

มหาวิทยาลัยเชียงใหม่  
Chiang Mai University

**APPENDIX**

**APPENDIX A**

**Instruments**

Subject No. \_\_\_\_\_

Date \_\_\_\_\_

**Part I: Demographic Data Form**

**Direction:** The following items are to obtain some information about yourself and your family. Please give the answer most close to your situation.

1. Age \_\_\_\_\_ years old

2. Gender:  Male  Female

3. Marital status:

- Single
- Married
- Separated
- Divorced
- Widowed
- Others

4. How many family members are there in family, such as grandparents, parents, siblings, spouse, children, and close relatives? Please list your family members, who live together with you, such as father, mother, and et al.

\_\_\_\_\_

\_\_\_\_\_

5. Education level:

- No formal education
- Primary school
- Middle school
- Senior high school
- Diploma/Associate
- Undergraduate
- Graduate

6. Occupation
- Government service
  - Teacher
  - Worker
  - Farmer
  - Business person
  - House keeping
  - Health personnel
  - Other (please write down) \_\_\_\_\_
7. Average family income (Yuan/person/month)
- < 250
  - 251-500
  - 500-800
  - >800
8. Way of medical payment
- Total reimbursed or insurance
  - Partial reimbursed
  - Total self-paid
  - Others \_\_\_\_\_
9. Do you have any underlying diseases?
- Yes                       No
- If yes, please specify the diagnosis and main signs and symptoms \_\_\_\_\_
- \_\_\_\_\_
10. How long have you had been stroke? \_\_\_\_\_ (Weeks)
11. Level of disability:
- Mild
  - Moderate
12. Present treatment:
- Medicine
  - Acupuncture
  - Rehabilitation exercises

**Part II: Appraisal of Stroke Self-care Ability  
Scale**

**Direction:** The following statements are described self-care ability of post-stroke care. For each sentence, there are two possible answers: Yes and No. There is no RIGHT or WRONG answer. Your honest indication is the only correct answer. Please read each sentence carefully and then mark the answer you chose to express your perception.

- |  | Answer   |
|--|--|
| 1. For preventing recurrent stroke attack, it is important to follow some healthy lifestyle such as no-smoking, low-sodium intake, and low-fat diet. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I regularly keep myself relax when I encounter with emotional stress.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Hypertension and diabetes mellitus are risk factors of stroke.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Following some healthy lifestyle such as no-smoking, low-sodium intake, and low-fat diet is difficult for me.                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. It is important to regularly following the rehabilitation exercises such as proper positioning of body and joint, range of motion (ROM) exercise. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. I prefer to maintain health by myself.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. I always sleep and rest well.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. I report some abnormal effects to my physician or nurse.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Regularly perform ADLs is useless to prevent physical disability.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. I would like to seek help from family, friends and professional when unable to care for myself.  Yes  No
11. It is unnecessary to regularly evaluate the progressions of muscle strength and/or capability of self-care performance.  Yes  No
12. I would like to look for better ways to care for myself.  Yes  No
13. To improve my condition, I have to modify some unhealthy lifestyle.  Yes  No
14. I regularly modified some appropriate activities if I feel fatigue.  Yes  No
15. When receive a new drug such as anticoagulants, antiplatelet agents, and antihypertensive drugs, it is not necessary to know the effect and side effect of the drug.  Yes  No
16. I perform some activities by myself.  Yes  No
17. I attend to do activities by myself regard to my functional ability.  Yes  No
18. I have taken rehabilitation exercises regularly in order to improve my functional ability and prevent complications.  Yes  No
19. I take medicine as ordered.  Yes  No
20. I would like to get recover from stroke.  Yes  No
21. I do not regularly evaluate on effectiveness of my self-care performance.  Yes  No
22. I am able to get some information I need, when my health is threatened.  Yes  No

**Part III: Perceived Social Support from Family  
(PSS-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 mark 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. Certain members of my family come to me when they have problems or need advice.  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. Members of my family come to me 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 needs.  Yes  No
11. I think that my family feels that I am good at helping them 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. Members of my family seek me out for companionship.  Yes  No
15. I wish my family were much different.  Yes  No
16. When I confide in the members of my family, who are closed to me, I get the idea that it makes them uncomfortable.  Yes  No
17. I rely on my family for emotional support.  Yes  No
18. Members of my family get good ideas about how to do things or make things from me.  Yes  No
19. Members of my family are good at helping me solve problems.  Yes  No
20. I do not have a relationship with a member of my family that is as close as other people's relationships with family members.  Yes  No





**Part II: Barthel Disability Score**

**Level of Disability**

<input type="checkbox"/> Very severe	0-4
<input type="checkbox"/> Severe	5-9
<input type="checkbox"/> Moderate	10-14
<input type="checkbox"/> Mild	15-19
<input type="checkbox"/> Normal	20

	<b>Disability Score</b>
<b>Self-care</b>	
Did/do you feed yourself:	
Without any help	2
With assistance	1
Not at all, must be fed	0
Did/do you dress yourself completely:	
Without any help	2
With help with fastenings or others	1
Does not dress	0
Did/do you wash your face, comb your hair, shave, clean your teeth:	
Yes, without help	1
No, help needed	0
Did/do you bath or wash yourself all over (with aids if used):	
Yes, bathing or standing wash without help	1
No, need help with body washing	0
Did/do you use:	
Lavatory or receptacles without assistance	2
Lavatory or receptacles with assistance	1
Catheterized	0

	<b>Disability Score</b>
<b>Mobility</b>	
Did/do you get out of bed:	
Unaided for both bed and chair	3
Unaided for one but other with help	2
Both with help	0
Did/do you walk outdoors in the street (with a crutch or a stick, if used):	
Independent for 50 yards or more	3
Able to walk (accompanied) > 50 yards	2
Unable to walk, but gets about in a wheelchair	1
Unable to walk, and unable to get about in a wheelchair	0
Did/do you walk up stairs or steps, at home or elsewhere:	
Walks up or mounts stairs unaccompanied	2
Goes up, but accompanied	1
Unable, or does not mount stairs	0
<b>Continenence</b>	
Did/do you have urine continent:	
Continent (includes managing a catheter/ enema alone)	2
Occasionally incontinent (incontinent no more than once every 24 hours, includes needing help with and enema/catheter)	1
Incontinent	0
Did/do you have faeces continent:	
Continent	2
Occasionally incontinent (incontinent no more than once every 48 hours)	1
Incontinent	0

**Total Score** \_\_\_\_\_

APPENDIX C

Further Findings

**Table 11**  
**Item analysis of the MSSP-Fa in terms of frequency and percentage**

Individual items	Score 1		Score 0	
	Frequency (N=60)	Percentage (%)	Frequency (N=60)	Percentage (%)
Family relationship close as others	60	100.00	0	0.00
I get moral support needed	59	98.33	1	1.67
Deep sharing relationship	59	98.33	1	1.67
Companionship	59	98.33	1	1.67
Family sensitive to my personal needs	58	96.67	2	3.33
Comfortable to confide family members	58	96.67	2	3.33
Family comfortable to be confined	58	96.67	2	3.33
More closer to family	57	95.00	3	5.00
Relay on family's emotional support	56	93.33	4	6.67

Table 11

Item analysis of the MSSP-Fa in terms of frequency and percentage (cont'd)

Individual items	Score 1		Score 0	
	Frequency (N=60)	Percentage (%)	Frequency (N=60)	Percentage (%)
I get good ideas from family	55	91.67	5	8.33
Willing to hear about my thought	55	91.67	5	8.33
I go to someone when feeling down without feeling funny	54	90.00	6	10.00
Family need my emotional support	49	81.67	11	18.33
Open about what we think about things	49	81.67	11	18.33
Family shares my interests	46	76.67	14	23.33
Family need my advice	39	65.00	21	35.00
Family members get good ideas from me	37	61.67	23	38.33
Family members good at helping me	36	60.00	24	40.00
Family no need change	33	55.00	27	45.00
Family feels I good at helping them	27	45.00	33	55.00

Table 12

Item analysis of the MASSA in terms of frequency and percentage

Individual items	Score 1		Score 0	
	Frequency (N=60)	Percentage (%)	Frequency (N=60)	Percentage (%)
Knowledge				
Prevention of recurrent of stroke attack	58	96.67	2	3.33
Rehabilitation exercises	57	95.00	3	5.00
ADLs	45	75.00	15	25.00
Risk factors	44	73.33	16	26.67
Effect and side-effect of drugs	41	68.33	19	31.67
Muscle strength	20	33.33	40	66.67
Decision-making				
Seeking help when unable to self-care	60	100.00	0	0.00
Looking better way of self-care	59	98.33	1	1.67
Modifying unhealthy lifestyle	59	98.33	1	1.67
Hope to get recover	59	98.33	1	1.67
Do activities by oneself	58	96.67	2	3.33
Maintaining health by oneself	55	91.67	5	8.33
Seeking information when health threatened	51	85.00	9	15.00

Table 12

Item analysis of the MASSA in terms of frequency and percentage (cont'd)

Individual items	Score 1		Score 0	
	Frequency (N=60)	Percentage (%)	Frequency (N=60)	Percentage (%)
Productive-operation				
Saving energy	60	100.00	0	0.00
Following healthy lifestyle	58	96.67	2	3.33
Performing activity by oneself	55	91.67	5	8.33
Regularly taking rehabilitation exercises	52	86.67	8	13.33
Take medicine as ordered	47	78.33	13	21.67
Getting enough sleep and rest	37	61.67	23	38.33
Reporting abnormal effects	32	53.33	28	46.67
Keeping relax	31	51.67	29	48.33
Regularly evaluating effective-ness of self-care performance	5	8.33	55	91.67

## APPENDIX D

### Consent Form

My name is Li Xiaoying. I am a second year master degree student major in medical nursing in Xi'an Medical University. I am conducting a nursing research to explore family social support and self-care ability among stroke survivors in order to ascertain if there is any relationship between family social support and self-care ability of stroke survivors. The result obtained will contribute to finding effective nursing intervention for improving self-care ability of stroke survivors.

The study will not do any harm on you and your family. The procedures for this study are as followings: at first, I would like to ask you some questions about your demographic characteristics. Then I would like you to cooperate with me on the interview forms that are to describe your family social support and your self-care ability. It will take you about 40 minutes to be interviewed and complete the interview forms. Please give your answers according to your real situations. Please ask me if you have difficulty understanding any of the items. It will depend on your own will whether to participate it or not. Your refusal will not have any effect on the treatment or nursing care for you. Even during the process, you have the right to withdraw or neglect any item you would not like to answer.

I will be greatly appreciated your concern and participation in this study. If you agree with me, please sign this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX E

### A letter to validator

October 19, 1998

Dear Ajan,

I am a Chinese graduate-nursing student. I am going to conduct a research on family social support and self-care ability among stroke survivors". I will use the Modified Appraisal of Stroke Self-care Ability (MASSA) Scale as one part of my instruments, which is modified from the Appraisal of Diabetic Self-care Agency (ADSA) Scale of Huang (1996).

The MASSA Scale will be used to describe the self-care ability of stroke survivors in Shanghai, China. It includes three dimensions: knowledge, decision-making and productive-operation of post-stroke self-care. It consists of 25 items.

To be sure of the content validity, I would like to invite you to evaluate this questionnaire first. Please indicate your comments about the relevance and clarity of each item, and give the mark which indicates agree, disagree, or revise at the right side of each item.

Thank you very much for your consideration and help.

Sincerely yours,

Li Xiaoying



## APPENDIX F

### List of experts

Dai Baozhen	RN, Associate Professor, Director of Nursing Department, Huashan Hospital, Shanghai Medical University, P. R. China
Hu Yan	RN, MA, instructor, Faculty of Nursing, Shanghai Medical University, P. R. China
Khanokporn Sucamvang	RN, DNS, Assistant Professor, Department of Surgical Nursing, Faculty of Nursing, Chiang Mai University, Thailand
Nitaya Pinyokham	RN, Assistant Professor, Department of Medical Nursing, Faculty of Nursing, Chiang Mai University, Thailand
Totsaporn Khampolsiri	RN, Instructor, Department of Medical Nursing, Faculty of Nursing, Chiang Mai University, Thailand
Waraporn Lertpanwilaikul	RN, Assistant Professor, Department of Basic Nursing, Faculty of Nursing, Chiang Mai University, Thailand
Warunee Fongkeaw	RN, Assistant Professor, Department of Medical Nursing, Faculty of Nursing, Chiang Mai University, Thailand

## Curriculum Vitae

**Surname, name** Miss Li Xiaoying

**Date of birth** March 7, 1969

**Education history** Bachelor degree of nursing science,  
**1987-1991** Shanghai Medical University, P. R.  
China

**Experience**

**1991-1992** Staff nurse and clinical nursing  
instructor of the surgical  
department, Huashan Hospital,  
Shanghai Medical University, P. R,  
China

**1993-1996** Vice-head nurse and clinical nursing  
instructor of Department of  
Neurology, Huashan hospital, Shanghai  
Medical University, P. R, China

**1996-1997** Staff nurse and clinical nursing  
instructor of the cardiovascular  
department, Huashan Hospital,  
Shanghai Medical University, P. R,  
China