

Respondent #:

Date _____

Time Started _____

Interviewer _____

**Boston Reentry Study
One-Week Post-Release Interview
Male Respondents**

I. GENERAL SATISFACTION / CONCERNS



We are interested in how you have been doing in the few days since you were released from prison.

1. What's the best part about being out?

- 99998 – DON'T KNOW
- 99995 – REFUSE

2. What has been most challenging since your release?

- 99998 – DON'T KNOW
- 99995 – REFUSE

3. Taken all together, how would you say things are these days? Would you say that you are very happy, pretty happy, or not too happy?

- 1 – Very happy
- 2 – Pretty happy
- 3 – Not too happy
- 99998 – DON'T KNOW
- 99995 – REFUSE



We'd like to know how satisfied you are with different areas of your life. For each of the following questions, please rate your satisfaction on this chart by choosing one of the following responses: (1) very satisfied, (2) satisfied, (3) not very satisfied, or (4) not at all satisfied.

NOTE: Present Chart A to respondent.

4.

How satisfied are you with...?	VERY SATISFIED	SATISFIED	NOT VERY SATISFIED	NOT AT ALL SATISFIED	NOT APPLICABLE	DON'T KNOW	REFUSED
Q a. your current friendships?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q b. your social acceptance after being released from prison?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q c. your family relationships?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q d. your relationships with your children [if applicable]?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q e. your current health status?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q f. your current housing situation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q g. your current employment situation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995



Now we'd like to know about any difficulties you may have encountered since your release from prison. For each of the following questions, please indicate your answer on this chart by choosing one of the following responses: (1) not at all difficult, (2) slightly difficult, (3) difficult, or (4) very difficult.

NOTE: Present Chart B to respondent.

5.

Since your release, how difficult has it been to...?	NOT AT ALL DIFFICULT	SLIGHTLY DIFFICULT	DIFFICULT	VERY DIFFICULT	NOT APPLICABLE	DON'T KNOW	REFUSED
Q a. Provide yourself with food?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q b. Have enough money to support yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q c. Stay alcohol-free?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q d. Stay drug-free?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q e. Stay away from criminal activity?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q f. Avoid a parole/probation violation [if applicable]?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995

II. RELEASE INFORMATION / SUPERVISION



I'd like to ask you some questions about your experiences since you were released from your most recent prison term.

INTERVIEWER CHECK: Check prison release date.

6. First, on what day were you released?

_____ / _____ / _____
MONTH DAY YEAR

- 99998 – DON'T KNOW
 99995 – REFUSE

7. What prison were you released from?

[NOTE: If R says "Boston Pre-Release", ask "what prison were you in before you went to Boston Pre-Release?"]

RECORD VERBATIM: _____

- 99998 – DON'T KNOW
 99995 – REFUSE

8. Other than gate money, how much money did you have in your account when you were released?

[NOTE: If R owed money, record negative amount]

\$ _____ . _____

- 99998 – DON'T KNOW
 99995 – REFUSE

9. Are you currently under any kind of parole or probation supervision?

- 0 – No → **SKIP to Q19**
 1 – Yes, Parole
 2 – Yes, Probation
 3 – Yes, Both
 99998 – DON'T KNOW
 99995 – REFUSE

10. What are the main conditions of your parole or probation?

ENTER: _____

- 99998 – DON'T KNOW
 99995 – REFUSE

11. How often do you report to your parole or probation officer?

- 0 – Less than once a month

- 1 – Once a month
- 2 – Every two weeks
- 3 – Once a week
- 4 – A few times a week
- 5 – At least once a day
- 99998 – DON'T KNOW
- 99995 – REFUSE

12. How helpful do you think your supervision will be to you?

NOTE: Read response categories.

- 0 – Not at all helpful
- 1 – Somewhat helpful
- 2 – Helpful
- 3 – Very helpful
- 99998 – DON'T KNOW
- 99995 – REFUSE

13. Why or why not?

ENTER: _____

- 99998 – DON'T KNOW
- 99995 – REFUSE

14. Have you met with your parole or probation officer since your release?

- 0 – No → **SKIP to Q19**
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSE

15. What happened during your last contact with your parole or probation officer?

ENTER: _____

- 99998 – DON'T KNOW
- 99995 – REFUSE

16. How long did this contact last?

ENTER: _____

- 99998 – DON'T KNOW
- 99995 – REFUSE

17. During your last contact with your parole/probation officer, did you receive any information or help?

- 0 – No → **SKIP to Q19**
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSE

18. What type of information or help did you receive?

ENTER: _____

- 99998 – DON'T KNOW
- 99995 – REFUSE

III. DAILY SCHEDULE



We're interested in how you have been spending your days since your release from prison. The following questions ask about the different things you've been doing this past week.

INTERVIEWER CHECK: Check the date and day of R's release.

19. On your first day out, [DAY], around what time were you released?

ENTER TIME: _____

- 99998 – DON'T KNOW
- 99995 – REFUSED

20. Who picked you up from prison on that day?

ENTER: _____

- 99998 – DON'T KNOW
- 99995 – REFUSED

21. Thinking of [DAY], could you tell me a bit about what you did that day?

NOTE: Engage respondent in a conversation about daily activities. Fill out the daily schedule based on what the respondent says. Probe if necessary. For example, "...and who were you with?" "What did you do after that?" "Where did you end up staying that night?"

INTERVIEWER CHECK: Complete first row of table with days of the week since R has been released from prison.			
	DAY 1: _____	DAY 2: _____	DAY 3: _____
Q 21a. That morning, what was your main activity?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 21b. That morning, who were you with?	<input type="checkbox"/> 0 – Alone <input type="checkbox"/> 1 – Mostly family <input type="checkbox"/> 2 – Mostly friends <input type="checkbox"/> 3 – Mostly partner <input type="checkbox"/> 4 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Alone <input type="checkbox"/> 1 – Mostly family <input type="checkbox"/> 2 – Mostly friends <input type="checkbox"/> 3 – Mostly partner <input type="checkbox"/> 4 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Alone <input type="checkbox"/> 1 – Mostly family <input type="checkbox"/> 2 – Mostly friends <input type="checkbox"/> 3 – Mostly partner <input type="checkbox"/> 4 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 21c. That morning, in which neighborhood did you spend most of your time?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 21d. That afternoon, what was your main activity?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 21e. That afternoon, who were you with?	<input type="checkbox"/> 0 – Alone <input type="checkbox"/> 1 – Mostly family <input type="checkbox"/> 2 – Mostly friends	<input type="checkbox"/> 0 – Alone <input type="checkbox"/> 1 – Mostly family <input type="checkbox"/> 2 – Mostly friends	<input type="checkbox"/> 0 – Alone <input type="checkbox"/> 1 – Mostly family <input type="checkbox"/> 2 – Mostly friends

	<input type="checkbox"/> 3 – Mostly partner <input type="checkbox"/> 4 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 3 – Mostly partner <input type="checkbox"/> 4 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 3 – Mostly partner <input type="checkbox"/> 4 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 21f. That afternoon, in which neighborhood did you spend most of your time?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 21g. That evening, what was your main activity?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 21h. That evening, who were you with?	<input type="checkbox"/> 0 – Alone <input type="checkbox"/> 1 – Mostly family <input type="checkbox"/> 2 – Mostly friends <input type="checkbox"/> 3 – Mostly partner <input type="checkbox"/> 4 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Alone <input type="checkbox"/> 1 – Mostly family <input type="checkbox"/> 2 – Mostly friends <input type="checkbox"/> 3 – Mostly partner <input type="checkbox"/> 4 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Alone <input type="checkbox"/> 1 – Mostly family <input type="checkbox"/> 2 – Mostly friends <input type="checkbox"/> 3 – Mostly partner <input type="checkbox"/> 4 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 21i. That evening, in which neighborhood did you spend most of your time?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 21j. That night, where did you sleep?	<input type="checkbox"/> 0 – Same as previous night <input type="checkbox"/> 1 – Homeless / on the street <input type="checkbox"/> 2 – Your own house or apartment <input type="checkbox"/> 3 – Family member's house or apartment <input type="checkbox"/> 4 – Boyfriend/Girlfriend's house or apartment <input type="checkbox"/> 5 – Male friend's house or apartment <input type="checkbox"/> 6 – Female friend's house or apartment <input type="checkbox"/> 7 – Other non-relative <input type="checkbox"/> 8 – Residential treatment facility / rehab facility <input type="checkbox"/> 9 – Transitional housing or a halfway house <input type="checkbox"/> 10 – A shelter or rooming house <input type="checkbox"/> 11 – Hotel/motel <input type="checkbox"/> 12 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Same as previous night <input type="checkbox"/> 1 – Homeless / on the street <input type="checkbox"/> 2 – Your own house or apartment <input type="checkbox"/> 3 – Family member's house or apartment <input type="checkbox"/> 4 – Boyfriend/Girlfriend's house or apartment <input type="checkbox"/> 5 – Male friend's house or apartment <input type="checkbox"/> 6 – Female friend's house or apartment <input type="checkbox"/> 7 – Other non-relative <input type="checkbox"/> 8 – Residential treatment facility / rehab facility <input type="checkbox"/> 9 – Transitional housing or a halfway house <input type="checkbox"/> 10 – A shelter or rooming house <input type="checkbox"/> 11 – Hotel/motel <input type="checkbox"/> 12 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Same as previous night <input type="checkbox"/> 1 – Homeless / on the street <input type="checkbox"/> 2 – Your own house or apartment <input type="checkbox"/> 3 – Family member's house or apartment <input type="checkbox"/> 4 – Boyfriend/Girlfriend's house or apartment <input type="checkbox"/> 5 – Male friend's house or apartment <input type="checkbox"/> 6 – Female friend's house or apartment <input type="checkbox"/> 7 – Other non-relative <input type="checkbox"/> 8 – Residential treatment facility / rehab facility <input type="checkbox"/> 9 – Transitional housing or a halfway house <input type="checkbox"/> 10 – A shelter or rooming house <input type="checkbox"/> 11 – Hotel/motel <input type="checkbox"/> 12 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED

IV. FINANCIAL SUPPORT / EMPLOYMENT



Now I'd like to ask some questions about employment.

22. Are you currently employed? This includes self-employment and under-the-table employment.

- 0 – NO
- 1 – YES → **SKIP TO Q26**
- 99998 – DON'T KNOW
- 99995 – REFUSE

23. Have you spent any time looking for a job since you were released?

- 0 – NO → **SKIP TO Q25**
- 1 – YES
- 99998 – DON'T KNOW
- 99995 – REFUSE

24. How have you looked for work since your release?

NOTE: Check all that apply. If R is unsure, probe with a few of the response categories.

- 1 – Talked to friends
- 2 – Talked to relatives
- 3 – Talked to my parole/probation officer
- 4 – Talk to a former employer
- 5 – Used newspaper ads
- 6 – Used yellow pages
- 7 – Used a school placement officer
- 8 – Used a labor union
- 9 – Used a state employment agency
- 10 – Answered help-wanted signs
- 11 – Used a temporary employment agency
- 12 – Used a private employment service
- 13 – Walked in and apply
- 14 – Sent a resume or called an employer
- 15 – Online job application
- 16 – Online job database
- 17 – Other [SPECIFY: _____]
- 99998 – DON'T KNOW
- 99995 – REFUSED

INTERVIEWER CHECK: SKIP TO Q29.

25. Why haven't you looked for work since you were released?

NOTE: Check all that apply. If R is unsure, probe with a few of the response categories.

- 1 – Too soon after release to look for work
- 2 – You are too old to be working
- 3 – You currently have health problems/an injury
- 4 – You are permanently disabled
- 5 – You do not want to work
- 6 – You do not have to work
- 7 – You are in school/vocational training
- 8 – You have to take care of your children
- 9 – You have to take care of an ailing family member
- 10 – You have been in a treatment program/home detention
- 11 – OTHER → [SPECIFY: _____]

- 99998 – DON'T KNOW
- 99995 – REFUSE

INTERVIEWER CHECK: SKIP TO Q29.

26. Where are you currently employed / what is your current job?

ENTER: _____

- 99998 – DON'T KNOW
- 99995 – REFUSE

27. How many hours did you work at this job in the past week?

ENTER NUMBER

- 99998 – DON'T KNOW
- 99995 – REFUSE

28. How much money do you earn at this job?

NOTE: Only fill in one line, based on how the respondent answers the question.

- \$ _____ PER HOUR
- \$ _____ PER DAY
- \$ _____ PER WEEK
- \$ _____ PER TWO WEEKS
- \$ _____ PER MONTH
- \$ _____ PER YEAR

- 99998 – DON'T KNOW
- 99995 – REFUSE



Now I'm going to ask about some sources of financial support you might have had since your release from prison.

Q A: Since your release, have you received any money from...?		Q B: How much did you receive this past week?
29. Unemployment, disability, or other benefits? → [SPECIFY: _____]	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____
30. Public assistance, including food stamps and public housing aid or vouchers? → [SPECIFY: _____]	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____
31. Partner, family or friends? [SPECIFY: _____]	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____

Q A: Since your release, have you received any money from...?		Q B: How much did you receive this past week?
32.	Other activities, such as drug sales, robbery, theft, or fraud? → [SPECIFY: _____] <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____
33.	Any other source? → [SPECIFY: _____] <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____



The next few questions ask about any financial obligations you might have.

Q A: Do you expect to pay for... in the next month?	Q B: How much are you expected to pay in the next month?	Q C: How much will you be able to pay in the next month?
34. Rent or mortgage? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____	\$ _____
35. Utilities? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____	\$ _____
36. Child support? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____	\$ _____
37. Court costs? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____	\$ _____
38. Supervision fees? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____	\$ _____
39. Drug/alcohol testing fees? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____	\$ _____
40. Loans, including student loans? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____	\$ _____
41. Any other financial obligations, such as medications, fines, or consumer debt? → [SPECIFY: _____] <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____	\$ _____

V. DRUG AND ALCOHOL USE



The next questions are about your drug and alcohol use since your release from prison. You can complete this section yourself. Please answer each question as accurately and honestly as you can. Remember, all the information you tell us will be kept strictly confidential. Please let me know when you have completed the form.

NOTE: Present “Drug and Alcohol Use” form to respondent for self-completion.

VI. HOUSEHOLD AND FAMILY

VI.a. Living Situation/Neighborhood



The next few questions are about your current living situation and neighborhood. We understand that you may find some of this information sensitive. We would like to remind you that your responses are confidential. This information remains with us and will not be shared with probation, parole, or any other authority.

42. What is your current address?

NOTE: If R does not feel comfortable providing an exact address, ask for the intersection.

Address or intersection: _____

City: _____

State: _____

Zip: _____

- 99998 – DON'T KNOW
- 99995 – REFUSED

43. Since being released from prison, in how many different places have you stayed?

- 1 – One
- 2 – Two
- 3 – Three
- 4 – More than three
- 99998 – DON'T KNOW
- 99995 – REFUSED

44. Since your release from prison, where have you stayed most nights?

NOTE: Check one option. If R is unsure, probe with a few of the response categories. [For example, on the street? Your own place? A friend's place?]

- 1 – Homeless / on the street → **SKIP TO Q47**
- 2 – Your own house or apartment
- 3 – Family member's house or apartment [SPECIFY: _____]
- 4 – Boyfriend/Girlfriend's house or apartment
- 5 – Female friend's house or apartment
- 6 – Male friend's house or apartment
- 7 – Other non-relative's house or apartment [SPECIFY: _____]
- 8 – Residential treatment facility / rehab facility → **SKIP TO Q47**
- 9 – Transitional housing or a halfway house → **SKIP TO Q47**
- 10 – A shelter or rooming house → **SKIP TO Q47**
- 11 – Hotel/motel → **SKIP TO Q47**
- 12 – No set place / moved around a lot → **SKIP TO Q47**
- 99998 – DON'T KNOW
- 99995 – REFUSED

VI.b. Household Grid



I would like to ask a few questions about your current household. A household may be an apartment or house in which you stay with family or friends. Please do not include shelters, treatment facilities, correctional facilities or halfway houses when you think about households.

45. Not including yourself, how many people currently stay with you? Please include people who sleep in your home most nights.

ENTER NUMBER

- 99998 – DON'T KNOW
- 99995 – REFUSED

INTERVIEWER INSTRUCTIONS:



I'd like to make a list of these [NUMBER] people who currently live with you.

NOTE: Enter names into the first row of the grid.



Please tell me the first names of everyone who stays in your current household. Please do not include yourself. Initials are fine; I just need to have some way to refer to them.

NOTE: Continue until you have finished collecting all names. If respondent lists more than three names, use the supplementary household grid sheets.

COMPLETE THE HOUSEHOLD GRID (Q46a- Q46e) FOR EACH PERSON LISTED.

46.

INTERVIEWER CHECK: Complete first row of table with names of household members that R has listed.			
	PERSON 01: _____	PERSON 02: _____	PERSON 03: _____
Q 46a. Is [NAME] male or female?	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 46b. How old is [NAME]?	ENTER NUMBER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q46c. What is his/her relationship to you?	<input type="checkbox"/> 1 – Spouse <input type="checkbox"/> 2 – Boy/Girlfriend <input type="checkbox"/> 3 – R's Mother <input type="checkbox"/> 4 – R's Father <input type="checkbox"/> 5 – Parent-in-law <input type="checkbox"/> 6 – Biological child <input type="checkbox"/> 7 – Stepchild <input type="checkbox"/> 8 – Foster child <input type="checkbox"/> 9 – Brother/Sister <input type="checkbox"/> 10 – R's Grandparent <input type="checkbox"/> 11 – Aunt/Uncle <input type="checkbox"/> 12 – Cousin <input type="checkbox"/> 13 – Niece/Nephew <input type="checkbox"/> 14 – Grandchild <input type="checkbox"/> 15 – Female friend <input type="checkbox"/> 16 – Male friend <input type="checkbox"/> 17 – Other not-related adult <input type="checkbox"/> 18 – Not-related Child <input type="checkbox"/> 19 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Spouse <input type="checkbox"/> 2 – Boy/Girlfriend <input type="checkbox"/> 3 – R's Mother <input type="checkbox"/> 4 – R's Father <input type="checkbox"/> 5 – Parent-in-law <input type="checkbox"/> 6 – Biological child <input type="checkbox"/> 7 – Stepchild <input type="checkbox"/> 8 – Foster child <input type="checkbox"/> 9 – Brother/Sister <input type="checkbox"/> 10 – R's Grandparent <input type="checkbox"/> 11 – Aunt/Uncle <input type="checkbox"/> 12 – Cousin <input type="checkbox"/> 13 – Niece/Nephew <input type="checkbox"/> 14 – Grandchild <input type="checkbox"/> 15 – Female friend <input type="checkbox"/> 16 – Male friend <input type="checkbox"/> 17 – Other not-related adult <input type="checkbox"/> 18 – Not-related Child <input type="checkbox"/> 19 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Spouse <input type="checkbox"/> 2 – Boy/Girlfriend <input type="checkbox"/> 3 – R's Mother <input type="checkbox"/> 4 – R's Father <input type="checkbox"/> 5 – Parent-in-law <input type="checkbox"/> 6 – Biological child <input type="checkbox"/> 7 – Stepchild <input type="checkbox"/> 8 – Foster child <input type="checkbox"/> 9 – Brother/Sister <input type="checkbox"/> 10 – R's Grandparent <input type="checkbox"/> 11 – Aunt/Uncle <input type="checkbox"/> 12 – Cousin <input type="checkbox"/> 13 – Niece/Nephew <input type="checkbox"/> 14 – Grandchild <input type="checkbox"/> 15 – Female friend <input type="checkbox"/> 16 – Male friend <input type="checkbox"/> 17 – Other not-related adult <input type="checkbox"/> 18 – Not-related Child <input type="checkbox"/> 19 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 46d. Did you stay with [NAME] right before you went to prison the most recent time?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 46e. [If person is older than 16]: Is [NAME] currently working?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED

VI.c. Child/Partner Roster

INTERVIEWER CHECK: Check baseline survey to see if R has any biological or non-biological children. Check names of children that R mentioned at baseline interview, and pre-populate child roster with names. If R does not have any children, skip ahead to “Peer Networks” section.



Now we would like to ask you a few questions about your role as a father. You mentioned at our last interview that you had [NUMBER] biological children and [NUMBER] other children for whom you feel like a father figure. I'd like to ask you a few questions about them.

47.

INTERVIEWER CHECK: Complete first row of table with names of children that R listed in previous interview.			
	CHILD 01: _____	CHILD 02: _____	CHILD 03: _____
Q 47a. Have you had any contact with [NAME] since your release from prison?	<input type="checkbox"/> 0 – No → Skip to 47d <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Skip to 47d <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Skip to 47d <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 47b. How often have you had contact with [NAME] since your release from prison?	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – Once a day <input type="checkbox"/> 4 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – Once a day <input type="checkbox"/> 4 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – Once a day <input type="checkbox"/> 4 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 47c. Is [NAME] currently staying with you?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes → Skip to 47e <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes → Skip to 47e <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes → Skip to 47e <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 47d. Who does [NAME] live with?	<input type="checkbox"/> 1 – Child's mother <input type="checkbox"/> 2 – Child's father <input type="checkbox"/> 3 – Child's grandmother or grandfather <input type="checkbox"/> 4 – Other relative <input type="checkbox"/> 5 – R's boyfriend or girlfriend <input type="checkbox"/> 6 – R's friend <input type="checkbox"/> 7 – Child's friend <input type="checkbox"/> 8 – Foster home <input type="checkbox"/> 9 – Other agency or institution <input type="checkbox"/> 10 – Correctional facility <input type="checkbox"/> 11 – Alone <input type="checkbox"/> 12 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Child's mother <input type="checkbox"/> 2 – Child's father <input type="checkbox"/> 3 – Child's grandmother or grandfather <input type="checkbox"/> 4 – Other relative <input type="checkbox"/> 5 – R's boyfriend or girlfriend <input type="checkbox"/> 6 – R's friend <input type="checkbox"/> 7 – Child's friend <input type="checkbox"/> 8 – Foster home <input type="checkbox"/> 9 – Other agency or institution <input type="checkbox"/> 10 – Correctional facility <input type="checkbox"/> 11 – Alone <input type="checkbox"/> 12 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Child's mother <input type="checkbox"/> 2 – Child's father <input type="checkbox"/> 3 – Child's grandmother or grandfather <input type="checkbox"/> 4 – Other relative <input type="checkbox"/> 5 – R's boyfriend or girlfriend <input type="checkbox"/> 6 – R's friend <input type="checkbox"/> 7 – Child's friend <input type="checkbox"/> 8 – Foster home <input type="checkbox"/> 9 – Other agency or institution <input type="checkbox"/> 10 – Correctional facility <input type="checkbox"/> 11 – Alone <input type="checkbox"/> 12 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 47e. In what ways do you feel like you support [NAME]? NOTE: Read response categories. Check all that apply.	<input type="checkbox"/> 0 – No support <input type="checkbox"/> 1 – Daily care <input type="checkbox"/> 2 – Play / activities <input type="checkbox"/> 3 – Emotional support <input type="checkbox"/> 4 – Discipline <input type="checkbox"/> 5 – Financial support	<input type="checkbox"/> 0 – No support <input type="checkbox"/> 1 – Daily care <input type="checkbox"/> 2 – Play / activities <input type="checkbox"/> 3 – Emotional support <input type="checkbox"/> 4 – Discipline <input type="checkbox"/> 5 – Financial support	<input type="checkbox"/> 0 – No support <input type="checkbox"/> 1 – Daily care <input type="checkbox"/> 2 – Play / activities <input type="checkbox"/> 3 – Emotional support <input type="checkbox"/> 4 – Discipline <input type="checkbox"/> 5 – Financial support

	<input type="checkbox"/> 6 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 6 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 6 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
INTERVIEWER CHECK: If R is not the parent of the child or has never been in a romantic relationship with one of the child's parents, skip to Question 46j. Otherwise, ask 46f.			
Q 47f. What is the name of [NAME's] mother?	NAME: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	NAME: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	NAME: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
INTERVIEWER CHECK: If the mother's name is the same as a mother that R has already described, ASK: "Is this the same woman as [CHILD's] mother?" If YES, skip to Question 46j.			
Q 47g. Have you had any contact with [MOTHER] since your release from prison?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q47h. What is your relationship with [MOTHER] now? Are you...	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantically involved, steady <input type="checkbox"/> 3 – Romantically involved, on/off <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – Not friends, but in contact <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantically involved, steady <input type="checkbox"/> 3 – Romantically involved, on/off <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – Not friends, but in contact <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantically involved, steady <input type="checkbox"/> 3 – Romantically involved, on/off <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – Not friends, but in contact <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 47i. On a scale of 1 to 5, 1 being strongly negative and 5 being strongly positive, where would you put your feelings towards [MOTHER]?	<input type="checkbox"/> 1 – 1 (Strongly negative) <input type="checkbox"/> 2 – 2 <input type="checkbox"/> 3 – 3 (Neutral) <input type="checkbox"/> 4 – 4 <input type="checkbox"/> 5 – 5 (Strongly positive) <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – 1 (Strongly negative) <input type="checkbox"/> 2 – 2 <input type="checkbox"/> 3 – 3 (Neutral) <input type="checkbox"/> 4 – 4 <input type="checkbox"/> 5 – 5 (Strongly positive) <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – 1 (Strongly negative) <input type="checkbox"/> 2 – 2 <input type="checkbox"/> 3 – 3 (Neutral) <input type="checkbox"/> 4 – 4 <input type="checkbox"/> 5 – 5 (Strongly positive) <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 47j. IS THERE ANOTHER CHILD TO ASK ABOUT?	<input type="checkbox"/> 0 – No → SKIP TO Q48 <input type="checkbox"/> 1 – Yes → GO TO NEXT COLUMN <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → SKIP TO Q48 <input type="checkbox"/> 1 – Yes → GO TO NEXT COLUMN <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → SKIP TO Q48 <input type="checkbox"/> 1 – Yes → GO TO NEXT COLUMN <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED

VII. PEER NETWORKS



We are interested in the relationships that you have with people outside of prison. When we ask about the people in your life, you may refer to both people you knew before you were incarcerated and people you have met since you were released from prison this most recent time.

INTERVIEWER CHECK: Check names from R's peer network in the baseline survey.

-
48. At our last interview, you told us that you regularly spoke to [INSERT NAMES] about important matters. Since your release from prison, who have you regularly spoken to?

NOTE: Add new names if R mentions new names. If R is uncomfortable giving first names, clarify that we only need initials or some other way to refer to the person.

ENTER NAME(S): _____

- 99998 – DON'T KNOW
 99995 – REFUSED

INTERVIEWER CHECK: How many names were mentioned? If less than three, skip to relationship grid (Q 50).

ENTER NUMBER

-
49. Out of the people you just mentioned, which three would you say you are closest to?

INTERVIEWER CHECK: Enter names into the first row of the grid.

- 99998 – DON'T KNOW
 99995 – REFUSED



Now I'm going to ask you a few questions about each of the people that you just mentioned.

NOTE: If R has already told us about these people in the household grid or partner roster, many of the following questions may be repetitive. If possible, fill in information in the peer network that we may already have from previous responses.

50.

INTERVIEWER CHECK: Complete first row of table with names that R has listed.			
	PERSON 01: _____	PERSON 02: _____	PERSON 03: _____
Q 50a. Is [NAME] male or female?	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 50b. How old is [NAME]? If you do not know the exact age, please provide a range.	ENTER NUMBER: _____ <input type="checkbox"/> 1 – 18 to 24 <input type="checkbox"/> 2 – 25 to 34 <input type="checkbox"/> 3 – 35 to 44 <input type="checkbox"/> 4 – 45 to 54 <input type="checkbox"/> 5 – 55 or older <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: _____ <input type="checkbox"/> 1 – 18 to 24 <input type="checkbox"/> 2 – 25 to 34 <input type="checkbox"/> 3 – 35 to 44 <input type="checkbox"/> 4 – 45 to 54 <input type="checkbox"/> 5 – 55 or older <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: _____ <input type="checkbox"/> 1 – 18 to 24 <input type="checkbox"/> 2 – 25 to 34 <input type="checkbox"/> 3 – 35 to 44 <input type="checkbox"/> 4 – 45 to 54 <input type="checkbox"/> 5 – 55 or older <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 50c. What is his/her relationship to you?	<input type="checkbox"/> 1 – Boyfriend/Girlfriend <input type="checkbox"/> 2 – Husband/Wife <input type="checkbox"/> 3 – Friend <input type="checkbox"/> 4 – Sibling <input type="checkbox"/> 5 – Mother <input type="checkbox"/> 6 – Father <input type="checkbox"/> 7 – Grandmother <input type="checkbox"/> 8 – Grandfather <input type="checkbox"/> 9 – Aunt/Uncle <input type="checkbox"/> 10 – Cousin <input type="checkbox"/> 11 – Child <input type="checkbox"/> 12 – Niece/nephew <input type="checkbox"/> 13 – Service provider <input type="checkbox"/> 14 – Instructor <input type="checkbox"/> 15 – Clergy member <input type="checkbox"/> 16 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Boyfriend/Girlfriend <input type="checkbox"/> 2 – Husband/Wife <input type="checkbox"/> 3 – Friend <input type="checkbox"/> 4 – Sibling <input type="checkbox"/> 5 – Mother <input type="checkbox"/> 6 – Father <input type="checkbox"/> 7 – Grandmother <input type="checkbox"/> 8 – Grandfather <input type="checkbox"/> 9 – Aunt/Uncle <input type="checkbox"/> 10 – Cousin <input type="checkbox"/> 11 – Child <input type="checkbox"/> 12 – Niece/nephew <input type="checkbox"/> 13 – Service provider <input type="checkbox"/> 14 – Instructor <input type="checkbox"/> 15 – Clergy member <input type="checkbox"/> 16 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Boyfriend/Girlfriend <input type="checkbox"/> 2 – Husband/Wife <input type="checkbox"/> 3 – Friend <input type="checkbox"/> 4 – Sibling <input type="checkbox"/> 5 – Mother <input type="checkbox"/> 6 – Father <input type="checkbox"/> 7 – Grandmother <input type="checkbox"/> 8 – Grandfather <input type="checkbox"/> 9 – Aunt/Uncle <input type="checkbox"/> 10 – Cousin <input type="checkbox"/> 11 – Child <input type="checkbox"/> 12 – Niece/nephew <input type="checkbox"/> 13 – Service provider <input type="checkbox"/> 14 – Instructor <input type="checkbox"/> 15 – Clergy member <input type="checkbox"/> 16 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 50d. In which neighborhood does [NAME] stay most nights? NOTE: If [NAME] lives outside of Boston, write city.	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 50e. How often have you spoken to [NAME] since your release from prison?	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – Once a day <input type="checkbox"/> 4 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – Once a day <input type="checkbox"/> 4 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – Once a day <input type="checkbox"/> 4 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 50f. In what ways do you talk to [NAME]?	<input type="checkbox"/> 1 – In person <input type="checkbox"/> 2 – By phone <input type="checkbox"/> 3 – Online	<input type="checkbox"/> 1 – In person <input type="checkbox"/> 2 – By phone <input type="checkbox"/> 3 – Online	<input type="checkbox"/> 1 – In person <input type="checkbox"/> 2 – By phone <input type="checkbox"/> 3 – Online

NOTE: Read response categories. Check all that apply.	<input type="checkbox"/> 4 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 4 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 4 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 50g. Did you know [NAME] before your most recent stay in prison?	<input type="checkbox"/> 0 – No → Skip to Q50i <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Skip to Q50i <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Skip to Q50i <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 50h. How did you know [NAME] before you were incarcerated this time?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q 50i. Has [NAME] ever been incarcerated?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED



The next few questions are about your friends, associates and people you spend time with who are not your family. For the following two questions, please state whether you: strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
51. You have given up friends and hangouts that got you in trouble.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
52. Your friends sometimes convince you to do things you know you shouldn't be doing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
53. Of the friends you have now, please tell me if all, most, some, or none of your friends have ever been to prison.	<input type="checkbox"/> 3 – All <input type="checkbox"/> 2 – Most <input type="checkbox"/> 1 – Some <input type="checkbox"/> 0 – None <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99997 – NA DOES NOT HAVE ANY FRIENDS <input type="checkbox"/> 99995 – REFUSED						

VIII. HEALTH AND IDENTIFICATION



This is the final section of the interview. Before we end, I'd like to ask you a few questions about your health and forms of ID.

54. Since your release, have you seen a doctor or other health care professional?

- 0 – No
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSED

55. Since your release, what types of health services have you accessed?

NOTE: Read response categories. Check all that apply.

- 0 – Have not accessed any health services → **SKIP TO Q57**
- 1 – Medical services
- 2 – Dental services
- 3 – Mental health services
- 4 – Drug treatment programs
- 5 – Other [Specify: _____]
- 99998 – DON'T KNOW
- 99995 – REFUSED

56. Where did you receive these health services?

NOTE: Read response categories. Check all that apply.

- 1 – Clinic or health center
- 2 – Doctor's office or HMO
- 3 – Hospital emergency room
- 4 – Hospital outpatient department
- 5 – Other [Specify: _____]
- 99998 – DON'T KNOW
- 99995 – REFUSED

57. Compared to others your age, how would you describe your overall physical health?

NOTE: Read response categories.

- 1 – Excellent
- 2 – Good
- 3 – Fair
- 4 – Poor
- 99998 – DON'T KNOW
- 99995 – REFUSE

58. Are you currently under medical care or receiving treatment for any of the following conditions?

NOTE: Read response categories. Check all that apply.

- 0 – No current care/treatment
- 1 – Asthma
- 2 – Cancer
- 3 – Chronic lung illness (bronchitis, emphysema)
- 4 – Diabetes

- 5 – Heart trouble, heart disease, angina
- 6 – High blood pressure or hypertension
- 7 – High cholesterol or triglycerides
- 8 – Arthritis or rheumatism
- 9 – A stroke
- 10 – Chronic back pain or trouble
- 11 – Depression
- 12 – Other mental health problem or condition
- 13 – Tuberculosis or T.B.
- 14 – HIV or AIDS
- 15 – Hepatitis B or C
- 16 – Sexually Transmitted Infections other than HIV
- 17 – Learning disability or cognitive disorder
- 18 – Any physical disability? [SPECIFY: _____]
- 19 – Other → SPECIFY: _____
- 99998 – DON'T KNOW
- 99995 – REFUSED

59. Are you currently taking medication on a regular basis for a health problem?

Note: If necessary, clarify that this includes medication for mental health problems.

- 0 – No
- 1 – Yes [SPECIFY: _____]
- 99998 – DON'T KNOW
- 99995 – REFUSED

60. What kind of health coverage or insurance do you have?

NOTE: Read response categories. Check all that apply.

- 0 – None / No health coverage
- 1 – Job with insurance
- 2 – Medicare
- 3 – MassHealth / Medicaid
- 4 – VA or Veterans health care
- 5 – Disability
- 6 – Covered by family member with insurance
- 7 – Other → [SPECIFY: _____]
- 99998 – DON'T KNOW
- 99995 – REFUSE

61. Which of the following forms of ID do you currently have?

NOTE: Read response categories. Check all that apply. Make note if R says ID is suspended or expired.

- 0 – None
- 1 – Valid driver's license?
- 2 – Suspended/expired driver's license?
- 3 – Social security card?
- 4 – Birth certificate?
- 5 – Parole/Probation ID
- 6 – Massachusetts ID
- 7 – Some other form of ID? → [SPECIFY: 1 _____]
- 2 _____]
- 3 _____]
- 99998 – DON'T KNOW
- 99995 – REFUSE

62. Before we finish today, could you tell us why you have decided to participate in this study?

ENTER: _____

- 99998 – DON'T KNOW
- 99995 – REFUSE

Interviewer Notes

Date:	Start time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. End time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Location:	Interviewer Name:
Completion codes: 0 – Completed 1 – Took too long, R requested interview end 2 – Ran out of time 3 – R unable to finish, incapacitated, too tired	Others present during interview? 0 – No ANY PORTION OF INTERVIEW? 1 – Yes → Write Who:

	Poor	Acceptable	Good	Excellent
Respondent's attention to you was	1	2	3	4
Respondent's general understanding of the questions was	1	2	3	4
Respondent's cooperation throughout most of the interview was	1	2	3	4

Did R appear to be...

	No	Somewhat	Very
Suspicious			
Uncommunicative			
Depressed or withdrawn			
Anxious or nervous			
Hostile			
Tired or in pain			
Drunk			
On illegal drugs			

How honest was R throughout the interview?

- 1 Probably not honest
- 2 Somewhat honest
- 3 Mostly honest
- 4 Entirely honest

Other interviewer comments and notes (e.g., others interrupted/distracted R; setting was not conducive to privacy):

NOTES