

มหาวิทยาลัยเชียงใหม่
Chiang Mai University

APPENDIX

Appendix A

Verbal Explanation and Informed Consent

My name is Tang Qingping, and I am a nurse in Ward 4, Division of Neurology, Xiangya Hospital of Hunan Medical University. 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 study.

The purpose of the study is to ascertain the relationship between social support and burden of stroke patient caregivers. The information will help nurse and others to plan appropriate nursing care for stroke patients and their caregivers and alleviate the caregiver burden. If you agree to participate, you will be asked to complete the questionnaires of social support and burden, and demographic data recording form. It will take you about 25-45 minutes to complete the questionnaires. If you have any questions about the questionnaires, I would be glad to explain to you. All of your responses and the information will remain confidential and your identity will not be revealed.

There are no known risks to participate in this study. However, your participation is voluntary, you have the right to participate or not participate. There will be no penalty if you decide not to participate. Withdraw from

this study at any time, even after you start to answer the questions, will not affect you in any way.

Do you agree to participate? Thank you for your cooperation.

Faculty of Nursing
Hunan Medical University

Nov, 1998.

For further information please contact me at following address:

Tang Qingping
Neurological Ward,
Hunan Medical University,
Changsha 410008
Tel. No: (0731) 4327004

Appendix B

Instrument

Part I. Barthel Index

Subject No _____

Date _____

Time _____

Table Barthel Index

	With Help	Independence
1. Feeding	5	10
2. Moving from wheelchair to bed and return (including sitting up in bed)	5-10	15
3. Personal toilet (wash face, comb hair, shave, clean teeth)	0	5
4. Getting on and off toilet (handing clothes, wipe, flush)	5	10
.....		
8. Dressing (including tying shoes, fastening fasteners)	5	10
9. Controlling bowels	5	10
10. Controlling bladder	5	10

Part II

Demographic Data Recording Form

The following items are to obtain some information about you and your care receiver. Please give the answers most close to your situations.

Age ___ years old

Sex: () Male () Female

Marital status

() Married () single () Divorced
() Separated () Widowed () others

Education Background

() Primary school () Junior school
() Senior school () College or above
() Other

Occupation

() Teacher () government service () Worker
() House keeping () Business person () Farmer
() Health personnel () Other _____

Length of caregiving () month

Hours of care per day () hours

Income ___ Yuan/person/month in your family

The number of caregiving assistant(s) _____

The relationship of the caregiver to the stroke patient

() daughter () daughter In law () son
() wife () husband () Grandson
() Granddaughter

Living arrangement

Shared with patient Not shared with patient

Way of the medical payment

Total reimbursement Partial reimbursement
 Total self paid Others _____

The Patient type of medical diagnosis

Cerebral hemorrhage cerebral embolism
 Cerebral thrombosis SAH
 Cerebral hemorrhage and Cerebral thrombosis

The Patient's duration of the diagnosis? _____ days

Do the Patient has other chronic illness?

yes No

If yes, please specify the diagnosis and main sign and symptoms

The patient ADL Score _____

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Part III

Personal Resource Questionnaire-85 Part 2

Direction:

In our every day lives there are some situations or problems that we must deal with. Below we are some statements with which some people agree and others disagree. Please read each statement and **CIRCLE** the response most appropriate for you. There is not right or wrong answer. Please see some examples for this instrument.

1=Strongly disagree

2=Disagree

3=Uncertain

4=Agree

5=Strongly agree

Statements

- | | | | | | |
|--|---|---|---|---|---|
| 1. There is someone I feel close to who makes me feel secure | 1 | 2 | 3 | 4 | 5 |
| 2. I belong to a group in which I feel important | 1 | 2 | 3 | 4 | 5 |
| 3. People let me know that I do well at my work (job, homemaking) | 1 | 2 | 3 | 4 | 5 |
| 4. I can not count on my relatives and friends to help me with problems | 1 | 2 | 3 | 4 | 5 |
| . | | | | | |
| . | | | | | |
| . | | | | | |
| 24. People think that I am not as good a friend as I should be | 1 | 2 | 3 | 4 | 5 |
| 25. If I got sick there is someone to give me advice about caring for myself | 1 | 2 | 3 | 4 | 5 |

Part IV

Burden Scale

Measurement of objective burden

Direction

Comparing the previous life, is there any change in your live after you care for the patient. Please read each statement and **CIRCLE** the most appropriate ones for you. There is no right or wrong answer.

1=a lot more or better

2=a little more or better

3=the same

4=a little less or worse

5=a lot less or worse

Statements

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | Amount of time you have to Yourself | 1 | 2 | 3 | 4 | 5 |
| 2. | Amount of privacy you have | 1 | 2 | 3 | 4 | 5 |
| 3. | Amount of money you have available to meet expenses | 1 | 2 | 3 | 4 | 5 |
| 4. | Amount of personal freedom you have | 1 | 2 | 3 | 4 | 5 |
| . | | | | | | |
| . | | | | | | |
| . | | | | | | |
| 8. | Your relationship with other family members | 1 | 2 | 3 | 4 | 5 |
| 9. | Your health | 1 | 2 | 3 | 4 | 5 |

Measurement of Subjective Burden

Direction:

Are there any feeling and emotional reaction towards the caregiving. Please read each statement and **CIRCLE** the most appropriate ones for you. There is no right or wrong answer.

1=Rarely or never
2=a little of the time
3=sometimes
4=often
5=most of the time.

Statements

- | | | | | | |
|---|---|---|---|---|---|
| 1. I feel it is painful to watch my (relative) age | 1 | 2 | 3 | 4 | 5 |
| 2. I feel useful in my relationship with my (relative) | 1 | 2 | 3 | 4 | 5 |
| 3. I feel afraid for what the future holds for my (relative) | 1 | 2 | 3 | 4 | 5 |
| 4. I feel strained in my relationship with my (relative) | 1 | 2 | 3 | 4 | 5 |
| . | | | | | |
| . | | | | | |
| . | | | | | |
| 12. I feel that my (relative) seems to expect me to take care of him/ her as if I were the only ones he/she could depend on | 1 | 2 | 3 | 4 | 5 |
| 13. I feel guilt over my relationship with my (relative) | 1 | 2 | 3 | 4 | 5 |

APPENDIX C

Permission form for use of PRQ-85 part 2

PERMISSION TO USE THE PERSONAL RESOURCE QUESTIONNAIRE

PERMISSION TO USE THE PRQ85

IS GRANTED TO: Tang qingping

THE PRQ 85 IS A TWO PART INSTRUMENT. EITHER PART-1 OR PART 2 OR BOTH PARTS MAY BE ADMINISTERED. HOWEVER, THE TOOL MAY NOT BE MODIFIED WITHOUT CONSULTATION WITH THE AUTHORS.

Clarann Weinert, SC, PHD, RN, FAAN

DATE: October 15 1998

Permission form for use of Burden Scale

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Date

Educ

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1988

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Chiang Mai University

Curriculum Vitae

Surname, name Mrs. Tang qingping

Date of birth February 22, 1971

Education 1991-1994 Diploma degree of Clinical Nursing Science, Hunan Medical University.
P. R. China

Experience

1988-present Staff nurse and clinic instructor of Xiangya Hospital, Hunan Medical University.
P. R. China