Happy dust, Gold dust, Toot, Scotty, Charlie, Cecil, C, Freebase) 13
- Ecstasy** (XTC, E, Ex, Ecc, E and C, Adam, MDMA, PMA) 14
- GHB** (Fantasy, Liquid E, Liquid X, Grievous bodily harm) 15
- Hallucinogens** (Tabs, Liquid, Magic mushrooms, Datura or Angel's trumpet, Other) 16
- Other drugs please specify** 20

National Prisoner Health Census—Trial Census 2009

<p>25a. Have you ever been on a methadone program? <i>MULTIPLE BOXES MAY BE TICKED</i></p> <p>Yes (specify below)</p> <p>on it now..... <input type="checkbox"/> 1</p> <p>in the past <input type="checkbox"/> 2</p> <p>No, never <input type="checkbox"/> 3</p> <p>25b. Have you ever been on any other opiate replacement program, e.g., naltrexone, buprenorphine, suboxone or LAAM? <i>MULTIPLE BOXES MAY BE TICKED</i></p> <p>Yes (specify below)</p> <p>on it now..... <input type="checkbox"/> 1</p> <p>in the past <input type="checkbox"/> 2</p> <p>No, never <input type="checkbox"/> 3</p> <p>▶ For female prisoners, please answer questions 26 and 27.</p> <p>▶ For male prisoners, please go straight to question 28.</p>	<p>Female prisoners only</p> <p>26. Have you had a Pap smear in the last 2 years? <i>PLEASE TICK ONE BOX ONLY</i></p> <p>Yes..... <input type="checkbox"/> 1</p> <p>No..... <input type="checkbox"/> 2</p> <p>27a. Have you ever been pregnant? <i>PLEASE TICK ONE BOX ONLY</i></p> <p>Yes..... <input type="checkbox"/> 1</p> <p>No..... <input type="checkbox"/> 2</p> <p>27b. Age of first pregnancy <input style="width: 50px;" type="text"/></p> <p>▶ Please go to question 28.</p>
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To be filled in by health professional at completion of assessment

28. As a result of the current reception assessment, has the prisoner been referred to the prison mental health service?
PLEASE TICK ONE BOX ONLY

Yes..... 1

No..... 2

29. Has the prisoner been identified as currently at risk of suicide/self harm?
PLEASE TICK ONE BOX ONLY

Yes..... 1

No..... 2

Please indicate below who completed this form and their position within the organisation

Name

Position title

Thank you for completing this form

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CLINIC FORM

- ▶ To be completed by treating health professional at clinic visitation
- ▶ Census week: **29 June 2009 to 5 July 2009**
- ▶ Please return to the Director of Prison Health Services in your jurisdiction by **Friday 17 July 2009**

This form is to be used for all clinic contacts during the one week census, and is designed to capture information on the number of clinic contacts each prisoner makes, and the problem(s) managed during those contacts. A 'visit' is defined as a face-to-face consultation for which an entry is made in the health service record (other than for routine household type treatment such as band-aids or panadol). One form is to be completed for each clinic contact.

<p>i. Prisoner ID <input style="width: 100%;" type="text"/></p>	<p>2. Problem managed <i>TICK AS MANY AS APPROPRIATE</i></p> <p>Blood or urine test/result..... <input type="checkbox"/> 1</p> <p>Health check..... <input type="checkbox"/> 2</p> <p>Malignancy (cancer, excluding non-melanoma skin cancer) <input type="checkbox"/> 3</p> <p>Skin (excluding cancer) <input type="checkbox"/> 4</p> <p>Musculoskeletal injury..... <input type="checkbox"/> 5</p> <p>Arthritis <input type="checkbox"/> 6</p> <p>Musculoskeletal (excluding arthritis, injury or cancer).. <input type="checkbox"/> 7</p> <p>Asthma <input type="checkbox"/> 8</p> <p>Respiratory (excluding asthma or cancer)..... <input type="checkbox"/> 9</p> <p>Digestive (excluding cancer)..... <input type="checkbox"/> 10</p> <p>Psychological <input type="checkbox"/> 11</p> <p>Diabetes..... <input type="checkbox"/> 12</p> <p>Cardiovascular disease <input type="checkbox"/> 13</p> <p>Communicable disease..... <input type="checkbox"/> 14</p> <p>Other reason (please specify) <input style="width: 100%;" type="text"/> <input type="checkbox"/> 20</p> <p>Other reason (please specify) <input style="width: 100%;" type="text"/> <input type="checkbox"/> 20</p> <p>Other reason (please specify) <input style="width: 100%;" type="text"/> <input type="checkbox"/> 20</p>
<p>ii. Date of birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p style="text-align: center;">Day Month Year</p>	<p>3. Prisoner seen by: <i>PLEASE TICK ONE BOX ONLY</i></p> <p>Medical practitioner <input type="checkbox"/> 1</p> <p>Psychologist <input type="checkbox"/> 2</p> <p>Psychiatrist <input type="checkbox"/> 3</p> <p>Nurse..... <input type="checkbox"/> 4</p> <p>Aboriginal health worker..... <input type="checkbox"/> 5</p> <p>Other (please specify) <input style="width: 100%;" type="text"/> <input type="checkbox"/> 6</p>
<p>iii-a. Sex <i>PLEASE TICK ONE BOX ONLY</i></p> <p>Male..... <input type="checkbox"/> 1</p> <p>Female..... <input type="checkbox"/> 2</p>	<p>1. Visit initiated by: <i>PLEASE TICK ONE BOX ONLY</i></p> <p>Prisoner..... <input type="checkbox"/> 1</p> <p>Staff..... <input type="checkbox"/> 2</p>
<p>iii-b. Transgender or currently undergoing gender reassignment? <i>PLEASE TICK ONE BOX ONLY</i></p> <p>Yes..... <input type="checkbox"/> 1</p> <p>No..... <input type="checkbox"/> 2</p>	<p>iv. Are you of Aboriginal or Torres Strait Islander origin? <i>PLEASE TICK ONE BOX ONLY</i></p> <p>Aboriginal..... <input type="checkbox"/> 1</p> <p>Torres Strait Islander..... <input type="checkbox"/> 2</p> <p>Both Aboriginal and Torres Strait Islander..... <input type="checkbox"/> 3</p> <p>Neither Aboriginal nor Torres Strait Islander..... <input type="checkbox"/> 4</p>

PRISONERS IN CUSTODY—REPEAT MEDICATIONS

- ▶ To be completed by treating health professional
- ▶ Choose **ONE DAY** in the census week (29 June 2009 to 5 July 2009) to fill out this form
- ▶ Please return to the Director of Prison Health Services in your jurisdiction by **Friday 17 July 2009**

This form is designed to capture information on the number of prisoners on repeat medications, and the conditions those medications relate to. You only need to use this form on **one day** during the census week as repeat medications should be largely the same from day to day. It doesn't matter which day of the census week that you choose.

Routine, household type medications taken on a PRN basis (such as Panadol) are not included. Depot medications (such as antipsychotics) should be included whether or not they were actually administered on the census day. For each prisoner, please tick the boxes for each repeat medication administered.

<p>i. Prisoner ID <input type="text"/></p>	
<p>ii. Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Day Month Year</p>	
<p>iii-a. Sex PLEASE TICK ONE BOX ONLY</p> <p>Male..... <input type="checkbox"/> 1</p> <p>Female..... <input type="checkbox"/> 2</p>	
<p>iii-b. Transgender or currently undergoing gender reassignment? PLEASE TICK ONE BOX ONLY</p> <p>Yes..... <input type="checkbox"/> 1</p> <p>No..... <input type="checkbox"/> 2</p>	
<p>iv. Are you of Aboriginal or Torres Strait Islander origin? PLEASE TICK ONE BOX ONLY</p> <p>Aboriginal..... <input type="checkbox"/> 1</p> <p>Torres Strait Islander..... <input type="checkbox"/> 2</p> <p>Both Aboriginal and Torres Strait Islander..... <input type="checkbox"/> 3</p> <p>Neither Aboriginal nor Torres Strait Islander..... <input type="checkbox"/> 4</p>	
<p>Repeat medications PLEASE TICK AS MANY AS APPROPRIATE</p> <p>Allergies e.g. Loratadine (Claratyne, Allereze), Fexofenadine (Fexal, Telfast) <input type="checkbox"/> 1</p> <p>Antifungals e.g. Clotrimazol (Canesten, Clozole, Femizole, Hydrozole, Topizole) <input type="checkbox"/> 2</p> <p>Anti-inflammatories, arthritis e.g. Ibuprofen (Nurofen), Meloxicam (Mobic), Diclofenac (Voltaren), Aspirin, Glucoasmine <input type="checkbox"/> 3</p> <p>Anxiety e.g. Diazepam (Valium)..... <input type="checkbox"/> 4</p> <p>Asthma e.g. Salbutamol (Ventolin, Butamol, Rotahaler), Salmeterol (Seretide, Serevent), Symbicort, Fluticasone (Beconase, Flixotide), Intal Forte, Singulair, Prednisolone <input type="checkbox"/> 5</p> <p>Cholesterol e.g. Atorvastatin (Lipitor, Caduet), Simvastatin (Lipex, Zocor)..... <input type="checkbox"/> 6</p>	<p>Depression e.g. Sertraline (Zoloft), Fluoxetine (Prozac, Lovan), Paroxetine (Aropax), Citalopram (Cipramil), Amitriptyline (Endep)..... <input type="checkbox"/> 7</p> <p>Diabetes e.g. Metformin (Glucophage, Avandamet, Diabex, Diaformin, Formet, Glucovance) <input type="checkbox"/> 8</p> <p>Digestive e.g. Omeprazole (Nexium, Probitor) <input type="checkbox"/> 9</p> <p>High blood pressure/angina e.g. Perindopril (Conversyl, Indopril, Perindo), Irbesartan (Avapro, Karvea, Karvezide), Atenolol (Tenormin), Ramipril (Prilace, Triasyn, Tryzan), Amlodipine (Norvasc) <input type="checkbox"/> 10</p> <p>Infection (antibiotics) e.g. Amoxicillin (Amoxil, Augmentin), Cephalexin (Keflex), Roxithromycin (Rulide, Roximycin), Doxycycline (Vibramycin)..... <input type="checkbox"/> 11</p> <p>Infectious diseases e.g. Pegasys, Stocrin, Truvada <input type="checkbox"/> 12</p> <p>Methadone..... <input type="checkbox"/> 13</p> <p>Nicotine e.g. QuitX <input type="checkbox"/> 14</p> <p>Pain (Analgesics -repeat only) e.g. Paracetamol (Panadol), Codeine (Panadeine), Oxycodone (OxyContin, Endone), Tramadol (Tramahexal, Zydol) <input type="checkbox"/> 15</p> <p>Prostate e.g. Flomaxtra <input type="checkbox"/> 16</p> <p>Psychoses e.g. Amisulpride (Solian), Clozapine (Clozaril, Clopine), Olanzapine (Zyprexa), Quetiapine (Seroquel), Risperidone (Risperdal), Prochlorperazine (Stemetil, Stemizine) <input type="checkbox"/> 17</p> <p>Sleep disturbance e.g. Temazepam (Normison, Temaze, Temtabs), Venlafaxine (Effexor) <input type="checkbox"/> 18</p> <p>Other (please specify) <input type="text"/> <input type="checkbox"/> 20</p> <p>Other (please specify) <input type="text"/> <input type="checkbox"/> 20</p> <p>Other (please specify) <input type="text"/> <input type="checkbox"/> 20</p>

PRISON ESTABLISHMENT FORM

- ▶ To be completed by the manager of the prison's health service
- ▶ For assistance please call the Prisoner Health Census Helpline on **1800 443 182**
- ▶ Census week: **29 June 2009 to 5 July 2009**
- ▶ Please return to the Director of Prison Health Services in your jurisdiction by **Friday 17 July 2009**

1. Correctional facility identifier	<input type="text"/>
2. Name of prison/remand centre	<input type="text"/>
3. State or territory	<input type="text"/>

<p>4a. Does your facility receive visits by an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical Service (AMS) at least once a month? PLEASE TICK ONE BOX ONLY</p> <p>Yes..... <input type="checkbox"/> 1 ▶ Go to Question 4b</p> <p>No..... <input type="checkbox"/> 2 ▶ Go to Question 5a</p> <p>4b. If yes, which health providers provide the ACCHO or AMS services at your facility? MULTIPLE BOXES MAY BE TICKED</p> <p>Aboriginal Health Worker <input type="checkbox"/> 1</p> <p>Medical practitioner <input type="checkbox"/> 2</p> <p>Social worker <input type="checkbox"/> 3</p> <p>Psychologist <input type="checkbox"/> 4</p> <p>Counsellor <input type="checkbox"/> 5</p> <p>Drug & alcohol worker..... <input type="checkbox"/> 6</p> <p>Other (specify) <input type="text"/> <input type="checkbox"/> 7</p> <p>5a. Please estimate the proportion of prisoners at your facility that have a health-related discharge plan at the time of their release. A health-related discharge plan is a plan that supports the continuity of healthcare between the prison health service and the community, based on the individual needs of the prisoner.</p> <p>PLEASE TICK THE BOX INDICATING THE APPROXIMATE PERCENTAGE</p> <p>0% <input type="checkbox"/> 1</p> <p>1%–25% <input type="checkbox"/> 2</p> <p>26%–50%..... <input type="checkbox"/> 3</p> <p>51%–75%..... <input type="checkbox"/> 4</p> <p>76%–100% <input type="checkbox"/> 5</p>	<p>5b. Please provide below some information about the approach, taken at your establishment, to health-related discharge planning.</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div> <p>6. Do you offer immunisation to prisoners in accordance with the current national immunisation guidelines? Please see attached guidelines for a link to the Australian Immunisation handbook</p> <p>PLEASE TICK ONE BOX ONLY</p> <p>Yes, to some prisoners (targeted or opportunistic) <input type="checkbox"/> 1</p> <p>Yes, to all prisoners <input type="checkbox"/> 2</p> <p>No <input type="checkbox"/> 3</p>
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7. Number of full-time equivalent health staff working at your correctional facility See guidelines for definitions of full-time equivalent staff

Medical Practitioner(s).....	<input type="text"/>	1
Psychologist(s) providing mental health services.....	<input type="text"/>	2
Dental Practitioner(s).....	<input type="text"/>	3
Psychiatrist(s)	<input type="text"/>	4
Registered Nurse(s).....	<input type="text"/>	5
Enrolled Nurse(s)	<input type="text"/>	6
Aboriginal health worker(s).....	<input type="text"/>	7
Nurse practitioner(s)	<input type="text"/>	8
Other please specify <input type="text"/>	<input type="text"/>	9
Total number full-time equivalent health staff.....	<input type="text"/>	10

8. Number of female prisoners who were pregnant while in prison during the 12-month period to 30th June 2009

9. How many hospital transfers have you had this week

Acute—ambulance—not planned.....	<input type="text"/>	1
Non-Acute—planned	<input type="text"/>	2

10. Total number of prison entrants into your facility during this census week by sex

Male.....	<input type="text"/>	1
Female.....	<input type="text"/>	2

Please indicate below who completed this form and their position within the organisation

Name	<input type="text"/>
Position title	<input type="text"/>
Date completed	<input type="text"/>

Thank you for completing this form