

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.

Developed by QSource, the Quality Improvement Organization for Tennessee, for the Tennessee Nursing Home Improvement Collaborative. Provided by the Oklahoma Foundation for Medical Quality, the Quality Improvement Organization for Oklahoma, under contract with the Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 1A-021-RKAS-OK-031306.



Oklahoma Foundation for Medical Quality
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