



COVID-19 Questionnaire for Correctional Populations (CQCP)

1. Were you incarcerated during the coronavirus (COVID-19) epidemic? (Check Yes/No)

| | |
|---|---|
| Y | N |
|---|---|

SKIP TO SECTION B IF ANSWER IS NO. IF YES, COMPLETE SECTION A

SECTION A: FOR PARTICIPANTS WHO WERE INCARCERATED DURING THE CORONAVIRUS, COVID-19 PANDEMIC

We are asking about your experiences with coronavirus, COVID-19, during your time of incarceration.

1a. During the time you were incarcerated, how did you learn about the coronavirus (COVID-19)? (Check Yes/No)

| | | |
|---|---|--|
| Y | N | From correctional facility officials in announcements to all incarcerated individuals |
| Y | N | From other incarcerated individuals |
| Y | N | From correctional facility staff in informal discussion |
| Y | N | From TV programs |
| Y | N | From the internet or email communications |
| Y | N | From written materials supplied by the correctional facility |
| Y | N | Correctional facility healthcare staff or chaplains |
| Y | N | From family |

Were you unsure about any of your responses above? If so, which one(s)? _____

1b. Please tell us about any other sources of information that we did not list above.

1c. What could happen differently around communicating about a health crisis in the future?

2a. During the time you were incarcerated, what actions did the correctional facility take in response to the coronavirus (COVID-19)? (Check Yes/No)

| | | |
|---|---|---|
| Y | N | Suspended volunteers coming into the facility |
| Y | N | Suspended professional visits |
| Y | N | Suspended loved ones visits |
| Y | N | Released you ahead of your scheduled release date |
| Y | N | Moved you to a different facility to reduce crowding |
| Y | N | Moved you to more segregated setting in your correctional facility so you would be around fewer inmates |
| Y | N | Advised incarcerated individuals to practice social distancing as much as possible |
| Y | N | Made soaps and cleaning areas more available and instructed you to wash hands more often |
| Y | N | Gave out face masks |
| Y | N | Temperature checks |
| Y | N | Gave information on how to get tested for COVID-19 exposure |
| Y | N | Suspended programming |
| Y | N | Offered free phone calls and/or email access to individuals on visitors list |
| Y | N | Other (please specify) _____ |

Were you unsure about any of your responses above? If so, which one(s)? _____

2b. How did you connect with loved ones during the spread of coronavirus (COVID-19)?

2c. Did the coronavirus impact the following events from occurring? (Check Yes/No)

| | | | |
|--------------------------|--------------------------|--|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Court dates | If yes, how? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Release dates | If yes, how? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Parole board hearings | If yes, how? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical visits | If yes, how? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Can you tell me a little about that?) | _____ |

Were you unsure about any of your responses above? If so, which one(s)? _____

2d. What do you think is needed in the future for an outbreak or health crisis to address your health needs or other aspects of your life? [QxQ: PROMPT FOR SPECIFIC ASPECTS OF LIFE: FINANCIAL, RELATIONAL, HOUSING, EMPLOYMENT, FAMILY RELATIONSHIPS, CAREGIVING RESPONSIBILITIES.]

3a. During the time you were incarcerated, what actions did you take to lower your risk of infection? (Check Yes/No)

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Wore a face mask (either correctional facility issued, purchased, or handmade) |
| <input type="checkbox"/> | <input type="checkbox"/> | Washed hands much more frequently |
| <input type="checkbox"/> | <input type="checkbox"/> | Stayed as close to 6 feet away from others as possible |
| <input type="checkbox"/> | <input type="checkbox"/> | Stayed in touch with the news on the virus and guidelines for safety |
| <input type="checkbox"/> | <input type="checkbox"/> | Talked to other incarcerated individuals to get them to agree to social distancing as much as possible |
| <input type="checkbox"/> | <input type="checkbox"/> | Sought out session with healthcare staff to learn more about how to protect yourself |
| <input type="checkbox"/> | <input type="checkbox"/> | Requested testing for coronavirus (COVID-19) exposure |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Can you tell me a little about that?) _____ |

Were you unsure about any of your responses above? If so, which one(s)? _____

3b. Talk a little about what you felt during the coronavirus (COVID-19). [QxQ: PROMPT FOR SPECIFIC SYMPTOMS ON TRAUMA ONE AT A TIME INCLUDING - DEPRESSION, ANXIETY, IRRITABILITY, NIGHTMARES, IMPULSIVITY, AGGRESSION. USE LAYPERSON LANGUAGE WHEN AT ALL POSSIBLE.]

3c. What did you do to cope during the coronavirus (COVID-19)?

4. Based on what you know, during your incarceration what other actions did the correctional facility take to reduce risk of infection? (Check Yes/No)

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent use of disinfection of hard surfaces in correctional facility (chairs, tables, doors, appliances, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Individual testing for coronavirus (COVID-19) exposure |
| <input type="checkbox"/> | <input type="checkbox"/> | Increased medical monitoring by correctional facility healthcare staff |
| <input type="checkbox"/> | <input type="checkbox"/> | Setting up respiration aid in the correctional facility for seriously ill incarcerated individuals |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospitalization of critically ill incarcerated individuals |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Can you tell me a little about that?) _____ |

Were you unsure about any of your responses above? If so, which one(s)? _____

5. During your incarceration, were Telehealth appointments used?

| | | |
|---|---|--|
| Y | N | |
|---|---|--|

 Unsure
If yes, what was the co-pay for these Telehealth visits? _____

6. Have you had any of the following symptoms: (Check Yes/No)

| | | |
|---|---|---|
| Y | N | Cough |
| Y | N | Shortness of Breath or Difficulty Breathing |
| Y | N | Fever |
| Y | N | Chills |
| Y | N | Muscle Pain |
| Y | N | Headache |
| Y | N | Sore Throat |
| Y | N | Loss of taste or smell |

Were you unsure about any of your responses above? If so, which one(s)? _____

7. Did you test positive for coronavirus (COVID-19) during your incarceration? (Check Yes/No)

| | |
|---|---|
| Y | N |
|---|---|

8. During the time you were incarcerated did any incarcerated individual pass away from coronavirus (COVID-19) infection? (Check Yes/No)

| | |
|---|---|
| Y | N |
|---|---|

 If yes, how many to the best of your knowledge? _____ incarcerated individuals

9. Looking back on the period of the coronavirus (COVID-19) epidemic, what will you do differently in the future to lower your risk of infection from viruses like coronavirus (COVID-19)?

10. What else were your experiences around the coronavirus (COVID-19) while you were incarcerated?

11. Anything else you want to share about how your life was affected by coronavirus (COVID-19)?

12. Do you feel safer in the community or in the correctional facility during the coronavirus (COVID-19) Pandemic?

| | | |
|---|---|-----------------------|
| Y | N | Community |
| Y | N | Correctional facility |

Were you unsure about any of your responses above? If so, which one(s)? _____

Section B: FOR PARTICIPANTS WHO WERE IN THE COMMUNITY DURING THE CORONAVIRUS, COVID-19, PANDEMIC
We are asking about your experiences with coronavirus (COVID-19) when you were in the community.

1a. How did you learn/continue to learn about coronavirus (COVID-19)? (Check Yes/No)

| | | |
|---|---|--|
| Y | N | From friends or family |
| Y | N | From parole or probation officers |
| Y | N | From TV programs |
| Y | N | From the internet or email communications |
| Y | N | From written materials supplied by the parole office |
| Y | N | Social services professionals in the community |
| Y | N | Employer |
| Y | N | Social media |

Were you unsure about any of your responses above? If so, which one(s)? _____

1b. Please tell us about any other sources of information that we did not list above. _____

1c. What could happen differently around communicating about a health crisis in the future?

2a. During your time in the community what actions were taken by healthcare providers or social services staff to protect you from coronavirus (COVID-19)? (Check Yes/No)

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Advised you to practice social distancing as much as possible |
| <input type="checkbox"/> | <input type="checkbox"/> | Instructed you to wash hands frequently and more effectively |
| <input type="checkbox"/> | <input type="checkbox"/> | Advised you to use a face mask |
| <input type="checkbox"/> | <input type="checkbox"/> | Gave you instruction on how to reduce infection risk |
| <input type="checkbox"/> | <input type="checkbox"/> | Gave you information on how to get tested for coronavirus (COVID-19) exposure |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Can you tell me a little about that?) _____ |

Were you unsure about any of your responses above? If so, which one(s)? _____

2b. How did you connect with loved ones during the spread of coronavirus (COVID-19)? _____

2c. Did the coronavirus impact the following events from occurring? (Check Yes/No)

| | | | |
|--------------------------|--------------------------|--|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Community supervision | If yes, how? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Court dates | If yes, how? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Access to treatment services | If yes, how? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Appointments with attorney | If yes, how? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Access to re-entry services | If yes, how? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Can you tell me a little about that?) _____ | |

Were you unsure about any of your responses above? If so, which one(s)? _____

2d. What do you think is needed in the future for an outbreak or health crisis to address your health needs or other aspects of your life? [QXQ: PROMPT FOR SPECIFIC ASPECTS OF LIFE: financial, relational, housing, employment, family relationships, caregiving responsibilities.]

3a. When you were in the community, what actions did you take to lower your risk of infection? (Check Yes/No)

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Wore a face mask (either correctional facility issued, purchased, or handmade) |
| <input type="checkbox"/> | <input type="checkbox"/> | Washed hands much more frequently |
| <input type="checkbox"/> | <input type="checkbox"/> | Stayed as close to 6 feet away from others as possible |
| <input type="checkbox"/> | <input type="checkbox"/> | Stayed in touch with the news on the virus and guidelines for safety |
| <input type="checkbox"/> | <input type="checkbox"/> | Talked to other people to get them to agree to social distancing as much as possible |
| <input type="checkbox"/> | <input type="checkbox"/> | Sought out healthcare professionals to learn more about how to protect yourself |
| <input type="checkbox"/> | <input type="checkbox"/> | Requested testing for coronavirus (COVID-19) exposure |
| <input type="checkbox"/> | <input type="checkbox"/> | Temperature checks |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Can you tell me a little about that?) _____ |

Were you unsure about any of your responses above? If so, which one(s)? _____

3b. Talk a little about what you felt during the coronavirus (COVID-19). [QxQ: PROMPT FOR SPECIFIC SYMPTOMS ON TRAUMA ONE AT A TIME INCLUDING - DEPRESSION, ANXIETY, IRRITABILITY, NIGHTMARES, IMPULSIVITY, AGGRESSION. USE LAYPERSON LANGUAGE WHEN AT ALL POSSIBLE.]

3c. What did you do to cope during the coronavirus (COVID-19)?

4. Have you had any of the following symptoms: (Check Yes/No)

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Cough |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of Breath or Difficulty Breathing |
| <input type="checkbox"/> | <input type="checkbox"/> | Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | Chills |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscle Pain |
| <input type="checkbox"/> | <input type="checkbox"/> | Headache |
| <input type="checkbox"/> | <input type="checkbox"/> | Sore Throat |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of taste or smell |

Were you unsure about any of your responses above? If so, which one(s)? _____

5. Have you tested positive for coronavirus (COVID-19)?

6. Did any person you know pass away from coronavirus (COVID-19) infection?
If yes, how many to the best of your knowledge? _____ People

7. Have you lost your job as a result of the coronavirus (COVID-19)?
If so, how did that affect your parole/probation status? _____

8. Looking back on the period of the coronavirus (COVID-19) pandemic, what will you do differently in the future to lower your risk of infection from viruses like coronavirus (COVID-19)? _____

9. How else was your life affected by coronavirus (COVID-19) when you were in the community?

10. Anything else you want to share about how your life was affected by coronavirus (COVID-19)?

Recommended citation: Institute for Justice Research and Development. (2020).
The COVID-19 Questionnaire for Correctional Populations (CQCP).
<https://ijrd.csw.fsu.edu/sites/g/files/upcbnu1766/files/Publications/CQCP.pdf>