

**Survey #2: Effects Of "SECURITY/WELFARE Checks"**

Today's Date: \_\_\_\_\_

We are the Prisoner Hunger Strike Solidarity Coalition (PHSS) Committee to End Sleep Deprivation, requesting your input to document the effects of ongoing "security/welfare checks." Please answer as many of the following questions as you are comfortable in doing. Thank you for your assistance in helping us compile this information.

Your name:

CDCR #:

At which prison are you housed?

In which unit?

1. Have you answered any previous survey about the checks?
2. When did the security/welfare checks begin where you are now?
3. When did they begin at previous locations (please name prisons)?
4. How frequently do they occur where you are now?

**Physical Symptoms:**

5. How did you feel physically before the security/welfare checks began?
6. How have you felt physically since the checks started?

**Check any of the listed symptoms you experienced before and/or since the checks started**

Before	Since	Physical Symptom
		Sleeplessness
		High blood pressure
		Headaches
		Acidic stomach, stomach problems
		Seizures
		Weight change (losing or gaining a lot)
		Difficulty with morning wakening
		Extreme blood sugar levels
		Cramps
		Reduced alertness
		Lethargy/sluggishness, fatigue
		Difficulty hearing
		Inflammation
		Delayed reaction time
		Faintness
		Nighttime awakenings
		Change in appetite
		Increase in physical injuries or accidents
		Change in menstrual cycle or flow (if applicable)

**Mental/Emotional Symptoms:**

7. How did you feel mentally and emotionally before the security/welfare checks began?

8. How have you felt mentally and emotionally since they started?

**Check any of the listed symptoms you experienced before and/or since the checks started.**

<b>Before</b>	<b>Since</b>	<b>Mental/Emotional Symptom</b>
		Stress
		Decreased ability to think and process information
		Difficulty making decisions
		Irritability
		Jolts of fear or shock
		Inability to concentrate and pay attention
		Depression
		Lack of motivation
		Impaired memory
		Difficulty with language comprehension and remembering words
		Anxiety
		Moodiness
		Conflicts in relationships with others
		Difficulty understanding what you read
		Personality changes
		Inability to perform creative processes

**9. List any other symptoms you think are resulting from the checks:**

10. Since the checks began, are there differences in your performance of daily tasks/hobbies?

11. **Other Effects:** Have the checks affected program and operation of prison? If so, how?

12. Describe how the checks sound, look and feel (unless you have described in previous survey).

13. Have you complained, filed a 602, had a medical or mental health visit, or talked with an attorney about the checks? Please explain briefly. Add as many pages you need for this survey.

**Send answers to: PHSS Committee to End Sleep Deprivation,  
Eureka CA 95502**