

Restraints Knowledge and Attitude Survey

Nursing Facility: _____

Position/Title: _____

Department: _____

Shift: Days____ Evenings____ Nights____ (Please Check One)

Please circle *true* (T) or *false* (F) to each of the following statements.

- T F A restraint device is always a restraint.
- T F We have a documented facility protocol addressing the use of physical restraints.
- T F Restraints prevent falls.
- T F Restraints prevent injury.
- T F It is our moral responsibility to safeguard our residents from harm by using restraints.
- T F Failure to use restraints puts the facility at legal risk.
- T F Residents don't mind being restrained; it makes them feel secure.
- T F Restraints must be used because there isn't enough staff to monitor everyone.
- T F We use restraints because we don't know what else to do.
- T F If the use of a restraint is necessary the least restrictive device should be used.
- T F I believe in using an alternative to a physical restraint when it is appropriate.
- T F It is important to know what the resident's normal routine was at home.
- T F Family input should be considered when assessing the need for a physical restraint.