

MEASURING QUALITY OF LIFE AND FACILITY CONDITIONS  
AT THE ADULT CORRECTIONAL FACILITY CAMPUS  
**RESIDENT SURVEY**

Dear participant,

On behalf of the Department of Community Corrections and Rehabilitation (DOCCR), Hennepin County is requesting your participation in this survey to share your opinion regarding the current facility conditions, standards of living, quality of care, and programs and services provided to residents.

This survey gives you an opportunity to have your say about your experience and what could be done to make things better at this facility. Your answers will be used to understand current living conditions and to make recommendations for making changes to this facility.

Your participation in this survey is 100% anonymous and voluntary, and you are **free to stop at any time without giving any reason. This will not affect your current classification status, rights, or privileges.**

The survey has five (5) parts:

- Part I Background information.
- Part II Programs and services available to you at this facility.
- Part III Quality of life in this facility.
- Part IV Quality of the current spaces and the built environment.
- Part V Closing questions.

To complete this survey will take you about 20 minutes. There are no right or wrong answers, so please answer as objectively as possible.

**If you would like to have anything explained, or have any difficulties with reading or writing, please ask a staff member for assistance.**

Please return your completed survey to the 'survey return' box provided by the facility.

Thank you for your time and participation in this important survey.

**PART I. BACKGROUND INFORMATION**

1. What is your age? \_\_\_\_\_

2. How do you identify your race/ethnicity:

- |   |   |
|---|---|
| <input type="checkbox"/> White/Caucasian                | <input type="checkbox"/> Native American                    |
| <input type="checkbox"/> Black /African American        | <input type="checkbox"/> Hispanic/Latino                    |
| <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Multiracial or Biracial            |
| <input type="checkbox"/> Native Hawaiian/Alaskan Native | <input type="checkbox"/> Other ethnic group not listed here |

If 'other', please write ethnic group \_\_\_\_\_

3. What is your gender identity? \_\_\_\_\_

4. Is this the first time you are incarcerated?      Yes      No

If you have been incarcerated before:

5. How old were you when you were first incarcerated? \_\_\_\_\_

6. How many times have you been incarcerated before?

- Once before
- 2 – 5 times
- 6 – 9 times
- 10 or more times

7. Have you been in this facility before?      Yes      No

8. How long have you been in this facility?

- Less than 1 week
- 1 - 3 weeks
- 1 – 6 months
- 7 – 12 months
- More than 12 months

9. How long is your current sentence?

- Less than one month
- 1-2 months
- 3-5 months
- 6-10 months
- 11-12 months
- More than 12 months
- I don't know

10. What housing unit/cell block are you currently housed in:

Men's Facility

- A-Block Intake Housing
- Cell Block A
- Cell Block B
- A-Block Special Management Unit
- Segregation

Women's Facility

- Unit A – Medical
- Unit B
- Unit C
- Unit D
- Unit E
- Unit F

11. What is your current ACF classification?

- Minimum
- Medium
- Maximum
- Other \_\_\_\_\_
- Don't know

**PART II RESIDENT SERVICES AND PROGRAMS**

12. Please rate the following programs based on your experience with them.

Please rate the quality of the program	Not Participating	Good	Fair	Poor
Education	○	○	○	○
Drug Rehab/AA course/Telesis	○	○	○	○
Private Sector Work Program (PSWP)	○	○	○	○
In-house Work program	○	○	○	○
Religious Services	○	○	○	○
Decision Points Cognitive Thinking	○	○	○	○
Health Insurance	○	○	○	○
Doula services for Women	○	○	○	○
Sexual Violence Group	○	○	○	○
Other _____	○	○	○	○
Other _____	○	○	○	○
Other _____	○	○	○	○

13. Are you on the waiting list for any programs here?      Yes      No

If yes, a) Which programs are you on the waiting list for? \_\_\_\_\_

b) How long have you been waiting? \_\_\_\_\_

14. Between 7 a.m. – 10 p.m. how many hours would you say are spent secured in your cell?

\_\_\_\_\_ hours

15. Is recreation time frequently canceled?      Yes      No

## Treatment Services

16. Did you have challenges with drug use prior to coming to ACF?    Yes                    No

17. Did you have challenges with the misuse of alcohol prior to coming to ACF?    Yes                    No

18. If you had a drug/alcohol misuse challenge before being incarcerated, did you get the help you needed to detox from drugs and/or alcohol when you arrived here?

- No, didn't need any detox
- Yes, with drug detox only
- Yes, with alcohol detox only
- Yes, with both drug and alcohol detox

19. If you had a drug/alcohol misuse challenge when you arrived here,  
a) did you participate in any drug rehabilitation, treatment, or education?

Yes                    No

b) did you find these services to be helpful to recover from your substance abuse challenges?

Yes                    No

## Religious Services

20. Do you practice a religion?

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Buddhist    |
| <input type="checkbox"/> Jewish      | <input type="checkbox"/> Hindu       |
| <input type="checkbox"/> Christian   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Muslim      |                                      |

21. Are you able to practice your religion in this facility, if you want to?

Yes                    No                    Don't know/don't want to

## Visiting

22. Do you receive visits in this facility?      Yes                      No

23. How do you receive Visits (circle all that apply)              In Person              Phone              Video

24. Are you in regular contact by either telephone, mail, or visits/virtual visits with members of your family whilst you are in this facility?

Yes                      No

25. Are you close to your home area in this facility? (for example, if your home area is about an hour away or less from the facility it would be considered close to home)

Yes                      No

## Medical Services

26. Have you been under medical or mental health observation in this facility?

Yes                      No                      If yes, how long? \_\_\_\_\_

27. Have you ever been on suicide watch / risk management while incarcerated?

- \_\_\_\_\_ No, never
- \_\_\_\_\_ Yes, in this ACF
- \_\_\_\_\_ Yes, in another facility
- \_\_\_\_\_ Yes, in this and another facility
- \_\_\_\_\_ Don't know

28. What do you think of the sick call nurses at this facility? Do they respond to your medical requests promptly and with care? Please describe...

29. Do they send you to the provider (Nurse Practitioner, Physician, etc.) when you have a serious need?

Yes                      No

30. On average, after you sign up for sick call, how long does it take you to actually get to see a nurse? (circle one)

Days                  Weeks                  Months

31. Can you see a doctor, when necessary, at this facility?

Yes                  No

32. Can you see the Obstetrician/Gynecologist when you need to at this facility?

Yes                  No                  N/A

33. Can you see specialists when you need to at this facility (i.e., podiatrist, optometrist, etc.)?

Yes                  No

34. Are there any specific challenges you've had with getting medical care here?

Yes                  No

If yes, please describe (if you need more space, use the back of this page):

### **Mental Health Services**

35. Are you on the mental health caseload?

Yes                  No                  Don't know

36. How often do you meet with a mental clinician?

\_\_\_\_\_ times per week / month / year (circle one)

37. Are more frequent services available if you need or request them?

Yes                  No

38. Do you find your sessions with the mental health clinician to be helpful or meaningful?

Yes                  No

39. If you ask to see a mental health clinician, how long does it usually take to see someone?

\_\_\_\_\_ days / weeks / months (circle one)

40. Have you seen the psychiatrist or other prescribing mental health clinician?

Yes                  No

41. If yes, how often do you see him or her?

\_\_\_\_\_ times per week / month / year (circle one)

42. Do you find your time with the psychiatrist or other prescribing mental health clinician to be helpful or meaningful?

Yes                  No

43. Have you had any challenges with mental health care here?

Yes                  No

If yes, please explain (if you need more space, use the back of this page):

44. Are there any emotional support services you would like to get that you are not getting here?

Yes                  No

If yes, please explain (if you need more space, use the back of this page):



### PART III. QUALITY OF LIFE IN THIS FACILITY

Please read each statement carefully and circle the answer that best describes how you feel **IN THIS FACILITY**. Only circle one answer for each statement and take care to answer each question. Please ask if there are any statements or words that you do not understand.

QUESTION	FOR EACH QUESTION BELOW, PLEASE PUT A CIRCLE AROUND THE RESPONSE THAT BEST DESCRIBES HOW YOU FEEL				
<b>1. Relationships between staff and residents in this facility are good.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>2. I receive support from staff in this facility when I need it.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>3. I am being looked after and treated as a human in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>4. I trust the officers in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>5. Personally, I get on well with the officers in my section/cellblock.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>6. The best way to get things done in this facility is to be polite and go through official channels.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>7. I have been helped significantly by a member of staff in this facility with a particular personal problem.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>8. Overall, I am treated fairly by staff in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>9. I am treated as a person of value in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>10. Some of the treatment I receive in this facility is degrading.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

<b>11. I feel safe from being injured, bullied or threatened by other residents in here.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>12. To progress in this facility, I have to meet impossible expectations.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>13. Staff in this facility have enough experience and expertise to deal with the issues that matter to me.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>14. If you do something wrong in this facility, staff only use punishments. They do not try other options first.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>15. I have thought about suicide in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>16. Staff are argumentative towards residents in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>17. To get things done in this facility you have to ask and ask and ask.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>18. Supervision of residents is poor in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>19. Facility staff encourages me to think about and plan for my release.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>20. I feel 'stuck' in this system.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>21. The quality of my living conditions is poor in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree



<b>22. My experience of imprisonment this particular facility has been stressful.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>23. I have to be careful about everything I do in this facility, or it can be used against me.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>24. On the whole I am 'doing time' rather than 'using time'.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>25. I feel safe from being injured, bullied, or threatened by staff in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>26. This facility is well-organized.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>27. I feel that I am treated with respect by staff in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>28. Staff respond promptly to incidents and alarms in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>29. When I need to get something done in this facility, I can normally get it done by talking to someone face-to-face.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>30. You never know where you stand in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>31. My experience in this facility is painful.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>32. This facility encourages me to respect other people.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>33. Generally I fear for my physical safety.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>34. Certain residents run things in the cellblocks/units in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

<b>35. I am able to receive visits often enough in this facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>36. Decisions in this facility are dominated by concerns about security.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>37. My time here seems like a chance to change.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>38. This facility is poor at treating residents with respect.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>39. In this facility, you have to be in a group in order to get by.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>40. When important decisions are made about me in this facility, I am treated as an individual, not a number.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>41. Drugs cause a lot of problems between residents in here.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>42. All they care about in this facility is my 'risk factors' rather than the person I really am.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>43. Anyone who harms themselves is considered by staff to be more of an attention-seeker than someone who needs care and help.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>44. Every effort is made by this facility to help prisoners to stop committing offences on release from custody.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>45. This is a decent facility.</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

## PART IV. QUALITY OF THE SPACES AND BUILT ENVIRONMENT

Please consider your *CURRENT* experiences with this facility

1. Access to natural daylight (sun)	Very Unhappy	Unhappy	Neutral	Happy	Very Happy
2. Quality of artificial light	Very Unhappy	Unhappy	Neutral	Happy	Very Happy
3. Building temperature	Very Unhappy	Unhappy	Neutral	Happy	Very Happy
4. Access to outdoor space/fresh air	Very Unhappy	Unhappy	Neutral	Happy	Very Happy
5. Noise levels in the building	Very Low	Low	Moderate	High	Very High
6. Stress level	Very Low	Low	Moderate	High	Very High
7. Anxiety level	Very Low	Low	Moderate	High	Very High

Please share how well you think these spaces work for your needs or activities:	Very Poor	Below Average	Average	Above Average	Excellent
Showers and toilets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Break spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unit Dayroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classroom space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industries area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor recreation yard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indoor Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processing/intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program spaces (for group activities, counseling and treatment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**PART V. CLOSING QUESTIONS**

What are the top 3 most positive things about this facility?

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

What are your top 3 most negative things about this facility?

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Please identify one area of improvement this facility should consider:

\_\_\_\_\_

Any other comments you would like to make?

Please take a moment or two to check that you have answered all the relevant questions.

Please turn this packet in as directed.

**Thank you for taking part in the survey!**