SECURITY/WELFARE CHECKS SLEEP SURVEY

Who we are: The Prisoner Hunger Strike Solidarity Coalition (PHSS) originated in the San Francisco Bay Area in 2011 to amplify the voices of CA prisoners on hunger strike striving to achieve their Five Core Human Rights Demands. It is made up of family members and loved ones, formerly incarcerated people, grassroots organizations, lawyers, and individuals. The coalition continues to work in solidarity with CA prisoners and their families to end the torture that is solitary confinement.

Why we are conducting this survey: Beginning as early as 2013, many prisoners throughout the CA prison system- housed in SHU's, AdSeg, and on death row- have reported guards doing "security/welfare checks" every 30 minutes, 48 times a day. We’ve been told that the start dates of these checks have varied at different prisons. Some prisoners say the checks are extremely noisy and disruptive, result in denial of sleep, and cause harmful side effects. We wish to document what is occurring in the various solitary units throughout the CA prisons with regard to these “security/welfare checks.”

Interviewer (if applicable)________________________________ Date___________
Interviewee________________________________________ CDCr#_____________

We are asking for your identifying info in case we have follow-up questions. **We will provide identifying information ONLY to attorneys working with the Prisoner Hunger Strike Solidarity Coalition and, with your permission (see request on last page), we also may share it with the United Nations Special Rapporteur on Torture.**

Feel free to add pages if you need more room for any of your responses.

1. Name of Prison _____________________________ Since when? _____________

2. When did the “security/welfare checks” begin? ________________________

3. How frequently do they occur? _____________ /hour; ___________ /day

4. Is there a difference between the frequency at night and during the day? YES / NO

5. If so, how many times an hour? Day _____________ /hr; Night __________ /hr

6. Is this the 1st time they have occurred? YES / NO

7. Please describe the sounds/noises. For example, what are the sounds? Loud? Do they echo?

__________________________________________________________________
8. Please describe the behavior of guards when conducting the “security/welfare checks.” For example, are they quiet, noisy, take a long time to pass through the cells, rap their keys against the bars, jangle their keys, say anything?

9. How do the checks affect your ability to sleep, such as amount of time you sleep, how deeply you sleep, how many times you wake up, how long you are awake?

10. Before the checks began, how well did you sleep and how much sleep did you get?
11. How do the checks affect your ability to function and perform mental and physical tasks?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

12. How have the checks affected your mood, feelings, and attitudes?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

13. Has anything helped such as the provision of ear plugs, being moved to a lower tier, or guard training resulting in quieter checks?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

14. Have you filed complaint(s) regarding the “security/welfare checks?” YES / NO

15. Date complaint(s) filed ?___________   ______________ Still pending? YES / NO

16. Outcome(s)? _______________________________________________________

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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17. Have you consulted with anyone regarding this matter such as an attorney or medical staff?  YES / NO

18. Outcome(s)? ________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

19. Do you think the “security/welfare” checks could be done differently to be less disruptive to your sleep? YES / NO

20. If yes, what would you want to change?

__________________________________________________________________________

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__________________________________________________________________________

21. Do you know if the “checks” have impacted other people in the area near you? YES / NO

22. If yes, please explain: ______________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________

23. Any additional comment(s)?

__________________________________________________________________________
23. Would you be willing to keep a sleep diary for PHSS? YES / NO

24. May we contact you with follow-up questions if needed? YES / NO

We won't identify you in our reports, but we may reference anonymously some of your answers.

Do we have your permission to share your identifying info with the UN Special Rapporteur on Torture as part of a human rights complaint? YES / NO

Name [PRINT] __________________________________________  Date___________

Prison __________________________________________  CDCr#__________

The Prisoner Hunger Strike Solidarity Coalition (PHSS) thanks you very much for helping us by completing this survey.

Please send answers to: PHSS Committee to End Sleep Deprivation, P.O. Box 5692, Eureka, CA 95502

For more info about us: 510-426-5322    https://prisonerhungerstrikesolidarity.wordpress.com/