

# Restraints Knowledge and Attitude Survey KEY

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.

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