Appendix E: Example: Experience of Being Restrained (SEBR) Interview Tool

The *Subjective Experience of Being Restrained (SEBR)* is a structured interview guide used with patients, first in a hospital study (Strumpf & Evans, 1988) and then in a subsequent nursing home study (Evans & Strumpf, 1987; Evans et. al., 1991). This instrument was used to guide the interview, but an open-ended, free-flowing discussion was sought with the subject; the interviews were audiotaped and transcribed for content analysis. No validity and reliability studies have been done on this instrument.

**Subjective Experience Of Being Restrained (SEBR) Interview Guide**

The authors give permission for use of this instrument.

Subject No. ________________________________

Date ________________________________

Interviewer ________________________________

1. While here in (name of hospital/nursing home), have you ever experienced having your movement limited or restricted in any way? (Use patient’s own words or coach with “being tied down,” “posey vest,” “bedrails,” “safety belt”).

   (Record patient’s own words) Yes (TYPE)

   __________________________________________
   Yes
   belt/tie 1
   vest 2
   wrist 3
   ankle 4
   mitt 5
   bedrail 6
   other 7

   __________________________________________
   No
   8

If No, go to #14

2. IF YES, could you describe to the best of your recollection the circumstances surrounding the use of the (name device identified in #1 above)?

   (NOTE: Use patient’s own word for the “devices” - you may coach with time, place, persons involved, patient’s behavior, situation, including whether in bed/chair, stretcher, w/c).

3. Do you recall having the (device) applied?

   Yes 1

   No 2
4. Did someone tell you why the (device) was being applied?
   
   Yes 1
   
   No 2

If Yes, what did they tell you?
__________________________________________________________________________________
__________________________________________________________________________________

5. What ideas do you have about other ways you might be (have been) helped with (Response given in #4) rather than the use of the (device)?
__________________________________________________________________________________
__________________________________________________________________________________

6. What do (did) you feel when having the (device) applied?
__________________________________________________________________________________
__________________________________________________________________________________

7. What do (did) you do when the (device) is (was) applied?
__________________________________________________________________________________
__________________________________________________________________________________

8. What did (does) the (device) prevent you from doing that you want(ed) or need(ed) to do?
__________________________________________________________________________________
__________________________________________________________________________________

9. How long is (was) the (device) left on?
__________________________________________________________________________________
__________________________________________________________________________________

10. How did (do) you deal with being (use patient’s own words, or “tied down”, “restrained”, “restricted in your movement”)?
__________________________________________________________________________________

11. Do you recall ever having the (device) removed?
   
   Yes 1
   
   No 2

12. What is (was) explained to you about having the (device) removed?
__________________________________________________________________________________
__________________________________________________________________________________

__________________________________________________________________________________