INSTRUMENT FOR DATA COLLECTION OF THE ENCARCERATED'S WOMEN

County:
Date:
Prison unit:
Women's order number:

I: Characterization of the internal:

01 - Age ______ years old.

02 - Race / color:
   a. ( ) White
   b. ( ) Brown
   c. ( ) Black
   d. ( ) Yellow
   e. ( ) Indigenous

03 - Nationality: ______________________

04 - Municipality of residence before prison: ________________________

05 - Time in confinement (years, months): ____________________

06 - Marital Status:
   a. ( ) Married
   b. ( ) Decided or judicially separated
   c. ( ) Divorced
   d. ( ) Widow
   e. ( ) Single
   f. ( ) Stable union

07 - Degree of education:
   a. ( ) Uneducated
   b. ( ) Incomplete elementary school
   c. ( ) Complete primary education
   d. ( ) Incomplete secondary school
   e. ( ) Complete high school
   f. ( ) Incomplete higher
   g. ( ) Graduated

08 - Previous occupation: ______________________________

09 - What is the income of your entire family (add up all the gross wages, without deductions from the people of your working family group, including your income __________________ (in reais).

10 - How many people depend on this income (only those who live in the house, including you)? ____________________.

11 –Do you visit your family / friends?
a. ( ) Yes
b. ( ) No
If so, how often? ________________________

12–Do you receive intimate visits?
  a. ( ) Yes
  b. ( ) No
  If so, how often? ________________________

II–Personal history:

13–Smoke:
  a. ( ) Make use
  b. ( ) Already make use
  c. ( ) Never make use
  If so, how many cigarettes per day? ______________

14–Have you ever used any illicit drugs?
  a. ( ) Yes
  b. ( ) No
  If yes, how often in the year, month or week (1, 2, 3, 4, 5,…, how many times)?______.

III - Gynecological and obstetric history:

15 - Menarche (in years): ______.

16 - Coitarca (in years): ______.

17 - Gestation _______ For_______ Abortion_________

18 - Contraceptive pill:
  a. ( ) Make use
  b. ( ) Already make use
  c. ( ) Never make use

19–Condom in sexual relations:
  a. ( ) Make use
  b. ( ) Already make use
  c. ( ) Never make use

20–Have you ever had any gynecological problems?
  a. ( ) Yes
  b. ( ) No
  c. ( ) She doesn’t know
  If yes, what was the problem?__________________________________________.

21 - Have you heard about cervical cancer screening?
  a. ( ) Yes
  b. ( ) No
22–Do you know the importance of performing cervical cancer screening?
   a. ( ) Yes
   b. ( ) No

23–Before you go to prison, have you ever had a cervical cancer screening?
   a. ( ) Yes
   b. ( ) No
   c. ( ) Cannot remember
   If yes, when (year) __________

24–Has there been any change in the test result?
   a. ( ) Yes
   b. ( ) No
   c. ( ) She doesn’t know
   d. ( ) Cannot remember
   If yes, what type of alteration?______________________________

25–If the answer to the previous question is yes, performed treatment?
   a. ( ) Yes
   b. ( ) No
   c. ( ) She doesn’t know
   d. ( ) Cannot remember
   If yes, Which treatment?______________________________

IV: Characterization of health care related to the Control of Cervical Cancer:

26–When you entered this Prison unit, were you asked if you had already taken
the cervical cancer screening test?
   a. ( ) Yes
   b. ( ) No
   c. ( ) Cannot remember

27–Have you performed the collection of the preventive examination after arrival
at the prison unit?
   a. ( ) Yes
   b. ( ) No
   c. ( ) Cannot remember
   If yes, When (year) __________

28–If the answer to the previous question is no, why didn’t perform preventive
examination?
________________________________________________________________________
________________________________________________________________________

29 - Was the collection of the preventive examination performed after arrival at
the prison unit, where the examination was carried out?
   a. ( ) Prison unit
   b. ( ) Health unit
c. ( ) Others: __________________

30–Has there been any change in the test result?
   a. ( ) Yes
   b. ( ) No
   c. ( ) Cannot answer

31–If yes, did you receive information about the change identified in the preventive examination?
   a. ( ) Yes
   b. ( ) No
   c. ( ) Cannot answer

32–Has any treatment been performed because the alteration presented in the preventive exam?
   a. ( ) Yes
   b. ( ) No
   c. ( ) Cannot answer

   If yes, what treatment (periodicity of consultations and type of treatment received)?
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

33–If any treatment was performed, where was it performed?
   a. ( ) Prison unit
   b. ( ) Health unit
   c. ( ) Center of Specialties
   d. ( ) Others. Which are: ____________________________________________

34–What is the treatment situation?
   a. ( ) It was finalized
   b. ( ) Not finalized
   c. ( ) It is treating
   d. ( ) Cannot answer

35–If the answer to the previous question is interrupted treatment, can you tell why the treatment was interrupted?
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________