



A National Innovation and Research Center

## Food in Prison Survey

We would like you to fill out the following survey for a research project being conducted by Impact Justice.

The purpose of the survey is to understand the impact of food in prisons on people who have been incarcerated, as well as to learn about ways to improve that experience for those impacted by incarceration.

If you choose to participate, you are free to change your mind at any time and not continue the survey. You are free to skip any questions you do not wish to answer. There are no negative impacts to skipping questions or not participating in the project. We expect the survey to take between 20-30 minutes.

***All of the information remains anonymous and confidential.***

If you have questions about this research, please contact Impact Justice at [foodinprison@impactjustice.org](mailto:foodinprison@impactjustice.org) or (510) 899-5010.

When you have finished the survey, please mail it to:

Impact Justice  
ATTN: Kathryn Stroud  
2633 Telegraph Ave.  
Suite 104  
Oakland, CA 94610

**Please tell us about yourself:**

**Race/Ethnicity**

*check all that apply*

Latino/a

African American/Black

Native American

White

Pacific Islander

East Asian

South Asian

Other:  
\_\_\_\_\_

**Gender/Gender Identity**

*check all that apply*

Female

Male

Transgender

Cisgender

Genderqueer/ Non-  
Conforming

Agender

Other:  
\_\_\_\_\_

**Age**

Under 18

18-24

25-34

35-44

45-54

55-64

65+

**Where do you currently live?**

\_\_\_\_\_

City

State

**How long were you incarcerated?** *What is the total amount of time you were incarcerated, including multiple facilities and sentences?*

Less than 1 year

1 - 3 years

3 - 5 years

5 - 10 years

10 - 15 years

15+ years

**When were you last released?**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Month

Day

Year

**How many facilities were you incarcerated in? (circle one)**

1

2

3

4+

As you answer the questions in the survey, please think about **up to three facilities** that had the most impact on your experience for the questions asked. Impact could mean you have the most memories of that facility, you stayed there the longest, or anything else.

	Location	Type (check one)	Length of Stay (check one)
_____ Facility Name (1)	_____ City _____ State	<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 3 - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 10 - 15 years <input type="checkbox"/> 15+ years

_____ Facility Name (2)	_____ City _____ State	<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 3 - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 10 - 15 years <input type="checkbox"/> 15+ years
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_____ Facility Name (3)	_____ City _____ State	<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 3 - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 10 - 15 years <input type="checkbox"/> 15+ years
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The following questions are about your **eating experience while incarcerated**. If you were incarcerated in multiple facilities, please reflect on the 1-3 facilities listed on the previous page.

**Describe your eating experience in three words or phrases:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Where did you eat most often?**

Cafeteria

Cell

Common area

Other: \_\_\_\_\_

**How often did you do the following:**

**Always      Often      Rarely      Never**

I ate the breakfast provided.      ○      ○      ○      ○

I ate the lunch provided.      ○      ○      ○      ○

I ate the dinner provided.      ○      ○      ○      ○

I had access to fresh fruits.      ○      ○      ○      ○

I had access to fresh vegetables.      ○      ○      ○      ○

I had choices regarding what I was served.      ○      ○      ○      ○

I had access to current information about the ingredients of the food I was served.      ○      ○      ○      ○

**How much do you agree or disagree with the following statements:**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I had enough food to feel full.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hungry between meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meals looked unappetizing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meals smelled good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meals seemed nutritious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meals did not taste good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could prepare my own food without risk of getting in trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used food as currency for things I wanted or needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to do things that were against policy or rules to get access to more food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to break policy or rules to get access to higher quality foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When possible, I avoided eating the provided meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There were times when I had concerns about the safety of the food served to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foods that were supposed to be hot or cold were served at the appropriate temperature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There were enough hot meals provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced negative changes to my physical health while inside as a result of the food served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced no changes to my mental or emotional health while inside as a result of the food served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I gave an opinion about a meal, it was taken seriously by the cooks or food manager.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Were you ever served rotten or spoiled food?**  
*(circle one)*

YES

NO

UNSURE/PREFER  
NOT TO ANSWER

**Were you ever disciplined because of food-related policies?**  
*(circle one)*

YES

NO

UNSURE/PREFER  
NOT TO ANSWER

The following questions are for **special diets**. If you ever received or requested a special diet, please answer the following questions. If not, skip to the next page.

**What type of diet(s) did you request or receive?**(check all that apply)

- Religious diet (e.g. diets for kosher, halal, etc.)
- Medical diet (e.g. diets for pregnancy, diabetes, allergies, etc.)
- Unsure/Don't Know
- Other: \_\_\_\_\_

**Describe the special diet(s):**

**Was your access to the special diet(s) ever revoked or denied?** (circle one)

YES

NO

**If so, what was the rationale for revoking or denying the diet?**

**How did you get access to the diet(s)?** (e.g. did you request it? How did you request it? Was it recommended by a doctor?)

The following questions are for **food in solitary confinement**. If you were ever placed in solitary confinement, please answer the following questions. If not, skip to the next page.

**When comparing food provided in solitary confinement to food provided to the general population, was there a difference in the:**

	<b>More or better in solitary</b>	<b>Same or no difference</b>	<b>Less or worse in solitary</b>
Amount of food provided?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of healthy options?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appeal of the food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taste of the food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to commissary food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How much do you agree or disagree with the following statements:**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I skipped meals in solitary because the food provided was poor quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rarely skipped meals because the food provided appeared tasty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was served nutraloaf.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't have health concerns regarding what I was eating in solitary confinement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



The following questions are about experiences **working in prison kitchens**. If you have ever worked in a prison kitchen, please answer the following questions. If not, skip to the next page.

**What was your experience working in the prison kitchen like?**

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**How much were you paid as an employee?** *This can be an approximate or an average or a range. We know it depends on job/position, facility, length of employment, and other factors.*

*Please tell us about the effects of your experience with food while incarcerated.*

**How, if at all, did your eating experience change over time during incarceration?**

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**If you could change one thing to improve the eating experience in prisons, what would it be?**

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**Since returning home, have you noticed any differences in your health (physical, mental, emotional) that may be attributed to what and how you ate while incarcerated? If so, please describe:**

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**Since returning home, have you noticed any differences in your attitudes toward food (how you think or feel about food or how you eat) that may be attributed to what and how you ate while incarcerated? If so, please describe:**

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**Is there anything else you would like to capture about your experience eating in prison that was not measured in this survey?**

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*We are interested in **interviewing people about their experience eating while incarcerated**. If you are interested, please answer the following questions. If not, please skip this page.*

The interviews will last approximately one hour and can be conducted in person or over video chat. The questions will be focused on your eating experience within the criminal justice system. Interviewees will be compensated for their time.

There are no anticipated risks to you in this study; however, you may feel uncomfortable when asked about your experiences within the criminal justice system. You may end the interview at any time or skip any question. If you would like to talk with a counselor after the interview, contact information can be provided for you.

No one will link your answers to your name. Your name will not be used in any report. All necessary measures will be taken to ensure that your information remains confidential. With your permission, we would like to record the interview for our research team. Again, all necessary measures will be taken to ensure that your information remains confidential.

If you would like to be considered for an interview, please answer the following questions.

**Name:** \_\_\_\_\_  
First Last

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**What is the best way to contact you?** *(Check all that apply)*

Phone       Email       Other: \_\_\_\_\_

**Do you have access to a webcam?**      YES      NO

**Why do you want to be interviewed?** *(for example, did you have any experiences around food that were unique or different compared to most people?)*

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*Thank you for participating in our survey!*

If you have questions about the survey or the research project, please contact Impact Justice at [foodinprison@impactjustice.org](mailto:foodinprison@impactjustice.org) or (510)899-5010.

In Fall 2019 (projected), we will be releasing a report that incorporates the data collected from this survey. If you would like to receive a copy of this report, please list an email address where we can send the report.

**Email:** \_\_\_\_\_

**Would you like to receive updates from Impact Justice?**

Impact Justice is a national innovation and research center advancing new ideas and solutions for justice reform. If you would like to receive regular updates on our programs, please indicate below.

- Yes - please sign me up for the Impact Justice newsletter.
- No - only send me a copy of the Food in Prison report.