

Prison Social Climate Survey

Consolidated Version

October 1991

- VERSION 1: EVEN BIRTH MONTH, EVEN BIRTH DAY (SD, PSS, PWB)**
VERSION 2: EVEN BIRTH MONTH, ODD BIRTH DAY (SD, PWB WE)
VERSION 3: ODD BIRTH MONTH, EVEN BIRTH DAY (SD, PWB, QL, WE)
VERSION 4: ODD BIRTH MONTH, ODD BIRTH DAY (SD, WE, QL)

There are four versions of the questionnaire. The reason for this is to make the questionnaire shorter in length than previous versions. Each version contains a different combination of the sections that compose the entire questionnaire (Personal Safety & Security, Work Environment, Quality of Life, and Personal Well-Being).

In order to assure that each version has roughly the same number of staff responding to it, we have created four categories for dividing staff into groups based on their birth month and day (i.e., even birth month, even birth day; even birth month, odd birth day; odd birth month, odd birth day; and odd birth month, even birth day). It is important that you complete the correct version of the questionnaire since your responses to this version of the survey will be interpreted to be representative of a number of similar staff. Please take a moment now to check whether you have been given the correct version of the questionnaire according to your birth month and birth day. If you have not received the correct version, ask the person responsible for administering the questionnaire for the correct version.

U.S. Department of Justice

Federal Bureau of Prisons
Office of Research and Evaluation
Washington, D.C.



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U.S. Department of Justice
National Institute of Corrections

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Message from the Director

Dear Bureau of Prisons Staff,

The following survey, developed by the Bureau of Prisons and reviewed by the Council of Prison Locals, American Federation of Government Employees, asks your impressions of the living and working conditions in your current facility. This is the fourth yearly administration of the Prison Social Climate Survey. Prior results have been distributed and contain aggregated information describing each security level and region, as well as each institution and the BOP overall.

Your answers and those of the other survey respondents will provide Bureau administrators with critical information about Bureau of Prisons facilities. For example, previous survey results convinced me that staffing on evening and morning watches was insufficient to ensure staff safety. Consequently, new positions were allocated to the field for that purpose.

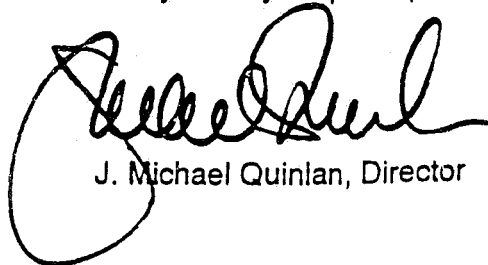
You have been randomly chosen to participate in this year's survey. Your participation is voluntary, however, I urge you to take advantage of this opportunity to express your views. Since it is impossible to survey all of the Bureau of Prisons staff, your responses are particularly important because they are representative of a number of similar staff. The survey is shorter than previous versions because we are issuing four different versions, each a different combination of the subsections that compose the entire questionnaire. The instructions at the beginning of the survey illustrate how the survey should be completed. Space for comments is provided at the end of the survey.

We need frank and honest answers. Although it is unlikely that you will find any of these items sensitive, we have taken steps to assure your complete confidentiality. Your answers will be combined with those of other respondents so that no individual responses will be made available to anyone. The Office of Research is collecting and automating the surveys for us and the reported results will be available on the Key Indicators/Strategic Support System for the Bureau overall, each region, each security level, and each institution.

The survey should take about 45 minutes to complete. If your institution is conducting a staff recall to administer the survey, please place your completed questionnaire in the enclosed envelope and deposit it in the container located at your survey site. If you were unable to attend the staff recall, please complete the survey and mail it back to us within 5 days. Postage is prepaid.

The Bureau of Prisons is facing new challenges during this period of continued expansion. The information obtained from the Prison Social Climate Survey enhances our ability to plan for the future and continue to provide a safe and humane environment for our staff and the inmates for whom we are responsible.

Thank you for your participation.



J. Michael Quinlan, Director

INSTRUCTIONS

MARKING DIRECTIONS

- Use black lead pencil only (#2 or softer).
- Do not use ink or ballpoint pen.
- Make heavy dark marks that fill the oval completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on the survey.

For each question, please fill in the numbered oval completely so that the number inside cannot be seen. It is important that you mark your answers carefully. The following are examples of proper and improper ways of marking your answers.

Example questions

1. Are you:

PROPER

- American Indian
- ② Asian or Pacific Islander
- ③ Black
- ④ Eskimo or Aleut
- ⑤ White
- ⑥ Other

IMPROPER

- ⓐ American Indian
- ② Asian or Pacific Islander
- ✗ Black
- ④ Eskimo or Aleut
- ⑤ White
- ⑥ Other

DO NOT partially darken your choice, use "x's," circle numbers or scribble in the answer area.

2. How long have you been working for the Bureau of Prisons?

This example tells us this person has worked four years and eight months. If you have worked for the BOP for less than 10 years, enter "0" in the left-most column and darken the corresponding numbered oval, as shown here.

Yrs	Mos
04	8
● ①	①
① ①	②
② ②	③
③ ③	④
● ④	⑤
⑤ ⑤	⑥
⑥ ⑥	⑦
⑦ ⑦	● ⑧
⑧ ⑧	⑨
⑨ ⑨	⑩
⑩ ⑩	⑪

← Please write in the numbers.

← Please darken the numbered ovals that correspond with the numbers above.

If your answer doesn't require you to use all the available columns, enter "0" in the left-most column and darken the corresponding numbered oval.

PRISON SOCIAL CLIMATE SURVEY STAFF VERSION

Before giving your opinions on the following pages, please complete these items. This information is asked for the purpose of checking whether the staff members who have responded to our survey are similar to all other staff working in this facility.

1. Are you:

- ① American Indian
- ② Asian or Pacific Islander
- ③ Black
- ④ Eskimo or Aleut
- ⑤ White
- ⑥ Other

2. Are you of Hispanic origin?

- ① No
- ② Yes

3. What is your sex?

- ① Male
- ② Female

4. What is your age as of your last birthday?

Years

①	⑥
①	①
②	②
③	③
④	④
⑤	⑤
⑥	⑥
⑦	⑦
⑧	⑧

← Please write in the numbers.

← Please darken the numbered ovals that correspond with the numbers above.

Answer the following if you attended BOP training at GLYNCO. Otherwise, go to question 6.

5a. What year did you attend GLYNCO?

19	①
	②
	③
	④
	⑤
	⑥
	⑦
	⑧
	⑨

← Please write in the numbers.

← Please darken the numbered ovals that correspond with the numbers above.

5b. What calendar quarter did you attend GLYNCO training?

- ① January-March
- ② April-June
- ③ July-September
- ④ October-December

5c. Did you attend GLYNCO within 45 calendar days from your start date?

- ① No
- ② Yes
- ③ Don't remember

6. How long have you been working for the Bureau of Prisons?

Years	Mos
⑥	①
①	②
②	③
③	④
④	⑤
⑤	⑥
⑥	⑦
⑦	⑧
⑧	⑨
⑨	⑩

← Please write in the numbers.

← Please darken the numbered ovals that correspond with the numbers above.

7. How long have you been working at this facility?

Years	Mos
0	1
1	2
2	3
3	4
4	5
5	6
6	7
7	8
8	9
9	10
10	11

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

8. How many other adult correctional facilities have you worked in prior to this one?

Only facility

State, county or city facilities

0
1
2
3
4
5
6
7
8
9
10

Federal facilities (BOP, military, etc.)

0
1
2
3
4
5
6
7
8
9
10

Private contract facilities

0
1
2
3
4
5
6
7
8
9
10

9. Are you a supervisor of any Bureau of Prisons or UNICOR staff?

- No
 Yes

10. Please indicate the department in which you work:

- 1 Correctional services (correctional officer, lieutenant, captain)
- 2 Unit management (unit manager, case manager, correctional counselor, unit secretary)
- 3 Mechanical Services/Safety Department
- 4 UNICOR
- 5 Health Services
- 6 Food Service
- 7 Public Health Service
- 8 Education/Recreation/Religion/Psychology Services
- 9 Financial Management/Human Resources/Inmate Systems/Research/Inst. Exec. Staff/Facilities/Information Systems/Legal
- 10 Other

11a. During the past 6 months, how often did you have contact with inmates (not just see them, but interact with them)?

- 1 Never
- 2 A few times
- 3 Once a month
- 4 A few times a month
- 5 Once a week
- 6 A few times a week
- 7 Every day

} Skip to Question 12.

11b. How many inmates would you say you have contact with each day? (If you need help answering this question, please refer to the example instructions, question 2.)

0
1
2
3
4
5
6
7
8
9
10

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

12. During the past 6 months, how often did you have contact with the Cuban detainees (not just see them, but interact with them)?

- ① Not applicable
- ② Never
- ③ A few times
- ④ Once a month
- ⑤ A few times a month
- ⑥ Once a week
- ⑦ A few times a week
- ⑧ Every day

13. What has been your predominant shift over the past 6 months?

- ① Day
- ② Evening
- ③ Morning
- ④ No predominant shift

14. Which group best represents the type of inmates you primarily worked with in the past 6 months?

- ① General population (including work cadre)
- ② Medical/psychiatric/dental
- ③ Segregation/administrative detention
- ④ Holdover/in-transit
- ⑤ Pre-trial/detention
- ⑥ WITSEC
- ⑦ Protective custody
- ⑧ Drug therapy unit
- ⑨ Other (please specify: _____)

15. How well can you speak and understand Spanish?

- ① Fluently
- ② Passably
- ③ Not at all

16. How well can you read in Spanish for your own use?

- ① Easily
- ② With difficulty
- ③ Not at all

17. If your institution has an adjacent camp, where did you work the majority of the time during the past 6 months?

- ① Not applicable
- ② Camp
- ③ Main facility

Note: Please respond to the remaining items in the questionnaire according to the type of facility - camp or main facility - you indicated in question 17 above.

PERSONAL SAFETY AND SECURITY

The purpose of this section is to ask for your impression of the overall safety of the living and working conditions in this facility during the past 6 months. (Consider only the camp or main facility, depending on where you worked the majority of the time during the past 6 months.) Please read each question carefully. Remember, there are no right or wrong answers, only your opinions. We have included a category labeled "No Knowledge" for those staff members who might not be familiar with certain aspects of this facility. If you have any knowledge on which to base your answer, no matter how limited it may be, please try to answer the question. Otherwise, mark the "No Knowledge" option. If you have been working in this facility for less than 6 months, you are asked to think only about the time you have been at this facility. We want to get an accurate picture of this facility, so please do not think about your experiences in any other facility.

1a. How many instances do you know of, in the last 6 months (180 days), where there have been heated arguments among inmates not involving physical force or weapons?

- ① No knowledge
 - ② No Instances
- } Skip to Question 2a.

Number
of Instances

①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

← Please write in the numbers.

← Please darken the numbered ovals that correspond with the numbers above.

1b. When was the last time you know of that a heated argument took place among inmates?

- Last instance was today.

Days Ago

①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

← Please write in the numbers.

← Please darken the numbered ovals that correspond with the numbers above.

1c. Have these heated arguments most often been among the same inmates or have they been among different inmates?

- ① Usually among the same inmates
- ② Usually among different inmates

1d. Does the number of heated arguments bother you?

- ① Not at all
- ② A little
- ③ A great deal

1e. Is this condition so objectionable that you have considered either resigning or transferring to another facility?

- ① No
- ② Yes

2a. How likely do you think it is that an inmate would be assaulted in this institution?

- ① Not at all likely → Skip to Question 3a.
- ② Somewhat likely
- ③ Likely
- ④ Very likely

2b. In what area do you think it is most likely that an assault would take place?

- ① Housing units
- ② Work areas
- ③ Dining Hall
- ④ Recreation areas
- ⑤ Other

3a. How many instances do you know of, in the last 6 months (180 days), where an inmate has been physically injured in an assault without a weapon (not including sexual assaults) by one or more inmates?

- ① No knowledge
 - ② No instances
- } Skip to Question 4a.

Number of Instances

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

3b. When was the last time you know of that one of these physical assaults took place?

- Last instance was today.

Days Ago

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

3c. Have these physical assaults usually happened to the same inmates (that is, are the victims often the same people) or did they seem to happen to anybody?

- ① Usually to the same inmates
- ② Usually to anybody

3d. Does the number of physical assaults bother you?

- ① Not at all
- ② A little
- ③ A great deal

3e. Is this condition so objectionable that you have considered either resigning or transferring to another facility?

- ① No
- ② Yes

4a. How many instances do you know of, in the last 6 months (180 days), where assaults among inmates have involved the use of weapons?

- ① No knowledge
 - ② No instances
- } Skip to Question 5a.

Number of Instances

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

4b. When was the last time you know of that one of these assaults with weapons took place?

- Last instance was today.

Days Ago

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

4c. Have these assaults with weapons usually been among the same inmates or among different inmates?

- ① Usually among the same inmates
- ② Usually among different inmates

4d. Does the number of assaults with weapons bother you?

- ① Not at all
- ② A little
- ③ A great deal

4e. Is the condition so objectionable that you have considered either resigning or transferring to another institution?

- 1 No
- 2 Yes

5a. How many instances do you know of, in the last 6 months (180 days), where an inmate has been sexually assaulted?

- 1 No knowledge
 - 2 No instances
- } Skip to Question 6.

Number of Instances

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

5b. When was the last time you know of that one of these sexual assaults took place?

- Last assault was today.

Days Ago

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

5c. Have these sexual assaults usually happened to the same inmates (i.e., are the victims often the same people) or did they seem to happen to anybody?

- 1 Usually to the same inmates
- 2 Usually to anybody

5d. Does the number of sexual assaults bother you?

- 1 Not at all
- 2 A little
- 3 A great deal

5e. Is this condition so objectionable that you have considered either resigning or transferring to another institution?

- 1 No
- 2 Yes

6. How many instances do you know of, in the last 6 months (180 days), where an inmate has been pressured for sex?

- 1 No knowledge
- 2 No instances

Number of Instances

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

7a. Do you feel that there are unobserved (and therefore, unreported) instances of inmate-on-inmate violence?

- 1 No → Skip to Question 8a.
- 2 Yes

7b. If yes, how many during the past 6 months?

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

7c. Of the unreported acts of violence, where do they usually take place? (If necessary, mark more than one.)

- ① Housing units
- ② Work areas
- ③ Dining Hall
- ④ Recreation areas
- ⑤ Other

8a. How often do you think the inmates have had weapons on them or in their quarters in the past 6 months?

- ① No knowledge
 - ② Never
 - ③ Very rarely
 - ④ Rarely
 - ⑤ Now and then
 - ⑥ Often
 - ⑦ Very often
 - ⑧ All the time
- } Skip to Question 9a.

8b. Does the frequency with which inmates have weapons bother you?

- ① Not at all
- ② A little
- ③ A great deal

8c. Is this condition so objectionable that you have considered either resigning or transferring to another facility?

- ① No
- ② Yes

9a. Has there been any gang activity in this facility in the past 6 months?

- ① No knowledge
 - ② No
 - ③ Yes
- } Skip to Question 10a.

9b. How safe or dangerous do you think it has been in this prison for inmates who are members of a gang (dangerous in the sense of being killed or injured in an assault)?

- ① Very safe
- ② Safe
- ③ Somewhat safe
- ④ Somewhat dangerous
- ⑤ Dangerous
- ⑥ Very dangerous

9c. How safe or dangerous do you think it has been in this prison for inmates who are not members of a gang (dangerous in the sense of being killed or injured in an assault)?

- ① Very safe
- ② Safe
- ③ Somewhat safe
- ④ Somewhat dangerous
- ⑤ Dangerous
- ⑥ Very dangerous

10a. How safe or dangerous do you think it has been in this prison for male staff members who have a lot of contact with inmates (dangerous in the sense of being killed or injured in an assault)?

- ① Very safe
 - ② Safe
 - ③ Somewhat safe
 - ④ Somewhat dangerous
 - ⑤ Dangerous
 - ⑥ Very dangerous
- } Skip to Question 11a.

10b. Does the degree of danger to male staff bother you?

- ① Not at all
- ② A little
- ③ A great deal

10c. Is this condition so objectionable that you have considered either resigning or transferring to another institution?

- ① No
- ② Yes

11a. How safe or dangerous do you think it has been in this prison for female staff members who have a lot of contact with inmates (dangerous in the sense of being killed or injured in an assault)? If female staff have no contact with inmates, darken the "Not applicable" oval.

- ① Not applicable
 - ② Very safe
 - ③ Safe
 - ④ Somewhat safe
 - ⑤ Somewhat dangerous
 - ⑥ Dangerous
 - ⑦ Very dangerous
- } Skip to Question 12.

11b. Does the degree of danger to female staff bother you?

- ① Not at all
- ② A little
- ③ A great deal

11c. Is this condition so objectionable that you have considered either resigning or transferring to another institution?

- ① No
- ② Yes

12. How likely do you think it is that a staff member would be physically assaulted in this institution?

- ① Not at all likely
- ② Somewhat likely
- ③ Likely
- ④ Very likely

13. Have you been physically assaulted in any way by an inmate within the last 6 months (180 days)?

- ① No
- ② Yes

14a. In the past 6 months, how often have inmates used physical force on staff members?

- ① No knowledge
 - ② Never
 - ③ Very rarely
 - ④ Rarely
 - ⑤ Now and then
 - ⑥ Often
 - ⑦ Very often
 - ⑧ All the time
- } Skip to Question 15a.

14b. Does the frequency with which inmates have used physical force against staff bother you?

- ① Not at all
- ② A little
- ③ A great deal

14c. Is this condition so objectionable that you have considered either resigning or transferring to another institution?

- ① No
- ② Yes

15a. In the past 6 months, how often have staff members had to use physical force on inmates?

- ① No knowledge
 - ② Never
 - ③ Very rarely
 - ④ Rarely
 - ⑤ Now and then
 - ⑥ Often
 - ⑦ Very often
 - ⑧ All the time
- } Skip to Question 16a.

15b. Does the frequency with which staff had to use physical force against inmates bother you?

- ① Not at all
- ② A little
- ③ A great deal

15c. Is this condition so objectionable that you have considered either resigning or transferring to another institution?

- ① No
- ② Yes

16a. During the past 6 months, did you occupy a position that called for the issuance of any safety and security equipment (e.g., radios, body alarms, etc.) as directed by post orders or usual practice?

- ① No → Skip to Question 17.
- ② Yes

16b. In this position, how often was the equipment actually issued to you?

- ① Never
- ② Very rarely
- ③ Rarely
- ④ Now and then
- ⑤ Often
- ⑥ Very often
- ⑦ All the time

16c. When the equipment was issued, how often did it function properly?

- ① Never
- ② Very rarely
- ③ Rarely
- ④ Now and then
- ⑤ Often
- ⑥ Very often
- ⑦ All the time

17. How free do you feel inmates have been to move about this institution:

17a. During the *day* shift?

- ① No knowledge
- ② Not at all
- ③ Slightly
- ④ Moderately
- ⑤ More than moderately
- ⑥ Very

17b. During the *evening* shift?

- ① No knowledge
- ② Not at all
- ③ Slightly
- ④ Moderately
- ⑤ More than moderately
- ⑥ Very

17c. During the *morning* shift?

- ① No knowledge
- ② Not at all
- ③ Slightly
- ④ Moderately
- ⑤ More than moderately
- ⑥ Very

How adequate are BOP policies and procedures to ensure safety and security at this institution?

- ① Very inadequate
- ② Inadequate
- ③ Somewhat inadequate
- ④ Undecided
- ⑤ Somewhat adequate
- ⑥ Adequate
- ⑦ Very adequate

19. How adequate is staff adherence to existing BOP safety and security policies and procedures at this institution?

- ① Very inadequate
- ② Inadequate
- ③ Somewhat inadequate
- ④ Undecided
- ⑤ Somewhat adequate
- ⑥ Adequate
- ⑦ Very adequate

20a. How often have there been shakedowns (living area or working area searches) in this institution during the last 6 months?

- ① No knowledge → Skip to Question 21.
- ② Never
- ③ Very rarely
- ④ Rarely
- ⑤ Now and then
- ⑥ Often
- ⑦ Very often
- ⑧ All the time

20b. Are the shakedowns done frequently enough?

- ① No
- ② Yes

21. How often have there been nonroutine body searches (strip or pat) at this institution during the last 6 months?

- ① No knowledge
- ② Never
- ③ Very rarely
- ④ Rarely
- ⑤ Now and then
- ⑥ Often
- ⑦ Very often
- ⑧ All the time

22. Do you think there have been enough staff here to provide for the safety and security of inmates:

22a. During the *day* shift?

- ① No knowledge
- ② No
- ③ Yes

22b. During the *evening* shift?

- ① No knowledge
- ② No
- ③ Yes

22c. During the *morning* shift?

- ① No knowledge
- ② No
- ③ Yes

23. Do you think there have been enough staff here to provide for the safety and security of staff members:

23a. During the *day* shift?

- ① No knowledge
- ② No
- ③ Yes

23b. During the *evening* shift?

- ① No knowledge
- ② No
- ③ Yes

23c. During the *morning* shift?

- ① No knowledge
- ② No
- ③ Yes

24. How much control have inmates had over what other inmates do here:

24a. During the *day* shift?

- ① No knowledge
- ② None at all
- ③ Very little
- ④ A moderate amount
- ⑤ A great deal
- ⑥ Complete

24b. During the *evening* shift?

- ① No knowledge
- ② None at all
- ③ Very little
- ④ A moderate amount
- ⑤ A great deal
- ⑥ Complete

24c. During the *morning* shift?

- ① No knowledge
- ② None at all
- ③ Very little
- ④ A moderate amount
- ⑤ A great deal
- ⑥ Complete

25. How much control have staff had over what other inmates do here:

25a. During the *day* shift?

- ① No knowledge
- ② None at all
- ③ Very little
- ④ A moderate amount
- ⑤ A great deal
- ⑥ Complete

25b. During the *evening* shift?

- ① No knowledge
- ② None at all
- ③ Very little
- ④ A moderate amount
- ⑤ A great deal
- ⑥ Complete

25c. During the *morning* shift?

- ① No knowledge
- ② None at all
- ③ Very little
- ④ A moderate amount
- ⑤ A great deal
- ⑥ Complete

26. In your opinion, what percentage of inmates in this prison do you think are:

Extremely dangerous
Dangerous, but not extremely dangerous
Not dangerous

NOTE: Please make sure percentages total 100 percent.

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Reminder: Write the number in the box and darken the corresponding numbered oval.

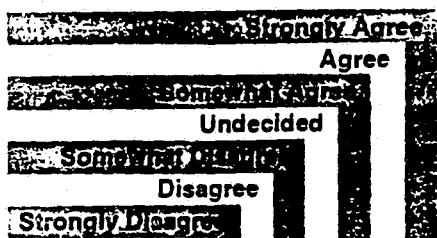
27a. Does your institution have a SORT (Special Operations Response Team)?

- 1 No → Skip to Question 29a.
- 2 Yes

27b. Are you a member of the SORT?

- 1 No
- 2 Yes

28. Please indicate the level to which you agree or disagree with the following four statements.



- 28a. The SORT is not allocated enough resources. 1 2 3 4 5 6 7
- 28b. A SORT member is more likely to receive a promotion than other staff. 1 2 3 4 5 6 7
- 28c. Having a SORT engenders a militaristic philosophy toward inmates. 1 2 3 4 5 6 7
- 28d. Non-SORT staff still respond to emergencies. 1 2 3 4 5 6 7

This series of questions asks you about HIV-infected inmates.

29a. How often do you have contact with inmates whom you know or suspect are HIV-infected?

- 1 No knowledge } Skip to Question 30.
- 2 Never
- 3 Very Rarely
- 4 Rarely
- 5 Now and then
- 6 Often
- 7 Very often
- 8 All the time

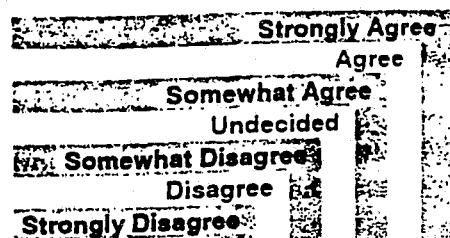
29b. Does the number of inmates who are HIV-infected bother you?

- 1 Not at all
- 2 A little
- 3 A great deal

29c. Is this condition so objectionable that you have considered either resigning or transferring to another institution?

- 1 No
- 2 Yes

Questions 30-38 ask you to think about HIV-infected inmates and their effect on Bureau operations.



- 30. The HIV epidemic is interfering with the performance of my duties. 1 2 3 4 5 6 7
- 31. The BOP administration is telling us all they know about any threat the HIV virus poses to staff members. 1 2 3 4 5 6 7
- 32. The information provided by the BOP about the HIV epidemic has increased my understanding of the disease. 1 2 3 4 5 6 7
- 33. The HIV epidemic has negatively affected my working relationship with inmates. 1 2 3 4 5 6 7
- 34. The HIV epidemic has negatively affected my working relationship with staff. 1 2 3 4 5 6 7
- 35. All inmates should be tested for the HIV virus. 1 2 3 4 5 6 7
- 36. All HIV-infected inmates should be segregated. 1 2 3 4 5 6 7
- 37. All HIV-infected inmates should be known to staff. 1 2 3 4 5 6 7
- 38. What do you think the odds are of acquiring the HIV infection from an inmate?

- 1 None
- 2 Very low
- 3 Low
- 4 Moderate
- 5 High
- 6 Very high

We would appreciate any comments you have on personal safety and security in this prison. Please write your comments on the last page of this questionnaire.

QUALITY OF LIFE

This section asks your impression about the overall quality of living and working conditions at this facility during the past 6 months. (Consider only the camp or main facility depending on where you worked the majority of the time during the past 6 months.)

Sanitation: This set of questions asks you to think about the cleanliness of the places where inmates have lived and worked during the past 6 months.

	All the Time	Very Often	Often	Now and Then	Rarely	Very Rarely	No Knowledge
1. How often have insects, rodents, dirt, or litter been a problem in the inmate housing units?	1	2	3	4	5	6	7
2. How often have insects, rodents, dirt, or litter been a problem in the inmate dining hall?	1	2	3	4	5	6	7
3. How often have the inmate housing units had too much clutter or any material that could feed a fire?	1	2	3	4	5	6	7
4. How often have there been accidents in the inmate housing units?	1	2	3	4	5	6	7
5. How often have there been accidents in the inmate dining hall?	1	2	3	4	5	6	7
6. How often have there been accidents where inmates work?	1	2	3	4	5	6	7
7. How often are inmate housing units inspected?	1	2	3	4	5	6	7
8. How often are adequate sanitation supplies made available in inmate housing units?	1	2	3	4	5	6	7

Turnover and Crowding: This set of questions asks you to think about the number of inmates in this prison.

During the past 6 months, do you think the inmate population here has:

- ① Gone down?
- ② Stayed the same?
- ③ Gone up?

10. Of the inmates who were here 6 months ago, what percentage do you think are still here today?

Percent			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Please write in the numbers.
Please darken the numbered ovals that correspond with the numbers above.

11. How many inmates do you think are housed in this facility? (If you work in the adjoining camp of a main facility, include only inmates housed in the camp. If you work in the main facility, include only inmates housed there.)

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Please write in the numbers.
Please darken the numbered ovals that correspond with the numbers above.

12. How many inmates do you think this institution can effectively and safely manage?

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Please write in the numbers.
Please darken the numbered ovals that correspond with the numbers above.

13. How crowded do you think it has been in the inmate housing units?

- Ⓐ Not at all crowded
- Ⓑ Slightly crowded but not uncomfortable
- Ⓒ Moderately crowded and becoming uncomfortable
- Ⓓ More than moderately crowded and uncomfortable
- Ⓔ Very crowded

14. How crowded do you think it has been outside of the inmate housing units (e.g., where inmates eat their meals, go to school, exercise, work, etc.)?

- Ⓐ Not at all crowded
- Ⓑ Slightly crowded but not uncomfortable
- Ⓒ Moderately crowded and becoming uncomfortable
- Ⓓ More than moderately crowded and uncomfortable
- Ⓔ Very crowded

15. The following list identifies services and programs which may be provided to inmates at your institution. For each item listed, please indicate how the size of the inmate population *during* the past 6 months has impacted the delivery of these services.

Made Service Delivery Much More Difficult
Made Service Delivery Somewhat More Difficult
Caused No Decline in Service Delivery
No Knowledge/Not Applicable

Medical/Health Care Services

- General Medical Services Ⓐ Ⓑ Ⓒ Ⓓ
- Dental Services Ⓐ Ⓑ Ⓒ Ⓓ
- Gynecology Services Ⓐ Ⓑ Ⓒ Ⓓ

Educational Programs

- Adult Basic Education (ABE) Ⓐ Ⓑ Ⓒ Ⓓ
- Generalized Equiv. Deg. (GED) Ⓐ Ⓑ Ⓒ Ⓓ
- Post-Secondary Education Ⓐ Ⓑ Ⓒ Ⓓ

Psychology Services

- Counseling/Therapy Ⓐ Ⓑ Ⓒ Ⓓ
- Self-help groups (e.g., AA, NA) Ⓐ Ⓑ Ⓒ Ⓓ
- Drug Abuse Treatment Programs Ⓐ Ⓑ Ⓒ Ⓓ
- Chaplaincy Services Ⓐ Ⓑ Ⓒ Ⓓ

UNICOR Programs

- Voc. training/Apprenticeships Ⓐ Ⓑ Ⓒ Ⓓ
- UNICOR Jobs Ⓐ Ⓑ Ⓒ Ⓓ

Other

- Recreational Programs Ⓐ Ⓑ Ⓒ Ⓓ
- Legal Services Ⓐ Ⓑ Ⓒ Ⓓ
- Visiting Ⓐ Ⓑ Ⓒ Ⓓ
- Furloughs Ⓐ Ⓑ Ⓒ Ⓓ
- Parenting Program Ⓐ Ⓑ Ⓒ Ⓓ
- Food Services Ⓐ Ⓑ Ⓒ Ⓓ
- Commissary Ⓐ Ⓑ Ⓒ Ⓓ

16. Due to changing levels of crowding at this institution during the last six months, the level of safety at this institution has:

- Ⓐ Greatly decreased
- Ⓑ Moderately decreased
- Ⓒ Slightly decreased
- Ⓓ Not changed
- Ⓔ Slightly increased
- Ⓕ Moderately increased
- Ⓖ Greatly increased

17. Due to changes in the inmate population level during the past 6 months, the frequency of my interaction with inmates has:

- Ⓐ Significantly decreased
- Ⓑ Not significantly changed
- Ⓒ Significantly increased

18. Due to changes in the inmate population level during the past 6 months, the quality of my interaction with inmates has:

- Ⓐ Significantly decreased
- Ⓑ Not significantly changed
- Ⓒ Significantly increased

19. How much privacy do you think inmates have had in their housing units?

- Ⓐ None at all
- Ⓑ Very little
- Ⓒ A moderate amount
- Ⓓ A great deal
- Ⓔ Complete

20. How noisy do you think it has been in the inmate housing units *during the evening hours*?

- Ⓐ Not at all noisy
- Ⓑ Slightly noisy but not uncomfortable
- Ⓒ Moderately noisy and becoming uncomfortable
- Ⓓ More than moderately noisy and uncomfortable
- Ⓔ Very noisy

21. How noisy do you think it has been in the inmate housing units *during sleeping hours*?

- Ⓐ Not at all noisy
- Ⓑ Slightly noisy but not uncomfortable
- Ⓒ Moderately noisy and becoming uncomfortable
- Ⓓ More than moderately noisy and uncomfortable
- Ⓔ Very noisy

Grievances: The next few questions ask you about the inmate and staff grievance procedures at this institution.

Staff Grievance Procedure

22a. Have you ever filed a formal grievance against management at this institution?

- ① No → Skip to Question 23.
- ② Yes

22b. When was the last time you filed a grievance against management?

- ① This week
- ② In the past week
- ③ In the past month
- ④ In the past 6 months
- ⑤ In the past year
- ⑥ More than a year ago } Skip to Question 24.

22c. Was the problem that made you file the grievance taken care of to your satisfaction?

- ① Not at all
- ② Partially
- ③ Completely

Now please go to Question 24.

23. If you have not filed a grievance against management, which of the following reasons best describes why you have not?

- ① I have never had any major complaints.
- ② I thought it would be useless.
- ③ I was afraid of negative consequences from management.
- ④ The problem was taken care of informally.
- ⑤ Other

Inmate Grievance Procedure

24. Weighing the benefits of the BP-9 procedure (i.e., its function as a "safety valve" in handling inmate complaints that might otherwise result in inmate disturbances) against the costs of responding to grievances (i.e., demands on staff time), how would you describe the overall effectiveness of the BP-9 procedure?

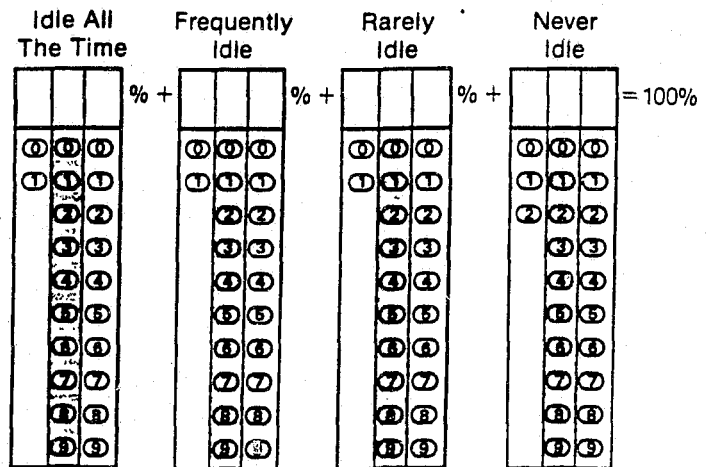
- ① No knowledge
- ② Much more costly than beneficial
- ③ Somewhat more costly than beneficial
- ④ Equally costly and beneficial
- ⑤ Somewhat more beneficial than costly
- ⑥ Much more beneficial than costly

25. Have you ever had a BP-9 filed against you?

- ① No knowledge
- ② No
- ③ Yes

Inmate Idleness: The next question asks you to consider the issue of inmate idleness.

26. In your opinion, what percentage of inmates in this prison do you think are:



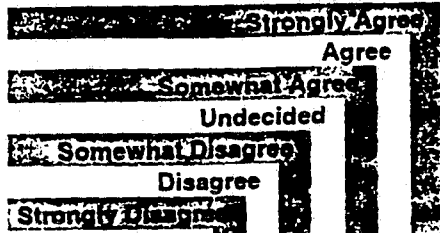
Note: Please make sure percentages total 100 percent.

We would appreciate any comments you have on the quality of life at this prison. Please write comments on the last page of this questionnaire.

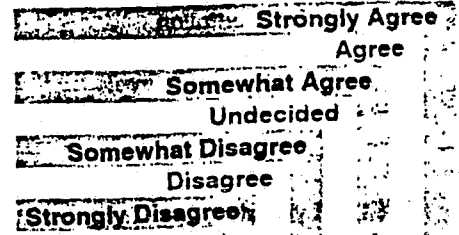
WORK ENVIRONMENT (F)

The purpose of this section is to find out how you feel about your work in this facility and the BOP during the last 6 months. (Consider only the camp or main facility depending on where you worked the majority of the time during the past 6 months.)

Questions 1 to 43 ask you to think about communication within the BOP and about how satisfied you are with your present job.



- During the past six months, I believed that:
1. The information I get through formal communication channels helps me perform my job effectively. 1 2 3 4 5 6 7
 2. In the BOP, it is often unclear who has the formal authority to make a decision. 1 2 3 4 5 6 7
 3. It's really not possible to change things in this facility. 1 2 3 4 5 6 7
 4. I am told promptly when there is a change in policy, rules, or regulations that affects me. 1 2 3 4 5 6 7
 5. I have the authority I need to accomplish my work objectives. 1 2 3 4 5 6 7
 6. Employees do not have much opportunity to influence what goes on in the BOP. 1 2 3 4 5 6 7
 7. Under the present system, promotions are seldom related to employee performance. 1 2 3 4 5 6 7
 8. Management at this facility is flexible enough to make changes when necessary. 1 2 3 4 5 6 7
 9. In the BOP, authority is clearly delegated. 1 2 3 4 5 6 7
 10. I am not afraid to inform supervisors about things I find wrong with this facility. 1 2 3 4 5 6 7
 11. My supervisor engages me in the planning process, such as developing work methods and procedures for my job. 1 2 3 4 5 6 7



- During the past six months, I believed that:
12. My supervisor gives me adequate information on how well I am performing. 1 2 3 4 5 6 7
 13. My supervisor asks my opinion when a work-related problem arises. 1 2 3 4 5 6 7
 14. I have a great deal of say over what has to be done on my job. 1 2 3 4 5 6 7
 15. On my job I know exactly what my supervisor expects of me. 1 2 3 4 5 6 7
 16. The standards used to evaluate my performance have been fair and objective. 1 2 3 4 5 6 7
 17. Information I receive about my performance usually comes too late for it to be of any use to me. 1 2 3 4 5 6 7
 18. My last annual performance rating presented a fair and accurate picture of my actual job performance. 1 2 3 4 5 6 7
 19. My own hard work will lead to recognition as a good performer. 1 2 3 4 5 6 7
 20. I will get a cash award or unscheduled pay increase if I perform especially well. 1 2 3 4 5 6 7
 21. I often receive feedback from my supervisor for good performance. 1 2 3 4 5 6 7
 22. I have a good opinion of the BOP most of the time. 1 2 3 4 5 6 7
 23. Most of the time the BOP is run very well. 1 2 3 4 5 6 7

Strongly Agree
Agree
Somewhat Agree
Undecided
Somewhat Disagree
Disagree
Strongly Disagree

During the past six months, I believed that:

- 24. I am usually satisfied with the BOP. 1 2 3 4 5 6 7
- 25. The BOP is better than any of the other correctional agencies (e.g., State). 1 2 3 4 5 6 7
- 26. If I remain in corrections, I would prefer to remain in the BOP. 1 2 3 4 5 6 7
- 27. In general, this facility is run very well. 1 2 3 4 5 6 7
- 28. This facility is the best in the whole BOP. 1 2 3 4 5 6 7
- 29. I am usually dissatisfied with this facility. 1 2 3 4 5 6 7
- 30. I would rather be stationed at this facility than any other I know about. 1 2 3 4 5 6 7
- 31. I would like to continue working at this facility. 1 2 3 4 5 6 7
- 32. I would be more satisfied with some other job at this facility than I am with my present job. 1 2 3 4 5 6 7
- 33. My BOP job is usually interesting to me. 1 2 3 4 5 6 7
- 34. My BOP job suits me very well. 1 2 3 4 5 6 7
- 35. My BOP job is usually worthwhile. 1 2 3 4 5 6 7
- 36. If I have a chance, I will change to some other job at the same rate of pay at this facility. 1 2 3 4 5 6 7
- 37. I am currently looking for or considering another job outside the BOP. 1 2 3 4 5 6 7
- 38. In general, my department is run very well. 1 2 3 4 5 6 7
- 39. There are job advancement opportunities in this facility for me. 1 2 3 4 5 6 7

Strongly Agree
Agree
Somewhat Agree
Undecided
Somewhat Disagree
Disagree
Strongly Disagree

During the past six months, I believed that:

- 40. There are job advancement opportunities for minorities in this facility. 1 2 3 4 5 6 7
- 41. There are job advancement opportunities in the BOP for me. 1 2 3 4 5 6 7
- 42. There are job advancement opportunities for minorities in the BOP. 1 2 3 4 5 6 7
- 43. My supervisor demonstrates sensitivity to such personal needs as shift and leave requests by fairly balancing them with the needs of the facility. 1 2 3 4 5 6 7

The next questions ask you about how frequently you see BOP information materials.

44a. How often do you see the Monday Morning Highlights?

- 1 Never
- 2 A few times
- 3 Once a month
- 4 A few times a month
- 5 Once a week

How many of the following were issued in the past 6 months that you are aware of?

44b. The Director's information videos?

None

1
2
3
4
5
6
7
8
9

← Please write in the number.

← Please darken the numbered oval that corresponds with the number above.

44c. The institutional newsletter?

None

1
2
3
4
5
6
7
8
9

Please write in the number.

Please darken the numbered oval that corresponds with the number above.

If you answered "None" to Questions 44b and 44c please go to Question 45.

44d. Were you usually able to see the videos and/or institutional newsletter when they were issued?

- 1 No
- 2 Yes

Questions 45 to 47 ask you about communication of suggestions or concerns in this institution during the past six months.

45. In general, how comfortable do you feel about going to your immediate supervisor with suggestions or concerns about institutional operations?

- 1 Not at all comfortable
- 2 Slightly comfortable
- 3 Moderately comfortable
- 4 More than moderately comfortable
- 5 Very comfortable

46. In general, if your supervisor is not responsive about something you consider important, how comfortable do you feel about going to his/her supervisor with your suggestions or concerns?

- 1 Not at all comfortable
- 2 Slightly comfortable
- 3 Moderately comfortable
- 4 More than moderately comfortable
- 5 Very comfortable

47. Have you made any suggestions to your supervisor, in the last 6 months, for changing or improving this facility or the BOP?

- 1 No → Skip to Question 48.
- 2 Yes

47b. Please indicate in what areas you have made suggestions:

- 1 Administrative processes (e.g., refinement of BOP forms)
- 2 Institution management
- 3 Staff assignment
- 4 Inmate management
- 5 Programs (e.g., education, recreation, vocational training)
- 6 Other

Question 48 asks you to think about the physical design of this facility.

Greatly Facilitates
Somewhat Facilitates
No Effect
Somewhat Inhibits
Greatly Inhibits

48. How does the physical design affect:

- a. Communication among line staff? 1 2 3 4 5
- b. Communication between line staff and supervisors? 1 2 3 4 5
- c. Staff surveillance of inmates? 1 2 3 4 5
- d. Staff safety? 1 2 3 4 5

The next few questions ask for your opinion of the BOP staff training program during the past year. These questions refer to training in policies and procedures, the use of equipment, and anything else which is considered essential for the performance of your job.

Strongly Agree
Agree
Somewhat Agree
Undecided
Somewhat Disagree
Disagree
Strongly Disagree

During the past 12 months, I believed that:

- 49. I receive the kind of training that I need to perform my work well. 1 2 3 4 5 6 7
- 50. Training at this facility has improved my job skills. 1 2 3 4 5 6 7
- 51. The facility's executive staff support the training program. 1 2 3 4 5 6 7
- 52. My BOP training has helped me to work effectively with inmates. 1 2 3 4 5 6 7
- 53. The BOP training program does not prepare me or help me to deal with situations that arise on the job. 1 2 3 4 5 6 7

Questions 54 to 64 ask you to think about your work with inmates.

All the Time
Very Often
Often
Now and Then
Rarely
Very Rarely
Never

During the past 6 months, how often have you experienced:

- 54. An ability to deal very effectively with the problems of inmates. ① ② ③ ④ ⑤ ⑥ ⑦
- 55. A feeling that you are positively influencing other people's lives through your work. ① ② ③ ④ ⑤ ⑥ ⑦
- 56. A feeling that you've become more harsh toward people since you took this job. ① ② ③ ④ ⑤ ⑥ ⑦
- 57. A feeling of worry that this job is hardening you emotionally. ① ② ③ ④ ⑤ ⑥ ⑦
- 58. A feeling of accomplishment after working closely with inmates. ① ② ③ ④ ⑤ ⑥ ⑦
- 59. A feeling that you are working too hard on your job. ① ② ③ ④ ⑤ ⑥ ⑦
- 60. A feeling that you can easily create a relaxed atmosphere with inmates. ① ② ③ ④ ⑤ ⑥ ⑦
- 61. A feeling of being emotionally drained at the end of the workday... ① ② ③ ④ ⑤ ⑥ ⑦
- 62. A feeling that you treat some inmates as if they were impersonal objects..... ① ② ③ ④ ⑤ ⑥ ⑦
- 63. A feeling that working with people all day is really a strain for you. ① ② ③ ④ ⑤ ⑥ ⑦
- 64. A feeling of being fatigued when you get up in the morning and have to face another day on the job. ① ② ③ ④ ⑤ ⑥ ⑦

The next few questions ask you how you feel about the community in which you live.

65. In this area, the cost of living relative to my salary (excluding housing) is:

- ① Very low
- ② Low
- ③ Moderate
- ④ High
- ⑤ Very high

66. In this area, the cost of housing that I would be satisfied with, relative to my salary, is:

- ① Easily affordable
- ② Affordable
- ③ More than I can afford
- ④ Much more than I can afford

67. Do you feel you are earning enough money to maintain the standard of living to which you are accustomed?

- ① No
- ② Yes

68. How would you describe the community where you live (consider neighbors, traffic, drug and crime problems, etc.)?

- ① Very poor
- ② Poor
- ③ Fair
- ④ Good
- ⑤ Very good

69. The quality of the schools in my community is:

- ① No knowledge
- ② Very low
- ③ Low
- ④ Moderate
- ⑤ High
- ⑥ Very high

70. How would you describe the variety of social activities/shopping/entertainment that is available where you live?

- ① Very poor
- ② Poor
- ③ Fair
- ④ Good
- ⑤ Very good

71. Has your spouse/partner been able to find acceptable employment in this area?

- ① Not applicable
- ② No
- ③ Yes
- ④ My spouse/partner has not sought work outside the home

72. How difficult is it for you to commute to the institution (consider length of time, distance, traffic, etc.)?

- Ⓐ Not at all difficult
- Ⓑ Somewhat difficult
- Ⓒ Very difficult

73a. Would you say you live in the local community surrounding the prison?

- Ⓐ No → Skip to Question 74.
- Ⓑ Yes

73b. How aware do you think people in the community are of the existence of the prison?

- Ⓐ Not at all aware → Skip to Question 74.
- Ⓑ Slightly aware
- Ⓒ Moderately aware
- Ⓓ More than moderately aware
- Ⓔ Very aware

73c. How would you describe the image of the Bureau of Prisons in the community?

- Ⓐ Very negative
- Ⓑ Negative
- Ⓒ Somewhat negative
- Ⓓ Neutral
- Ⓔ Somewhat positive
- Ⓕ Positive
- Ⓖ Very positive

The next few questions ask you about the type of housing you currently have and the type of housing you would prefer if you moved — either to a new facility or an existing one. Your responses to these questions will help the Bureau present employees' housing expectations to local officials and builders at new facility sites.

74. What is your current housing situation?

- Ⓐ Rent
- Ⓑ Own

75. What structural type best describes your current dwelling?

- Ⓐ Single family detached
- Ⓑ Single family semi-detached or duplex
- Ⓒ Townhouse
- Ⓓ Garden or "walk-up" apartment
- Ⓔ Highrise apartment building
- Ⓕ Mobile home
- Ⓖ Other

76. How much do you currently spend *per month* on rent or as a mortgage payment (including additional housing fees)?

- Ⓐ \$350 or less
- Ⓑ between \$351 and \$500
- Ⓒ between \$501 and \$650
- Ⓓ between \$651 and \$800
- Ⓔ between \$801 and \$950
- Ⓕ over \$950

Answer the following question if you own the home in which you are currently living. Otherwise, go to Question 78.

77. What is the current value of your home?

- Ⓐ under \$45,000
- Ⓑ between \$45,000 & \$70,000
- Ⓒ between \$70,001 & \$95,000
- Ⓓ between \$95,001 & \$120,000
- Ⓔ between \$120,001 & \$145,000
- Ⓕ between \$145,001 & \$170,000
- Ⓖ between \$170,001 & \$195,000
- Ⓗ between \$195,001 & \$220,000
- Ⓘ between \$220,001 & \$245,000
- Ⓚ over \$245,000

78. How many bedrooms does your current dwelling have?

- Ⓐ efficiency/studio
- Ⓑ one bedroom
- Ⓒ two bedrooms
- Ⓓ three bedrooms
- Ⓔ four or more bedrooms

79. How far from the institution do you live?

- Ⓐ 0-5 miles
- Ⓑ 6-15 miles
- Ⓒ 16-30 miles
- Ⓓ 31-50 miles
- Ⓔ over 50 miles

80. Is it likely that you will move (transfer) with the BOP?

- Ⓐ No → Skip to Question 87.
- Ⓑ Yes

81. If you were to relocate, what would you prefer to do?

- Ⓐ Rent
- Ⓑ Own

82. If you were to relocate, what type of dwelling would you prefer?

- Ⓐ Single family detached
- Ⓑ Single family semi-detached or duplex
- Ⓒ Townhouse
- Ⓓ Garden or "walk-up" apartment
- Ⓔ Highrise apartment building
- Ⓕ Mobile home
- Ⓖ Other

83. If you were to relocate, what would you be willing to spend *per month* on rent or as a mortgage payment (including additional housing fees)?

- Ⓐ \$350 or less
- Ⓑ between \$351 and \$500
- Ⓒ between \$501 and \$650
- Ⓓ between \$651 and \$800
- Ⓔ between \$801 and \$950
- Ⓕ over \$950

Please answer #84 if you plan on buying a house when you relocate. Otherwise, please go to Question 85.

84. If you were to relocate and plan on buying a house, what is the amount you would be willing to spend?

- Ⓐ under \$45,000
- Ⓑ between \$45,000 & \$70,000
- Ⓒ between \$70,001 & \$95,000
- Ⓓ between \$95,001 & \$120,000
- Ⓔ between \$120,001 & \$145,000
- Ⓕ between \$145,001 & \$170,000
- Ⓖ between \$170,001 & \$195,000
- Ⓗ between \$195,001 & \$220,000
- Ⓘ between \$220,001 & \$245,000
- Ⓚ over \$245,000

85. If you were to relocate, how many bedrooms would you prefer that your new dwelling have?

- Ⓐ efficiency/studio
- Ⓑ one bedroom
- Ⓒ two bedrooms
- Ⓓ three bedrooms
- Ⓔ four or more bedrooms

86. If you were to relocate, how far from the institution would you prefer to live?

- Ⓐ 0-5 miles
- Ⓑ 6-15 miles
- Ⓒ 16-30 miles
- Ⓓ 31-50 miles
- Ⓔ over 50 miles

87. What is your gross household salary per year? (This figure will be used to calculate the percentage of their household salary that Bureau staff spend on housing.)

- Ⓐ under \$10,000
- Ⓑ between \$10,000 & \$20,000
- Ⓒ between \$20,001 & \$30,000
- Ⓓ between \$30,001 & \$40,000
- Ⓔ between \$40,001 & \$50,000
- Ⓕ between \$50,001 & \$60,000
- Ⓖ between \$60,001 & \$70,000
- Ⓙ over \$70,000

Transfers: The next set of questions asks about staff transfers within the BOP.

88. Have you ever transferred from one BOP facility to another?

- Ⓐ No → Skip to Question 92.
- Ⓑ Yes

89. The BOP provides for a smooth relocation process when transferring to another institution.

- Ⓐ Strongly disagree
- Ⓑ Disagree
- Ⓒ Somewhat disagree
- Ⓓ Undecided
- Ⓔ Somewhat agree
- Ⓕ Agree
- Ⓖ Strongly agree

90. I feel that I have benefitted from my transfer(s) within the BOP.

- Ⓐ Strongly disagree
- Ⓑ Disagree
- Ⓒ Somewhat disagree
- Ⓓ Undecided
- Ⓔ Somewhat agree
- Ⓕ Agree
- Ⓖ Strongly agree

91. I would be willing to be transferred to another BOP facility.

- Ⓐ Strongly disagree
- Ⓑ Disagree
- Ⓒ Somewhat disagree
- Ⓓ Undecided
- Ⓔ Somewhat agree
- Ⓕ Agree
- Ⓖ Strongly agree

Please go to the next section.

92. Would you say the reason you have not transferred is because: (Mark as many items as apply.)

- ① Financial considerations are unfavorable
- ② Not interested in moving from the area
- ③ Family concerns (do not want to uproot family, care of elderly parents, non-BOP career of spouse, children's education, etc.)
- ④ Too much effort for too little gain
- ⑤ Career development — desire more time in current position to master job skills
- ⑥ There are promotion opportunities here
- ⑦ I would be willing to transfer, but have not had the proper opportunity
- ⑧ Plan to retire in the near future
- ⑨ Other

We would appreciate any comments you have on the work environment in this prison. Please write your comments on the last page of this questionnaire.

Please Do Not
Write In This Area

PERSONAL WELL-BEING

The purpose of this section is to get information about your health during the past 6 months.

Every Day
A Few Times a Week
Once a Week
A Few Times a Month
Once a Month
A Few Times
Never

During the past 6 months, how often have you had:

1. Recurring headaches? ① ② ③ ④ ⑤ ⑥ ⑦
2. A poor appetite? ① ② ③ ④ ⑤ ⑥ ⑦
3. A disturbed or restless sleep? ① ② ③ ④ ⑤ ⑥ ⑦
4. A concern that something is wrong with your body? ① ② ③ ④ ⑤ ⑥ ⑦
5. A feeling of tenseness or anxiety? ① ② ③ ④ ⑤ ⑥ ⑦
6. A feeling of hopelessness? ① ② ③ ④ ⑤ ⑥ ⑦
7. A difficulty in concentrating? ① ② ③ ④ ⑤ ⑥ ⑦
8. A feeling of worthlessness? ① ② ③ ④ ⑤ ⑥ ⑦
9. A stomach problem related to digestion? ① ② ③ ④ ⑤ ⑥ ⑦
10. Muscle aches? ① ② ③ ④ ⑤ ⑥ ⑦
11. Back problems (for example lower back pain, muscle spasms)? ① ② ③ ④ ⑤ ⑥ ⑦
12. A feeling of depression? ① ② ③ ④ ⑤ ⑥ ⑦
13. A feeling that you are worrying too much? ① ② ③ ④ ⑤ ⑥ ⑦
14. A feeling of being weak all over? .. ① ② ③ ④ ⑤ ⑥ ⑦
15. A feeling that nothing turns out right for you? ① ② ③ ④ ⑤ ⑥ ⑦
16. Personal worries that bothered you? ① ② ③ ④ ⑤ ⑥ ⑦
17. A wondering if anything is worthwhile? ① ② ③ ④ ⑤ ⑥ ⑦
18. An urge to smoke cigarettes? ① ② ③ ④ ⑤ ⑥ ⑦

Every Day
A Few Times a Week
Once a Week
A Few Times a Month
Once a Month
A Few Times
Never

During the past 6 months, how often have you had:

19. A feeling of frustration by your job? ① ② ③ ④ ⑤ ⑥ ⑦
20. A feeling that everything is going wrong? ① ② ③ ④ ⑤ ⑥ ⑦
21. A feeling of worry about your family? ① ② ③ ④ ⑤ ⑥ ⑦
22. A feeling of worry about money problems? ① ② ③ ④ ⑤ ⑥ ⑦
23. A feeling of being very angry? ① ② ③ ④ ⑤ ⑥ ⑦

During the past 6 months, how often have you:

24a. Consumed more than one alcoholic beverage a day?

- ① Never
 - ② Once or less a month
 - ③ Two to three times a month
 - ④ One to two times a week
 - ⑤ Three to four times a week
 - ⑥ Five to six times a week
 - ⑦ Every day
- } Skip to Question 25a.

24b. When you drink more than 1 alcoholic beverage a day, how many do you drink a day, on average?

- ① Two
- ② Three
- ③ Four
- ④ Five
- ⑤ Six or more

25a. Which of the following best describes your use of tobacco:

- ① Never smoked → Skip to Question 28.
- ② Used to smoke → Skip to Question 26.
- ③ Currently smoke
- ④ Chew tobacco → Skip to Question 27.
- ⑤ Both smoke & chew

Please answer the following question if you currently smoke.

25b. Please indicate in which situations you are prompted to have a cigarette: (Mark as many as apply)

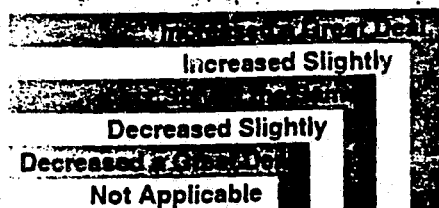
- 1 After meals
- 2 When bored
- 3 First thing in the morning
- 4 Before going to sleep
- 5 When drinking alcohol
- 6 When tired
- 7 When tense or upset
- 8 When depressed
- 9 While working
- 10 While participating in recreational activities
- 11 Other

Now please go to Question 27.

26. How did you quit?

- 1 Bureau sponsored program
- 2 Other type of smoking cessation program
- 3 On your own

Questions 27 to 30 ask you about any increases or decreases in your consumption of tobacco, caffeine, alcohol or food during the past 6 months:



During the past 6 months:

- 27. Has your consumption of tobacco:.. 1 2 3 4 5 6
- 28. Has your consumption of caffeinated beverages (coffee, tea, colas, etc.):. 1 2 3 4 5 6
- 29. Has your consumption of alcohol: ... 1 2 3 4 5 6
- 30. Has your consumption of food: 1 2 3 4 5 6

31. Comparing your current weight to your desired weight, do you think you are:

- 1 Underweight
- 2 Slightly underweight
- 3 At desired weight
- 4 Slightly overweight
- 5 Overweight

32. How many hours of sick leave have you used in the last 6 months?

None

1	2	3
1	2	3
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

33. How many hours of unused sick leave do you have now?

- 1 None
- 2 Negative leave balance

1	2	3
1	2	3
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

34. How many hours of annual leave have you used in the last 6 months?

None

1	2	3
1	2	3
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Please write in the numbers.

Please darken the numbered ovals that correspond with the numbers above.

35. How many hours of unused annual leave do you have now?

- ① None
- ② Negative leave balance

①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

← Please write in the numbers.

← Please darken the numbered ovals that correspond with the numbers above.

37b. What is your current total cholesterol level?

- ① Desirable (below 200 mg/dl)
- ② Borderline high (between 200-239 mg/dl)
- ③ High (above 240 mg/dl)
- ④ Don't remember

38. Have you ever been told that you have diabetes?

- ① No
- ② Yes

39. Do you have a family history of coronary heart disease (definite heart attack or sudden death before age 55 in a parent or sibling)?

- ① No
- ② Yes

36a. Have you ever had your blood pressure taken?

- ① No → Skip to Question 37a.
- ② Yes

36b. What is your blood pressure:

- ① High
- ② Normal
- ③ Low
- ④ Don't remember → Skip to Question 37a.

40. Do you have a family history of stroke (parent or sibling)?

- ① No
- ② Yes

36c. If you know your blood pressure, please indicate what it is:

Systolic
(high number)

①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

Diastolic
(low number)

①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

← Please write in the numbers.

← Please darken the numbered ovals that correspond with the numbers above.

41. What is your height?

- | | | |
|--------------------------------|----------------------------------|-----------------------------------|
| <input type="radio"/> ① 4 Feet | <input type="radio"/> ④ 0 Inches | <input type="radio"/> ⑩ 6 Inches |
| <input type="radio"/> ② 5 Feet | <input type="radio"/> ⑤ 1 Inches | <input type="radio"/> ⑪ 7 Inches |
| <input type="radio"/> ③ 6 Feet | <input type="radio"/> ⑥ 2 Inches | <input type="radio"/> ⑫ 8 Inches |
| | <input type="radio"/> ⑦ 3 Inches | <input type="radio"/> ⑬ 9 Inches |
| | <input type="radio"/> ⑧ 4 Inches | <input type="radio"/> ⑭ 10 Inches |
| | <input type="radio"/> ⑨ 5 Inches | <input type="radio"/> ⑮ 11 Inches |

42. What is your weight?

Pounds

①	①
②	②
③	③
④	④
⑤	⑤
⑥	⑥
⑦	⑦
⑧	⑧
⑨	⑨

← Please write in the numbers.

← Please darken the numbered ovals that correspond with the numbers above.

37a. Have you ever had your cholesterol checked?

- ① No → Skip to Question 38.
- ② Yes

43. How often do you select servings from each of the following basic food groups?

5 or more times/day
 4 times/day
 3 times/day
 2 times/day
 Once/day
 Never

Meats	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Dairy Products	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Fruits and Vegetables	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Grains and Cereals	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

44. Do you have a personal wellness/fitness program that you follow on your own without making use of any programs and/or facilities provided by the BOP?

- 1 No
- 2 Yes

45. Does your institution have a wellness program (either at the main institution or camp)?

- 1 No → Skip to Question 52.
- 2 Yes

If yes, please indicate your level of participation over the last 6 months or darken the numbered oval (1) for any program that is not available at your institution.

Fitness Programs

Every Day
 A Few Times a Week
 Once a Week
 A Few Times a Month
 Once a Month
 A Few Times
 Never Participate
 Not Available

45a. Physical Fitness Center	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
45b. Recreation Programs (volleyball, softball, etc.) ...	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

Screening Programs

Participated at Least Once
 Never Participate
 Not Available

45c. Cholesterol	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
45d. Blood Pressure	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
45e. Glucose	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
45f. Physical fitness assessments	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
45g. Health risk appraisal	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

For the following section, please indicate your level of participation over the last 6 months or darken the numbered oval (1) for any program that is not available. If you indicate that you participated in a program at least once, please indicate whether it helped you make a lasting change in your mental/physical health.

Lifestyle Programs

Participated at Least Once
 Never Participate
 Not Available

Lasting Change
 Yes
 No

45h. Stop smoking program	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2
45i. Weight management program ...	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2
45j. Health education seminars	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2
45k. Employee assistance program ...	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2
45l. Stress management	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2
45m. Back care program	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2

46. Overall, how satisfied are you with the programs you're involved in?

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Somewhat dissatisfied
- 4 Undecided
- 5 Somewhat satisfied
- 6 Satisfied
- 7 Very satisfied

47. Is the wellness coordinator available at convenient times for you?

- 1 No
- 2 Yes

48. Have you developed a personal fitness program under the guidance of your wellness coordinator?

- 1 No
- 2 Yes

49. Does your facility have a wellness incentive awards program?

- 1 No
- 2 Yes

50. How did you find out about the Wellness Program? (Mark as many as apply.)

- ① Wellness Coordinator
- ② Employees Club
- ③ Memo
- ④ Institution newsletter
- ⑤ Posters, etc.
- ⑥ Annual training
- ⑦ Orientation
- ⑧ Other staff
- ⑨ Other

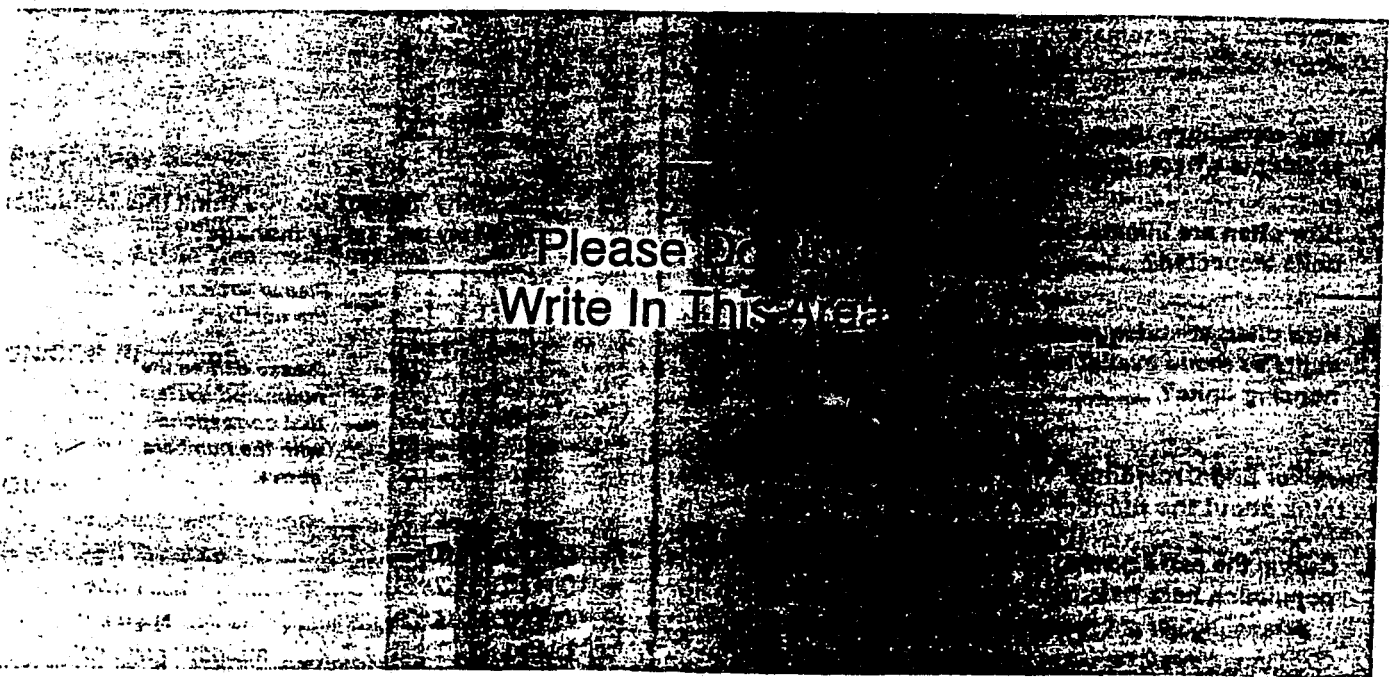
51. If you don't participate in the Bureau's wellness/fitness program, please indicate the reason(s). (Mark as many as apply.)


- ① Not enough time
- ② Physical limitations
- ③ Exercise is boring
- ④ Not allowed to use fitness center during work hours
- ⑤ Not allowed to attend wellness programs during work hours
- ⑥ No interest
- ⑦ Family obligations
- ⑧ Other (please specify: _____)

52. Have you had an annual physical exam (at your institution/sponsored by the BOP) within the last 12 months?

- ① No
- ② Yes

We would appreciate any comments you have on personal well-being in this prison. Please write your comments on the last page of this questionnaire.



Please continue on the next page 

Version 3
Comments

We would appreciate any comments you have on the following areas.

- Personal Well-Being - If you have written comments in this section please darken the oval on the left.

- Quality of Life - If you have written comments in this section please darken the oval on the left.

- Work Environment (A) - If you have written comments in this section please darken the oval on the left.

Thank you for filling out this survey.

