



Pre Prison Program Health Questionnaire
Please circle the answer that fits your personal situation best

Male Female Date of Birth..... Venue.....

1. How would you rate your physical health (Health of your body)
 Good OK Not so good
2. How would you rate your current level of stress or worry?
 Low Average High
3. How are you getting along at the moment with your family?
 Good OK Not so good
4. How are you getting along at the moment with your friends?
 Good OK Not so good
5. How are you getting on with other people in general?
 Good OK Not so good
6. How do you feel when faced with personal problems at the moment?
 OK Stressed Unable to cope
7. How aware are you of places you can get support to deal with any personal problems if you feel you need it?
 Pretty aware Some idea Can't think of any
8. How comfortable are you with life in prison at the moment?
 OK Stressed Struggling
9. How easy is it for you to participate in other prison activities (social, sport or education) at the moment?
 Not easy Relatively easy Easy
10. How satisfied are you with the learning opportunities you have had in prison?

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
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