



## ***Staff Attitudinal Survey: Removing Restraints in Nursing Homes***

*Please circle the letter that best describes your opinion. Only circle one letter.*

**SA = Strongly Agree    A = Agree    SD = Strongly Disagree    D = Disagree**

1. Restraints decrease the likelihood of injurious falls.  
**SA                    A                    SD                    D**
2. I can identify 5 or more alternatives to restraints.  
**SA                    A                    SD                    D**
3. Restraints decrease agitation among residents.  
**SA                    A                    SD                    D**
4. Families are the decision-makers for restraint use.  
**SA                    A                    SD                    D**
5. The facility and its employees are the decision-makers for restraint use.  
**SA                    A                    SD                    D**
6. Restraints save lives.  
**SA                    A                    SD                    D**
7. Residents should have a voice in their restraint use.  
**SA                    A                    SD                    D**
8. My facility uses restraints primarily for legal reasons.  
**SA                    A                    SD                    D**
9. My facility's administration supports a restraint-free environment.  
**SA                    A                    SD                    D**
10. The environment in my facility can support restraint-free residents.  
**SA                    A                    SD                    D**

My Title \_\_\_\_\_ (RN, LPN, CNA, MD, Administrator, etc.)

Nursing Home Experience (years/months) \_\_\_\_\_