

INTERVIEW GUIDE & SURVEY, ABORIGINAL HEALING OUTSIDE OF THE GATES, NAMHR

Participant ID: _____

Interview date: _____

Which word would you like me to use when I ask you questions about your ethnic heritage?
(e.g. Aboriginal, Indigenous, Metis, other)

MENTAL HEALTH

1. What does mental health mean to you? _____
2. How would you rate your mental health right now on a scale of 1-5? (where 5 is best) _____
3. What helps your mental health? _____
4. What are your future goals for your mental health? _____
5. What is stopping you from being mentally healthy? _____
6. Was being inside the prison gates good for your mental health? ___yes___ No ; Please explain

EMOTIONAL HEALTH

7. What does emotional health mean to you? _____
8. How would you rate your emotional health right now on a scale of 1-5? (5 is best) _____
9. What helps your emotional health? _____
10. What are your future goals for your emotional health? _____
11. What is stopping you from being emotionally healthy? _____
12. Was being inside the gates good for your emotional health? ___yes___ No; Please explain.

SPIRITUAL HEALTH

13. What does spiritual health mean to you? _____
14. How would you rate your spiritual health right now on a scale of 1-5? (5 is best) _____
15. What helps your spiritual health? _____
16. What are your future goals for your spiritual health? _____
17. What is stopping you from being spiritually healthy? _____
18. Was being inside the gates good for your spiritual health? ___yes___ No; Please explain

19. Do you feel that your spiritual health and beliefs were respected inside the gates? Yes ___ No___;
Please explain _____

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PHYSICAL HEALTH

- 20. What does physical health mean to you? _____
- 21. How would you rate your physician health on a scale of 1-5? (5 is best) _____
- 22. What helps your physical health? _____
- 23. What are your future goals for physical health? _____
- 24. What is stopping you from being physically healthy? _____
- 25. Was being inside the gates good for your physical health? ___yes ___ No; please explain

- 26. Do you feel exercise is needed in your life today? Yes___ No___; Please explain

- 27. Do you have a daily exercise routine? Yes ___ No ___
- 28. Is there anything preventing you from getting daily exercise? Yes___ No___; Please explain

- 29. Do you have any immediate concerns about your physical health? Yes___ No___; Please explain

HEALTH CARE

Now I will ask you some questions about your experiences with health care outside the gates:

- 30. Please tell me what you understand by 'health care': _____
- 31. Are you living on reserve?
 - a. If yes, does the reserve have a health centre? Yes___ No___
 - b. If yes, do you use it? yes ___ No___ Please explain _____
- 32. Since your release have you accessed health care? Yes___ No___
 - a. If no, please explain why not _____
 - b. If yes:
 - i. How many different doctors have you seen since your release (approx)? _____
 - ii. Do you have a fam doc since your release? Yes__no___
 - 1. If yes, how many times have you visited him/her since your release? _____
 - iii. Have you gone to walk in clinics since your release? Yes___ No___
 - 1. If yes, how many times have you visited drop in clinic since your release?_
 - iv. Have you gone to en emerg of hosp since your release? Yes___ No___
 - 1. If yes, how many times have you visited an ER since your release?_ ___

COMMUNITY

- 33. How do you define your community? _____
- 34. Did you receive any support from your community upon release? ___Yes___No Please explain _____

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35. What problems have you encountered in your community due to being incarcerated?

36. Please share with me any problems you have encountered in your community for any other reason _____

37. What is *use chosen word* (Aboriginal/Indigenous/Metis/other)_ culture to you?

38. Tell us how being incarcerated affected your *use chosen word* (Aboriginal/Indigenous/Metis/other) culture. _____

WALKING THROUGH THE GATES *I am going to ask you some questions about how walking through the gates affected your health.*

39. Was being released from prison and walking through those gates good or bad for your health and well being? Please explain _____

40. What services do you think should be made more accessible to aboriginal women before release? _____

41. Did you receive any housing information inside the gates before release? ___ Yes ___ No
a. If yes, from who? _____
b. Did you have a place to live when you walked out of the gates last time? ___ yes ___ no; please explain _____

42. Please describe any education or training while incarcerated _____

43. What resources have you accessed following your release? _____
a. Were they helpful? ___ Yes ___ No Please explain _____
b. Were your needs met? ___ Yes ___ No Please explain _____

44. Did you receive any housing information outside the gates after your release? ___ Yes ___ No
a. If yes, please from who? _____

45. Please describe any education or training after you were released _____

46. Do you feel your criminal record is playing a role in why you're not getting the support you need? Yes ___ No ___ Please explain _____

47. What do you think was/would be most helpful to get you on your feet and moving forward? (Please explain) ___ Job ___ School ___ Housing ___ Community support ___ Job training ___ Treatment ___ Other _____

48. Please share with me your education goals _____

49. What resources could have better assisted you on your journey in to re-integration?(specify)

I now invite you to complete a short survey asking some basic information about you, your health and housing.

I can read the questions out to you or I can give you the paper to fill in the questions yourself.

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SOME BASIC INFORMATION ABOUT YOU

Incarceration history:

1. What year were you first ever incarcerated? _____yr
2. What date was your most recent incarceration? ____mth ____yr
3. What is the total number of years you spent inside? ____years
 - a. How many of years did you spend inside a federal institution? ____years
4. Did substance abuse contribute to why you where charged (last time)? ____Yes ____No
5. **ABORIGINAL STATUS:** ____ Status ____Non status Band _____
6. **Age:** How old are you? _____(yrs)
7. **Education:** What is your highest level of education? _____
8. **Employment:** What employment do you have at this time? _____
9. **Marital status:** ____ Single ____ Single (never married) ____Married/Common-law ____ Current girlfriend/boyfriend ____Separated/Divorced ____Widowed
10. **Do you have Children ?** ____Yes ____ No ;
 - a. If yes, how old are they? ____ years old; ____years old; ____years old;____years old
 - b. Do you have contact with your children Yes____No____; Would you like to explain?

Housing:

11. Do you live alone? Yes ____ no ____;
 - a. if no, who do you live with (check all that apply):children____; partner/spouse ____; other family____; friends _____
12. Where do you live now? (check all that apply): Treatment ____ Supportive housing? ____ hotel/boarding house?____; Owns house/apartment____ Rents____ Lives with family (no rent)____ Lives with friends (no rent) ____ Homeless _____ In custody _____; Other, explain: _____
13. How many months have you lived here? _____
14. Why did you move here? Please explain _____

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SOME QUESTIONS ABOUT YOUR OVERALL HEALTH

Do you have any of the following health conditions? Please circle yes or no below. Also, please circle yes or no for all questions about your belief that these health conditions are directly due to being in prison or to using drugs.

<u>Health condition</u>	<u>Do you have this health condition?</u>	<u>Is this health condition directly due to your time inside prison?</u>	<u>Is this health condition directly due to drug use?</u>
16. Post incarceration syndrome	YES NO	YES NO	YES NO
17. <u>HIV</u>	YES NO	YES NO	YES NO
18. <u>HEP C</u>	YES NO	YES NO	YES NO
19. <u>HEP B</u>	YES NO	YES NO	YES NO
20. <u>Eating Disorder</u>	YES NO	YES NO	YES NO
21. <u>Endocarditis</u>	YES NO	YES NO	YES NO
22. <u>Sexually transmitted disorder</u>	YES NO	YES NO	YES NO
23. <u>Abnormal Pap smear</u>	YES NO	YES NO	YES NO
24. <u>MRSA infection</u>	YES NO	YES NO	YES NO
25. <u>Mental health disorder, (explain):</u> _____	YES NO	YES NO	YES NO
26. <u>Other (explain):</u> _____	YES NO	YES NO	YES NO

28. Please draw your own medicine wheel. What does your own medicine wheel look like for you?



Thank you for participating in this project! 😊