

## SECTION I. EXPERIENCES WITH THE CRIMINAL LEGAL SYSTEM

We are interested in finding out about your experiences with the criminal legal system over the course of your life.

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1. In your lifetime, how many times have you been stopped by the police?

- 1 time
- 2-5 times
- 6-10 times
- 11-20 times
- More than 20 times
- Don't know
- Decline to answer

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2. Have you ever missed a court appearance in your lifetime? Why?

Select all answers that apply. Do not include times you've been incarcerated and not been taken to court.

- Work schedule
- Family obligations [EXPLAIN OBLIGATION]:

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- Couldn't find childcare

- Couldn't find transportation
- Illness / poor health
- Didn't want to go [EXPLAIN WHY]:

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- Forgot
- Other [EXPLAIN]:

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- No, never missed court
- Don't know
- Decline to answer

3. Thinking about the neighborhood you lived in prior to your incarceration, how often did you see the police?

- Everyday
- A few times a week
- A few times a month
- A few times a year
- Almost never
- Don't know
- Decline to answer

4. How often did you see the police arrest someone in that neighborhood?

- Everyday
- A few times a week
- A few times a month
- A few times a year
- Almost never
- Don't know
- Decline to answer

5. Below are some statements about policing. Please indicate how often you do each of the following things: none of the time, some of the time, most of the time, or all of the time

	None of the time	Some of the time	Most of the time	All of the time
5a. I try to avoid situations where I might encounter the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. I sometimes avoid using the subway because I might encounter the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c. I sometimes avoid areas around police precincts because I might encounter the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5d. I sometimes avoid public places like hospitals or schools because I might encounter the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. Below are some statements people sometimes make about themselves and their community. Please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with each of the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
6a. The law protects people in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. My community is important to the police in my area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. My community is important to government leaders in my area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. I expect the government to make laws that are good for people from my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. I feel valued as an American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Since our last interview, have you been held in any form of administrative segregation or solitary confinement during your incarceration?

If yes, please check all that apply and enter the number of days you spent in each form of segregation or solitary confinement

- Yes—Administrative Segregation, Enter Number of Days:\_\_\_\_\_
  - Yes—Protective Custody, Enter Number of Days:\_\_\_\_\_
  - Yes—Disciplinary Segregation, Enter Number of Days:\_\_\_\_\_
  - No
  - Don't know
  - Decline to answer
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## **SECTION II. HEALTH AND HEALTHCARE**

Now we'd like to ask you some questions about your health, healthcare, and exposure to harm.

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8. Compared to others your age, how would you describe your overall PHYSICAL health? Would you say it's excellent, very good, good, fair or poor?

- Excellent
  - Very Good
  - Good
  - Fair
  - Poor
  - Don't know
  - Decline to answer
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9. Compared to others your age, how would you describe your overall MENTAL health? Would you say it's excellent, very good, good, fair or poor?

- Excellent
  - Very Good
  - Good
  - Fair
  - Poor
  - Don't know
  - Decline to answer
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10. Since our last interview, how often have you seen a healthcare provider like a doctor, nurse, or therapist?

- More than once a week
  - Once a week
  - Once every two weeks
  - Once a month
  - Once every few months
  - Not at all
  - Don't know
  - Decline to answer
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11. Since our last interview, have you been diagnosed with any other health conditions by a healthcare professional?

- Yes, LIST NEW CONDITIONS:

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- No
  - Don't know
  - Decline to answer
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12. In the past three months, how often did you have pain? Would you say never, some days, most days, or every day?

- Never
  - Some days
  - Most days
  - Every day
  - Don't know
  - Decline to answer
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13. Are you currently taking any medication on a regular basis for a health problem?

This includes medication for psychological or mental health conditions. Check all that apply.

- Yes, physical health condition
  - Yes, mental health condition
  - No
  - Don't know
  - Decline to answer
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14. Have you ever in your life been in a serious accident where you had broken bones or needed surgery?

- Yes, ENTER NUMBER OF TIMES: \_\_\_\_\_
  - No
  - Don't know
  - Decline to answer
-

15. Have you ever in your life been in a fight or been beaten by another person where you had broken bones or needed surgery?

- Yes, ENTER NUMBER OF TIMES:\_\_\_\_\_
  - No
  - Don't know
  - Decline to answer
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16. Have you ever in your life been shot and wounded?

- Yes, ENTER NUMBER OF TIMES:\_\_\_\_\_
  - No
  - Don't know
  - Decline to answer
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17. Have you ever in your life been shot at but not wounded?

- Yes, ENTER NUMBER OF TIMES:\_\_\_\_\_
  - No
  - Don't know
  - Decline to answer
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18. Have you ever in your life had a serious blow to the head?

If yes, please explain how many times, how old you were, and the treatment you received afterward.

Yes: \_\_\_\_\_

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- No
- Don't know
- Decline to answer

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19. Have you received a nasal swab to test for COVID-19 or novel coronavirus?

- Yes, ENTER NUMBER OF TIMES: \_\_\_\_\_
  - No
  - Don't know
  - Decline to answer
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20. Did you ever test positive for COVID-19 or novel coronavirus?

- Yes
- No
- Not told/received results EXPLAIN: \_\_\_\_\_
- Don't know
- Decline to answer

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21. Were you ever placed in quarantine?

If yes, please describe the experience.

- Yes, DESCRIBE EXPERIENCE:

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- No
- Don't know
- Decline to answer

**SECTION III. WELL-BEING AND SUPPORT**

This is the final section of the survey. It includes open-ended questions about your overall well-being, sources of support, and experiences of the coronavirus pandemic. Please feel free to tell us as much or as little information as you feel comfortable sharing. We've provided extra paper if you need it.

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- 22.        How would you describe the neighborhood where you were living prior to your arrest and incarceration? Did you grow up there? How long did you live there? Did it feel safe? What did you like about it? What did you dislike?

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- Don't know
- Decline to answer

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23. Can you tell us some more about the healthcare you've received since our last interview? Do you feel like the healthcare providers understand your concerns?

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- Don't know
- Decline to answer

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24. The coronavirus pandemic hit New York hard. What has your physical and emotional experience of the pandemic been like while incarcerated? Were you issued personal protective equipment (e.g., a mask, gloves)? Were soap and other cleaning products readily available to you?

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25. We’re interested in how you’re being supported by friends and family. We understand visitors have not been allowed to come see you during the pandemic. Have you received support from your family and friends in other ways? How have they supported you? Have you been able to maintain contact via phone/mail? Have they provided financial support? If so, has it been more than normal, less than normal, or about the same?

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- Don't know
- Decline to answer

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26. Lastly, could you tell us what changes you'd like to see in the courts, prisons, or police? What changes would you like to see in your community? Are there any changes you would like to see in yourself?

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- Don't know
- Decline to answer

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