

APPENDIXES

APPENDIX A

Verbal Explanation

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

The purpose of this study is 1) to describe the self-care and family support of the persons who had had mastectomy and are undergoing radiotherapy, that is, what and how they are doing to care for themselves, and how much help they have received from their family members; 2) to examine the relationship between family support and self-care. If you agree to participate, you will be asked to complete one forms which describe your background information and two questionnaires that describe your self-care and your family support. It will take you about 20-40 minutes to be interviewed and complete the questionnaires. All of the response and the information from your hospital record will be kept confidential, and these information would be used only in this study. You will not be identified by name or code.

You are voluntary to participate in this study. You may withdraw from the study at any time. Your refusal will not affect the treatment and care from outpatient department of radiotherapy.

There are not any known risks or cost in participation except the time it takes to answer the questions. You may not benefit from this study. Your information will be useful to this study which intends to help the persons receiving combined therapy.

Would you be willing to help me? Thanks for your considering my request.

For further information please contact me at the following address:

Ms. Zhang Haiyan

Department of nursing

People's Hospital

Beijing 100044

Tel: 68314422 Ext. 5506

APPENDIX B**Name of the experts**

1. Associate Professor Nunta Leksawasdi
Surgical Nursing Department, Faculty of Nursing,
Chiang Mai University, Thailand
2. Associate Professor Suwanee Kiewkingkaew
Psychiatric Nursing Department, Faculty of Nursing,
Chiang Mai University, Thailand
3. Assistant Professor Dr. Achara Sukonthasarn
Surgical Nursing Department, Faculty of Nursing,
Chiang Mai University, Thailand
4. Senior Nurse Chamita Charuchinda
Radiotherapy Department, Faculty of Medicine,
Chiang Mai University, Thailand
5. Lecturer Guo Guifang
Department of Fundamentals Nursing, Faculty of
Nursing, Beijing Medical University, P. R. China
6. Professor Dr. Zhang Jiaqing
Breast Cancer Center, People's Hospital,
Beijing Medical University, P. R. China
7. Associate Professor Qu Weixiang
Nursing Department, People's Hospital
Beijing Medical University, P. R. China

8. Associate Professor Dr. Sunyan

Radiotherapy Department, Beijing Oncology Hospital,
Beijing Medical University, P. R. China

APPENDIX C

Instrument

Subject Number _____
Hospital _____
Date _____

Part I: Demographic Data Form

Personal Information

1. Age _____ years old.
2. Marital Status
 - () 1. Married
 - () 2. Single
 - () 3. Divorced
 - () 4. Separated
 - () 5. Widowed
 - () 6. Others
3. The most important family role of yours is
 - () 1. Grandmother
 - () 2. Mother
 - () 3. Wife
 - () 4. Sister
 - () 5. Daughter
 - () 6. Granddaughter
 - () 7. Others Specify _____
4. How many family members are there in your family, such as grandparents, parents, siblings, spouse, children and close relatives? Please list your family members, such as father, mother, etc. _____

5. Educational Background

- ☐ 1. No formal education
- ☐ 2. Primary school
- ☐ 3. Middle school
- ☐ 4. Senior high school
- ☐ 5. Diploma/Associate
- ☐ 6. Undergraduate
- ☐ 7. Graduate

6. Occupation

- ☐ 1. Teacher
- ☐ 2. worker
- ☐ 3. Business person
- ☐ 4. Health personnel
- ☐ 5. Government service
- ☐ 6. House keeping
- ☐ 7. Farmer

7. Income (yuan/person/month)

- ☐ 1. <250
- ☐ 2. 251-500
- ☐ 3. 501-800
- ☐ 4. >800

8. Way of Medical Payment

- ☐ 1. Total reimbursed or insurance
- ☐ 2. Partial reimbursed
- ☐ 3. Total self-paid
- ☐ 4. Others

9. Do you have any other additional chronic illness ?

- ☐ 1. Yes ☐ 2. No

If Yes, please specify the diagnosis and signs and symptoms

Medical information (From medical records)

10. Stage of cancer
Stage _____

11. Amount of radiotherapy
Daily dose _____
Times of the treatment _____

12. Present treatment
() 1. Radiotherapy only
() 2. Radiotherapy following surgery
() 3. Radiotherapy following chemotherapy
() 4. Radiotherapy following chemotherapy and surgery
() 5. Other, please specify _____

Part II: Modified Self-care Behavior Questionnaire

The following items are behaviors (both physical and mental) which persons do or do not do during the period of illness and receiving combined therapy. Please indicate by circling the appropriate number that represents to what extent you perform or do not perform each behavior during the period of your illness and receiving combined therapy. There is no RIGHT or WRONG answer. Your honest indication is the only correct answer.

1 = Never 2 = Sometimes 3 = About half of the time
4 = Often 5 = Always

(Examples of items)

Since receiving treatment

1. I have increase my intake of meat, milk, egg,
fish, shrimp, chicken liver, or beans, etc.1 2 3 4 5
2. I drink fluids (include all beverage and soups)
less than 2000 ml (8 glasses) per day.1 2 3 4 5
3. I have tried to eat as much as I can, such as
eating more often and/or by drinking nutritious
fluid between meals.1 2 3 4 5
- .
- .
- .
- .
- .
15. I talk with persons whom I trust about my
feelings of fear, anxiety, or concern related
to my illness.1 2 3 4 5
16. Whenever I have any questions about my
illness and/or treatment, I ask my physician
or nurse or other health care professionals.1 2 3 4 5
17. When receiving information about self-care
practices for this illness, I ask question
if I do not understand.1 2 3 4 5
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The following statements are the descriptions of patients who are receiving combined therapy. Please indicate by circling the appropriate number that represents to what extent the statement is the description of you at the present.

1= Never like me 2= Slightly like me 3= Moderate like me
4= Usually like me 5= Exactly like me

Since receiving treatment

25. I never accepted that radiotherapy
is one way to cure my illness.1 2 3 4 5
26. I accept that I need help and support from my
family members and friends in order to get
through this illness and treatment.1 2 3 4 5
27. I accept that I need help and support from my
physician, nurse, and other radiotherapy
personnel.1 2 3 4 5

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Please indicate to what extent you perform each activities.

1 = Never 2 = Sometimes 3 = About half of the time
3 = Often 5 = Always

Since receiving treatment

36. I use tobacco or alcohol or irritating substance.1 2 3 4 5
37. I put water in a container to increase the humidity
in my room.1 2 3 4 5
38. I choose to stay in place with fresh air.1 2 3 4 5

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Go to the next questionnaire

**Part III Modified Perceived Social Support
from Family (MPSS-Fa) Scale**

Directions: The statements which follow refer to feeling and experiences which occur to most people at one time or another in their relationships with their families. For each statement, there are two possible answers: Yes and No. Please circle the answer you choose for each item.

(Examples of the items)

1. My family gives me the moral support
I need.....Yes No
2. I get good ideas about how to do
things or make things from my
family.....Yes No
3. Most other people are closer to their
family than I am.Yes No
- .
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INSTRUMENTS

Subject Number _____
Hospital _____
Date _____

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 - () 2. Mother
 - () 3. Wife
 - () 4. Sister
 - () 5. Daughter
 - () 6. Granddaughter
 - () 7. Others Specify _____
4. How many family members are there in your family, such as grandparents, parents, siblings, spouse, children and close relatives? Please list your family members, such as father, mother, etc. _____

5. Educational Background
 - () 1. No formal education
 - () 2. Primary school
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- ☐ 1. Teacher
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7. Income (yuan/person/month)

- ☐ 1. <250
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8. Way of Medical Payment

- ☐ 1. Total reimbursed or insurance
- ☐ 2. Partial reimbursed
- ☐ 3. Total self-paid
- ☐ 4. Others

9. Do you have any other additional chronic illness ?

- ☐ 1. Yes ☐ 2. No

If Yes, please specify the diagnosis and signs and symptoms

Medical information (From medical records)

10. Stage of cancer

Stage _____

11. Amount of radiotherapy

Daily dose _____

Times of the treatment _____

12. Present treatment

- ☐ 1. Radiotherapy only
 - ☐ 2. Radiotherapy following surgery
 - ☐ 3. Radiotherapy following chemotherapy
 - ☐ 4. Radiotherapy following chemotherapy and surgery
 - ☐ 5. Other, please specify _____
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Part II: Modified Self-care Behavior Questionnaire

The following items are behaviors (both physical and mental) which persons do or do not do during the period of illness and receiving combined therapy. Please indicate by circling the appropriate number that represents to what extent you perform or do not perform each behavior during the period of your illness and receiving combined therapy. There is no RIGHT or WRONG answer. Your honest indication is the only correct answer.

1 = Never 2 = Sometimes 3 = About half of the time
4 = Often 5 = Always

Since receiving treatment

1. I have increase my intake of meat,
milk, egg, fish, shrimp, chicken
liver, or beans, etc.1 2 3 4 5
2. I drink fluids (include all beverage
and soups) less than 2000 ml
(8 glasses) per day.1 2 3 4 5
3. I have tried to eat as much as I can,
such as eating more often and/or by
drinking nutritious fluid between
meals.1 2 3 4 5
4. I eat spicy or hard food (such as hot
curry, etc.).1 2 3 4 5
5. I take measure to have normal bowel
movement.1 2 3 4 5
6. I take measure to have normal
urination.1 2 3 4 5
7. I take partial bath by protecting
radiotherapy area every day.1 2 3 4 5
8. I am very careful to take measure to
keep my environment clean (such as,
clean cloth, clean bed, etc.).1 2 3 4 5
9. I sleep continuously more than 6
hours/night.1 2 3 4 5

10. I make a special effort to maintain
leisure activities.1 2 3 4 5
11. I maintain a balance between spending
time alone and being with others.1 2 3 4 5
12. I make special effort to engage in
activities such as walking and/or
performing range of motion.1 2 3 4 5
13. I take a nap or rest whenever I feel tired.....1 2 3 4 5
14. I ask for assistance from persons
around me whenever I feel too
tiring.....1 2 3 4 5
15. I talk with persons whom I trust about
my feelings of fear, anxiety, or
concern related to my illness.1 2 3 4 5
16. Whenever I have any questions about
my illness and/or treatment, I ask my
physician or nurse or other health
care professionals.1 2 3 4 5
17. When receiving information about self-
care practices for this illness, I ask
question if I do not understand.....1 2 3 4 5
18. I take medications prescribed for
my illness according to physician's
direction.1 2 3 4 5
19. I protect my skin in the radiotherapy
area by avoiding friction, scratching
or exposing to the sun.1 2 3 4 5
20. I miss appointment for radiotherapy
without informing health care professionals.1 2 3 4 5
21. I am careful to note the effects of
medications and/or radiotherapy.1 2 3 4 5
22. I am careful to observe for any
changes in my symptoms.1 2 3 4 5
23. I report any changes or discomfort
to my physician or nurse or
radiotherapy technician.1 2 3 4 5

24. I am careful to note the degree and extent of skin reaction and/or abrasion in the area of radiotherapy.1 2 3 4 5

The following statements are the descriptions of patients who are receiving combined therapy. Please indicate by circling the appropriate number that represents to what extent the statement is the description of you at the present.

1= Never like me 2= Slightly like me 3= Moderate like me
4= Usually like me 5= Exactly like me

Since receiving treatment

25. I never accepted that radiotherapy is one way to cure my illness.1 2 3 4 5
26. I accept that I need help and support from my family members and friends in order to get through this illness and treatment.1 2 3 4 5
27. I accept that I need help and support from my physician, nurse, and other radiotherapy personnel.1 2 3 4 5
28. I give the first priorities for the things I need to do because of illness and treatment.1 2 3 4 5
29. I accept that this illness increase the meaning and strength of my life.....1 2 3 4 5
30. I accept to changes in my roles at home and/or work.1 2 3 4 5
31. I accept to a new view of my body that has been changed due to my illness and treatment.1 2 3 4 5
32. I accept that this illness is a fact of life.1 2 3 4 5
33. I maintain hope that I will recover from this illness.1 2 3 4 5
34. I have never opened to learn new things that will guide me in taking care of myself.1 2 3 4 5

35. I accept that I must make an adjustment
in some of my life style because of
this illness.1 2 3 4 5

Please indicate to what extent you perform each activities.

1 = Never 2 = Sometimes 3 = About half of the time
3 = Often 5 = Always

Since receiving treatment

36. I use tobacco or alcohol or irritating
substances.1 2 3 4 5
37. I put water in a container to increase
the humidity in my room.1 2 3 4 5
38. I choose to stay in place with fresh
air.1 2 3 4 5
39. I sip warm water or fluids frequently.1 2 3 4 5
40. I wear loose clothes.1 2 3 4 5
41. I rinse my mouth and throat after each
meal with saline or special mouth wash.1 2 3 4 5
42. I perform shoulder movements, elbow
flexion and extension every day.1 2 3 4 5

Go to the next questionnaire

**Part III Modified Perceived Social Support
from Family (MPSS-Fa) Scale**

Directions: The statements which follow refer to feeling and experiences which occur to most people at one time or another in their relationships with their families. For each statement, there are two possible answers: Yes and No. Please circle the answer you choose for each item.

1. My family gives me the moral support I need.....Yes No
2. I get good ideas about how to do things or make things from my family.Yes No
3. Most other people are closer to their family than I am.Yes No
4. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.Yes No
5. My family is willing to hear about what I think.Yes No
6. Members of my family share many of my interests.Yes No
7. I rely on my family for emotional support.Yes No
8. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.....Yes No
9. My family and I are very open about what we think about things.Yes No
10. My family is sensitive to my personal need.Yes No
11. Members of my family are good at helping me to solve problems.Yes No
12. I have a deep sharing relationship with a number of members of my family.....Yes No
13. When I confide in members of my family, it makes me uncomfortable.Yes No

14. I do not have a relationship with amembers
of my family that is as close as other people's
relationships with family members.Yes No
15. I wish my family were much different.Yes No
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CURRICULUM VITAE

Surname, Name	Ms. Zhang Haiyan
Date of Birth	August 28, 1969
Education history	
1987-1991	Bachelor degree in medical science at Faculty of Nursing, Beijing Medical University, P. R. China
Experience	
1991-present	Staff nurse in the surgical ward of the People's Hospital of Beijing Medical University, P. R. China
1992-present	Clinical nursing instructor in surgical department of the People's Hospital of Beijing Medical University, P. R. China
Present Position and Place	Staff nurse and clinical nursing instructor of People's Hospital of Beijing Medical University