

**APPENDICES**

มหาวิทยาลัยเชียงใหม่  
Chiang Mai University

APPENDIX A

Instrument

Part I. Demographic Data

Client Name: ..... CODE No:.....

Date of admission:..... Ward:.....

Hospital:.....

Diagnosis:.....

Date of surgery:.....mon.....day.....year

Date of recording:.....mon.....day.....year

Date of birth:.....mon.....day.....year

Marital status:

- Married       Single       Widow
- Separated       Divorced       Others.....

Educational Background:

- No education       Senior high school
- primary school       University
- Middle school       Graduate school

Occupational Background:

- Teacher       Health personnel       Farmer
- Office staff       Business person       Worker
- House keeping       Others.....

Number of generations..... and persons.....in the family.

Average income (yuan/per person/per month):

( ) <250      ( ) 251-350      ( ) 351-450      ( ) 451-550

( ) 551-650      ( ) 651-750      ( ) 751-850      ( ) >800.

Earned income: ( ) Enough      ( ) Fair      ( ) Not enough

Number of times to be hospitalized:.....

Past experience of surgery: No ( ) Yes ( ) .....Times

Other major health problems:.....

Way of Surgical Payment: ( ) Total Reimbursed or insurance

( ) Partial Reimbursed      ( ) Total Self Paid

## Part II. Modified Symptoms of Stress Inventory

## --A Self Assessment (MSSI)

Please circle the most appropriate response to each question based on your experience during this week.

1 = never    2 = infrequently    3 = sometimes  
4 = often    5 = very frequently

Have you experienced:

- |                                       |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|
| 1. Sweats.....                        | 1 | 2 | 3 | 4 | 5 |
| 2. Cold hands or feet.....            | 1 | 2 | 3 | 4 | 5 |
| 3. Feeling faint.....                 | 1 | 2 | 3 | 4 | 5 |
| 4. Feeling hot.....                   | 1 | 2 | 3 | 4 | 5 |
| 5. Feeling cold.....                  | 1 | 2 | 3 | 4 | 5 |
| 6. Dizziness.....                     | 1 | 2 | 3 | 4 | 5 |
| 7. Blurring of vision.....            | 1 | 2 | 3 | 4 | 5 |
| 8. Headaches.....                     | 1 | 2 | 3 | 4 | 5 |
| 9. Heartburn.....                     | 1 | 2 | 3 | 4 | 5 |
| 10. Indigestion.....                  | 1 | 2 | 3 | 4 | 5 |
| 11. Severe pains in your stomach..... | 1 | 2 | 3 | 4 | 5 |
| 12. Increased appetite.....           | 1 | 2 | 3 | 4 | 5 |
| 13. Poor appetite.....                | 1 | 2 | 3 | 4 | 5 |
| 14. Loose bowel movements or diarrhea | 1 | 2 | 3 | 4 | 5 |

15. Constipation..... 1 2 3 4 5

Have you noticed excessive tension,  
stiffness, soreness or cramping of  
the muscles in your:

16. Neck..... 1 2 3 4 5

17. Jaw..... 1 2 3 4 5

18. Forehead..... 1 2 3 4 5

19. Eyes..... 1 2 3 4 5

20. Back..... 1 2 3 4 5

21. Legs..... 1 2 3 4 5

22. Abdomen or stomach..... 1 2 3 4 5

Have you noticed any of the following  
symptoms when not exercising:

23. Thumping of your heart..... 1 2 3 4 5

24. Rapid heart beats..... 1 2 3 4 5

25. Rapid breathing..... 1 2 3 4 5

Have you noticed symptoms of anxiety  
or restlessness, such as:

26. Fidgeting with your hands..... 1 2 3 4 5

27. Chewing on your lips..... 1 2 3 4 5

28. Difficulty sitting still..... 1 2 3 4 5

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 29. Having to urinate frequently.....                                      | 1 | 2 | 3 | 4 | 5 |
| 30. Having to get up at night to<br>urinate.....                           | 1 | 2 | 3 | 4 | 5 |
| 31. Difficulty in falling asleep.....                                      | 1 | 2 | 3 | 4 | 5 |
| 32. Difficulty in staying asleep at<br>night.....                          | 1 | 2 | 3 | 4 | 5 |
| 33. Early morning awakening.....   | 1 | 2 | 3 | 4 | 5 |
| 34. Frightening dreams.....  | 1 | 2 | 3 | 4 | 5 |
| Have you felt:   |   |   |   |   |   |
| 35. Like crying easily.....  | 1 | 2 | 3 | 4 | 5 |
| 36. Lonely and sad.....  | 1 | 2 | 3 | 4 | 5 |
| 37. Unhappy.....   | 1 | 2 | 3 | 4 | 5 |
| 38. Depressed.....   | 1 | 2 | 3 | 4 | 5 |
| 39. Worry.....   | 1 | 2 | 3 | 4 | 5 |
| Does it seem:  |   |   |   |   |   |
| 40. Sudden noises make you jump or shake                                   | 1 | 2 | 3 | 4 | 5 |
| 41. You are unable to keep thoughts<br>from running through your mind....  | 1 | 2 | 3 | 4 | 5 |
| 42. You get directions and orders wrong                                    | 1 | 2 | 3 | 4 | 5 |
| 43. You are easily annoyed and<br>irritated.....                           | 1 | 2 | 3 | 4 | 5 |
| 44. You are fearful of strangers and/<br>or strange places make you afraid | 1 | 2 | 3 | 4 | 5 |

45. When you feel angry, you act  
angrily toward most everything... 1 2 3 4 5
46. You get nervous and shaky when  
approached by your family..... 1 2 3 4 5
47. Frightening thoughts keep coming back 1 2 3 4 5
48. You become suddenly frightened for  
no good reason..... 1 2 3 4 5
49. You have difficulty in concentrating 1 2 3 4 5
50. Angry thoughts about an irritating  
event keep bothering you..... 1 2 3 4 5
51. You become mad or angry easily.... 1 2 3 4 5
52. Your anger is so great that you  
want to strike something..... 1 2 3 4 5
53. you get up tired and exhausted in  
the morning even with your usual  
amount of sleep..... 1 2 3 4 5
54. You suffer from severe nervous  
exhaustion..... 1 2 3 4 5
55. Your thinking gets completely mixed up  
when you have to do things quickly. 1 2 3 4 5
56. You must do things very slowly to  
avoid mistakes..... 1 2 3 4 5

## Part III. Jalowiec Coping Scale (JCS)

These questions are about how you cope with stress and tension, and how you handle stressful situations. For each coping strategy listed, circle a number from 0 (never used) to 3 (often used) to show how often you have used that strategy.

0 = never    1 = seldom    2 = sometimes    3 = often

- |     |   |   |   |   |   |
|-----|---|---|---|---|---|
| 1.  | Worried about the problem.....  | 0 | 1 | 2 | 3 |
| 2.  | Hoped that things will get better.....  | 0 | 1 | 2 | 3 |
| 3.  | Ate more than usual.....  | 0 | 1 | 2 | 3 |
| 4.  | Thought out different ways to handle<br>the situation .....                   | 0 | 1 | 2 | 3 |
| 5.  | Told yourself that things could be worse..                                    | 0 | 1 | 2 | 3 |
| 6.  | Exercised or did some physical activity...                                    | 0 | 1 | 2 | 3 |
| 7.  | Tried to get away from the problem for<br>awhile.....                         | 0 | 1 | 2 | 3 |
| 8.  | Got mad and let off steam.....  | 0 | 1 | 2 | 3 |
| 9.  | Prepared for the worst that could happen..                                    | 0 | 1 | 2 | 3 |
| 10. | Tried to put the problem out of your<br>mind and think of something else..... | 0 | 1 | 2 | 3 |
| 11. | Talked the problem over with family<br>or friends.....                        | 0 | 1 | 2 | 3 |
| 12. | Accepted the situation because very   |   |   |   |   |



	little could be done.....0	1	2	3
13.	Tried to look at the problem objectively and see all sides.....0	1	2	3
14.	Daydreamed about a better life.....0	1	2	3
15.	Talked the problem over with a professional person such as doctor, nurse, teacher.....0	1	2	3
16.	Tried to keep the situation under control.0	1	2	3
17.	Prayed or put your trust in God.....0	1	2	3
18.	Tried to get out of the situation.....0	1	2	3
19.	Kept your feelings to yourself.....0	1	2	3
20.	Told yourself that the problem was someone else's fault.....0	1	2	3
21.	Waited to see what would happen.....0	1	2	3
22.	Wanted to alone to think things out.....0	1	2	3
23.	Resigned yourself to the situation because things looked hopeless.....0	1	2	3
24.	Took out your tension on someone else.....0	1	2	3
25.	Tried to change the situation.....0	1	2	3
26.	Used relaxation techniques.....0	1	2	3
27.	Tried to find out more about the problem..0	1	2	3
28.	Slept more than usual.....0	1	2	3
29.	Tried to handle things one step at a time.0	1	2	3

30. Tried to keep your life as normal as possible & not let the problem interfere..0 1 2 3
31. Thought about how you had handled other problems in the past.....0 1 2 3
32. Told yourself not to worry because everything would probably work out fine...0 1 2 3
33. Tried to work out a compromise.....0 1 2 3
34. Had a drink.....0 1 2 3
35. Let time take care of the problem.....0 1 2 3
36. Tried to distract yourself by doing something that you enjoy.....0 1 2 3
37. Told yourself that you could handle anything no matter how hard.....0 1 2 3
38. Set up a specific plan of action.....0 1 2 3
39. Tried to keep a sense of humor.....0 1 2 3
40. Put off facing up to the problem.....0 1 2 3
41. Tried to keep your feelings under control.0 1 2 3
42. Talked the problem over with people who had been in a similar situation.....0 1 2 3
43. Practiced in your mind what had to be.....0 1 2 3  
done
44. Tried to keep busy and work harder.....0 1 2 3
45. Learned something new in order to deal with the problem.....0 1 2 3

46.	Did something impulsive or risky.....0	1	2	3
47.	Thought about the good things in your life.....0	1	2	3
48.	Tried to ignore or avoid the problem.....0	1	2	3
49.	Compared yourself with other people who were in the same situation .....0	1	2	3
50.	Tried to think positively.....0	1	2	3
51.	Blamed yourself for getting into such a situation.....0	1	2	3
52.	Preferred to work things out yourself.....0	1	2	3
53.	Took medications.....0	1	2	3
54.	Tried to see the good side of the situation.....0	1	2	3
55.	Told yourself that this problem was really not that important.....0	1	2	3
56.	Avoid being with people.....0	1	2	3
57.	Tried to improve yourself in some way so you could handle the situation.....0	1	2	3
58.	Wished that the problem would go away.....0	1	2	3
59.	Depended on others to help you out.....0	1	2	3
60.	Told yourself that you were just having some bad luck.....0	1	2	3

**Part IV. Family Relationship Assessment Questionnaire  
(FRAQ)**

Please check one condition that most close to your family situation.

1 = not at all      2 = some or some times  
3 = a great deal

- |    |  |   |   |
|----|--|---|---|
| 1. | Does your family gave you information, suggestion during your present illness?.....1 | 2 | 3 |
| 2. | Would you first turn to you family for help When you have personal problems?.....1   | 2 | 3 |
| 3. | They shared you responsibilities during your present illness.....1                   | 2 | 3 |
| 4. | Does your family member confide you to solve their problems?.....1                   | 2 | 3 |
| 5. | Does your family accept or understand your present illness?.....1                    | 2 | 3 |
| 6. | Does your family make you feel that you are cared.....1                              | 2 | 3 |
| 7. | Does your family try to make me feel good When your mood is low?.....1               | 2 | 3 |
| 8. | Do you feel difficult to confide to your   |   |   |

	family about your problems related to your present situation.....1	2	3
9.	Your family make you feel liked or loved..1	2	3
10.	It is always happy when whole family get together .....1	2	3
11.	Every one in the family try to do favor for each other.....1	2	3
12.	In difficult situations, normally most family members would work out together....1	2	3
13.	There is a strong family tie in your family.....1	2	3
14.	It is very easy to get into agreement on family affairs among family members.....1	2	3
15.	When there is a disagreement among family members, people still can hold their temper and talk peacefully.....1	2	3

## APPENDIX B

## Verbal Explanation

My name is Guo, Guifang and I am a nurse. I am conducting a nursing research project that I would like to explain to you, in order to see if you would be willing to participate in the project.

The purposes of the study are (1) to learn the stress level and coping behaviors of the postmastectomy patients; (2) to explore the relationships among stress, coping and selected factors such as age, family relationship etc.. If you agree to participate you will be interviewed by me and asked to complete a form and some questionnaires that measure your stress level, coping behaviors and family relationship. It will take you about 45--60 minutes to be interviewed and complete the questionnaires. You can either complete the questionnaires by yourself, or if you are unable to read or write, I will read it to you and you give me your choice of the mark on the scale. You may choose not to answer some or all of the questions, if you desire. You may ask questions or stop at any time or refuse to participate without affecting your treatment and care. All of your responses and the information from your hospital record will remain confidential and your identity will not be revealed.

There are no known risks or cost in participation except the time it takes to answer the questions. By the end of the interview, you will receive consultation regarding your problems related to the surgery, nutrition and rehabilitation. There are no other known benefits for you except the chance to share your ideas in this research which may help others.

Are you willing to participate?

For further information please contact me at the following address:

Ms. Guo, Guifang  
Department of Nursing,  
The third teaching hospital of  
Beijing Medical University,  
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APPENDIX C

Permission form for use of JCS

PERMISSION FOR USE OF JCS

PERMISSION IS HEREBY GRANTED TO

Shufang Guo

TO USE THE JALOWIEC COPING SCALE  
IN A STUDY OR PROJECT

AND TO TRANSLATE THE TOOL INTO ANOTHER LANGUAGE  
OR TO MODIFY THE TOOL AS REQUESTED

Anne Jalowiec

ANNE JALOWIEC, RN, PHD  
LOYOLA UNIVERSITY OF CHICAGO

DATE: 3/26/96

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on the new version should read as follows:

COPYRIGHT DR. ANNE JALOWIEC, USA, 1987  
TRANSLATED BY (or MODIFIED BY) [your name, country, year]



## CURRICULUM VITA

**Surname, Name** Miss Guo Guifang

**Date of Birth** March 14, 1960

**Education**

1989--1991 Bachelor of Science in Nursing  
(equivalent) Beijing Medical University,  
(B.M.U.), P.R.China

1985--1987 Courses of Bachelor of Science in  
Nursing, Statewide Nursing Program,  
California State University, Long Beach,  
U.S.A. and Jinling Medical Center,  
Nanjing, China.

**Experience**

1990.5--1995.7 Associate director of nursing in The  
Third Teaching Hospital of B.M.U.

1987.10--1990.5 Clinical instructor and staff nurse in  
the surgical department in The Third  
Teaching Hospital of B.M.U.

1981.8-1982.10 Nurse in the operating room in the  
hospital.

**Membership**

1996--present Member of the Nursing Administration  
Committee of the Chinese Nursing  
Association

- 1992--present Member of the WHO Experts Advisory  
Panel on Nursing
- 1990--present Nursing representative on the National  
Experts Committee on AIDS of China
- 1990--present Member of the Education Committee of  
the National Nursing Center of China