

# 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)
	belt/tie 1
	vest 2
	wrist 3
	ankle 4
	mitt 5
	bedrail 6
	other 7
	8

---

---

---

---

---

---

---

---

---

---

If No, go to #14

No

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?

---

---

13. (IF STILL RESTRAINED) How long do you expect this (device) to be used?

---

---

14. Do you have any memory of ever being confused while here in (name of hospital/nursing home)?

If Yes, describe.

---

---

15. Have you had any immediate effects from this (device)? (e.g., “discomfort”). If yes, describe.

---

---

---

---

---

**Thank You for Your Participation!**

Lois Evans and Neville Strumpf

© 1986 University of Pennsylvania School of Nursing

**Source:** Evans, L. and Strumpf, N. (1986). Subjective Experience of Being Restrained. Penn Nursing Science: University of Pennsylvania School of Nursing.

**Web link:** [www.nursing.upenn.edu/cisa/Pages/Research.aspx](http://www.nursing.upenn.edu/cisa/Pages/Research.aspx)