

Appendix I: Example: Coping Agreement Questionnaire (CAQ)

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New York State Psychiatric Institute

TREATMENT PLAN Coping Agreement	Patient's Name (Last, First, M.I.) "C NO." _____
	Sex _____ Date of Birth _____
	Unit/Ward No. _____

Hospitalization can be a stressful time. Therefore, the nurse interviewer would like to find out the best ways to care for you in case you become upset and you need help dealing with your emotions. We are asking you to answer a few questions to help us assist you. Please keep the staff informed about how you are feeling at all times.

1. What upsets you and/or causes you to lose control?

- | | |
|--|--|
| <input type="checkbox"/> Being Tired | <input type="checkbox"/> Too much noise |
| <input type="checkbox"/> Being Hungry | <input type="checkbox"/> Feeling lonely |
| <input type="checkbox"/> Having visitors | <input type="checkbox"/> Not having visitors |
| <input type="checkbox"/> Being touched | <input type="checkbox"/> Feeling rejected |
| <input type="checkbox"/> Not being able to go home | <input type="checkbox"/> Other: _____ |

2. What have you done when you were upset or lost control?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cry | <input type="checkbox"/> Throw things |
| <input type="checkbox"/> Withdraw | <input type="checkbox"/> Hit people |
| <input type="checkbox"/> Slam doors | <input type="checkbox"/> Strike out |
| <input type="checkbox"/> Hurt myself | <input type="checkbox"/> Yell |
| <input type="checkbox"/> Other: _____ | |

3. If I am about to lose control, please try the following things to help me calm down.

- | | |
|--|---|
| <input type="checkbox"/> Talk with me | <input type="checkbox"/> Help me get involved in another activity |
| <input type="checkbox"/> Allow me to sit quietly by myself in a room | <input type="checkbox"/> Give me medicine |
| <input type="checkbox"/> Have me deep breathe | <input type="checkbox"/> Other: _____ |

4. Family recommendations: _____

If at any time, your emotional state puts you or others in an unsafe situation, and the information you have given us has not helped you gain control of yourself so that you are safe, staff will intervene by using an alternative intervention. A physical intervention will only be used as a protective method to help keep you or others safe. Once you have gained control, staff will once again review your treatment plan and coping agreement with you. Together we will make any necessary changes in your treatment.

5. The following questions will be asked if clinically indicated: Not clinically indicated

A. As a last resort, in a crisis situation which treatment would you prefer?

- Seclusion Restraint No Preference

B. If either seclusion or restraint is used, do you wish to have your family/significant other notified?

- Yes No

Patient's Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____

Treating Physician's Signature: _____ Date: _____

Revision History: Place (X) if the revision is after seclusion/restraint; also document debriefing meeting in the progress notes.

Date: _____	Revision () _____	Staff Signature _____
Date: _____	Revision () _____	Staff Signature _____
Date: _____	Revision () _____	Staff Signature _____

(If necessary continue revision history on a UCR Continuation Sheet)

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