

**PERSONAL**

1. Are you an Irish citizen? Yes  No
2. Gender: Male  Female
3. Place of Birth: Ireland  Britain  Other (please specify):  
\_\_\_\_\_
4. If born in Ireland please specify county:  
\_\_\_\_\_
5. Age: 18- 23  24-29  30-34  35-40  40-44  45-49  50 +
6. Marital Status: Single  Married  Separated  Divorced  Civil Partnership   
Prefer not to say
7. Do you have any dependent children?: 0  1  2  3  4+  Prefer not to say
8. Sexual Orientation: Heterosexual/straight  Homosexual / gay  Bisexual   
Other  Prefer not to say
9. Member of Travelling Community: Yes  No
10. If you are a member of the Travelling Community, was this registered at reception?  
Yes  No
11. Religion: No religion  Church of England  Catholic  Protestant   
Buddhist  Hindu  Jewish  Muslim  Sikh  Other  Prefer not to say
12. Do you practice your religion? Yes  No

**Comments**

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**OFFENCE CATEGORY**

13. Offence: (Tick more than one box if necessary)
- Violence against the person  Sexual Offences  Robbery  Burglary   
Theft and Handling  Fraud and Forgery  Drug Offences  Motoring Offences
14. Sentence: Less than or equal to 6 months  6-12 months  1 – 2 years   
2 – 4 years  4-6 years  6-8 years  8 – 10 years  10 years +

15. Were you an IPP? Yes  No
16. If so, what was your tariff duration in years? 1-2  3-4  5-6  7-8  9-10  11+
17. Do you have previous convictions? Yes  No
18. If so, for what offences? **(Tick more than one box if necessary)**
- Violence against the person  Sexual Offences  Robbery  Burglary  Theft and Handling  Fraud and Forgery  Drug Offences  Motoring Offences

**Comments**

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**EDUCATION**

19. At what age did you leave school? 5 – 10  11- 13  14 – 16  17+
20. What is your highest level of education: Primary school  Irish Junior Certificate   
 Irish Leaving Certificate  GCSE  O level  A level  University Diploma / Degree   
 Professional qualification .
21. Did you undertake any educational courses during your sentence? Yes  No
22. If so please specify:

**Comments**

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**MENTAL AND PHYSICAL HEALTH**

23. **Prior to entering** prison did you ever suffer from / were you diagnosed with one or more of the following: Schizophrenia or Delusional Disorder  Personality Disorder   
 Depression  Drug Dependency  Alcohol Dependency  Prefer not to say
24. If so did you seek / receive any treatment: Yes  No
25. Was this picked up on reception? Yes  No
26. **While in** prison did you ever suffer from / were diagnosed with one or more of the following: Schizophrenia or Delusional Disorder  Personality Disorder

Depression  Drug Dependency  Alcohol Dependency  Prefer not to say

27. If so did you seek / receive any treatment: Yes  No

28. Are you currently receiving treatment? Yes  No

29. **Prior to entering** prison did you ever use: Cannabis  Heroin  Non-prescribed methadone  Amphetamines  Crack  Cocaine  Tranquilizers  Solvents  No Drug Use  Prefer not to say

30. If so did you seek / receive any treatment: Yes  No

31. Was this picked up on reception? Yes  No

32. **While in** did you ever used: Cannabis  Heroin  Non-prescribed methadone  Amphetamines  Crack  Cocaine  Tranquilizers  Solvents  No Drug Use  Prefer not to say

33. If so did you seek / receive any treatment: Yes  No

34. Are you currently receiving treatment? Yes  No

35. Did you undergo detoxification during your sentence? Yes  No

36. Have you ever gone through detoxification? Yes  No

37. **Prior to entering** prison did you ever suffer from one or more of the following (please tick more than one box if required): Sleep problems  Worry  Fatigue  Depression  Irritability  Depressive ideas  Forgetfulness  Anxiety  Obsessions  Compulsions  Phobias  Panic  Prefer not to say

38. If so did you seek / receive any treatment: Yes  No

39. **While in prison** did you suffer from one or more of the following (please tick more than one box if required): Sleep problems  Worry  Fatigue  Depression  Irritability  Depressive ideas  Forgetfulness  Anxiety  Obsessions  Compulsions  Phobias  Panic  Prefer not to say

40. If so did you seek / receive any treatment: Yes  No

41. **Prior to entering** prison did you ever self-harm? Yes  No  Prefer not to say

42. **While in prison** did you self-harm? Yes  No  Prefer not to say

43. **Prior to** entering prison did you ever attempt suicide? Yes  No  Prefer not to say

44. **While in prison** did you attempted suicide? Yes  No  Prefer not to say

45. How many hours did you spend in your cell every day? 1-3  4-7  8-10  10 +
46. What type of physical activity did you engage in?: none  aerobics  badminton   
basketball  football  rugby  running  walking  weightlifting  other
47. How many cigarettes did you smoke per day? 0  1-3  4 - 6  7- 9  10+

**Comments**

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**ACCOMMODATION AND FAMILY**

48. Have you ever been homeless? Yes  No
49. Was this a factor in your offending? Yes  No
50. What factors contributed to you becoming homeless?
51. Did you have accommodation upon your release? Yes  No
52. If so, what type of accommodation: House  Flat  Squat  Hostel
53. Prior to prison, did you live: Alone  With Family  With Friends   
In a house share  Squat  Hostel  Homeless
54. Did your family or friends know that you were in prison? Yes  No
55. How often did you receive visits from family or friends per month? 0  1-2  3-4  5+
56. How often did you receive letters from family or friends per month? 0  1-2  3-4  5+
57. How often did you speak with your family or friends on the telephone per month? 0  1-2   
 3-4  5-6  7+

**Comments**

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