

มหาวิทยาลัยเชียงใหม่
Chiang Mai University

APPENDICES

APPENDIX A

EXPLANATION AND INFORMED CONSENT

My name is Song Jin Ping. I am a nurse in department of ophthalmology of WCUMS. I am conducting a nursing research that I would like to explain to you. The study is to explore the relationship between family support and quality of life among visual impaired persons. The results obtained from this study will help improve the quality of life of persons with visual impairment.

The study will not do any hurt on you and your family. If you agree to participate, you will be asked to listen the statement and choose the most appropriate answers, which are to describe your family support and quality of life. All of your responses will remain confidential and your identity will not be revealed. All information will only be used the purpose of this study.

The procedures will take you about 30 to 40 minutes. You may ask questions or stop at any time or refuse to participate without affecting your treatment and nursing care. You also have the right to withdraw or neglect any items you would not like to answer during the procedure.

I will be greatly appreciated your participation in this study. If you have no problem and are willing to participate, please listen the statements and answer my questions

Thank you very much

Date _____

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APPENDIX B

INSTRUMENTS

Part I Demographic Data Record Form

Subject NO. _____

Date of interview _____

The researcher will complete the following questions according to the medical records and the information provided by the person with acquired visual impairment.

I. General demographic data

1. Age _____ years old
2. Gender: () Male () Female
3. Educational background
 - () No education
 - () primary education (1-6 grades)
 - () Junior middle school (7-9 grades)
 - () Senior middle school (10-12 grades)
 - () University or higher
4. Marital status:
 - () Married () single
 - () Widowed () Divorced
 - () Separated
 - () Others (specify) _____

5. Perceived family relationship:

- Good Fair Poor

6. Occupation

- Worker farmer health personnel
 Clerk teacher business person
 Driver housewife office staff
 others

7. Number of persons in the family _____

Family patterns:

- lived with parents lived with children
 lived with spouses lived with siblings
 lived with spouses and children
 other

8. Average income (Yuan/person/month) _____

- < 300 301-600 601-900
 > 900.

9. Earned income:

- Enough fair not enough

10. Way of medical payment:

- Total reimbursed or insurance
 Partial reimbursed (percentage _____)
 Total self-paid

11. If you have problem, who is the most helpful one?

- Grandmother Grandfather Both of them
 Mother Father Both of them
 Child or children Spouse Siblings
 Close relatives
 Other (please explain) _____

II. Medical information

1. Visual acuity_____and/or visual fields_____in better eye
2. Duration of low vision or blindness_____
3. Cause of visual impairment _____

III. Person(s) accompanying to the ocular outpatient clinic

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

The following statements refer to feelings and experiences, which occur to most people at one time or another in their relationships with families. For each statement there are two possible answers: Yes and No. Please listen and give your answer that is the most appropriate for you. There are no right or wrong answers.

- | | | |
|--|-----|----|
| 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 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. | Yes | No |
| | Yes | No |
| 15..... | Yes | No |

**Part III Modified Quality of Life
Questionnaire (MQOLQ)**

Directions: we are interested in knowing how visual impairment affects your quality of life. Please give you choice from 1 to 5 that best describes your feelings.

- 5 = Very much
- 4 = Much
- 3 = Moderate
- 2 = Little
- 1 = Very little

For example: I am satisfied with life as present. If you are satisfied with life as present little, you may chose number 2.

I. Life satisfaction

The following statement concerning your feelings about your well-being in general since you have visual impairment.

1. I am satisfied with my present life.	5	4	3	2	1
2. I have much suffering now.	5	4	3	2	1
3. I am facing obstacles in my life.....	5	4	3	2	1
4.	5	4	3	2	1
.....	5	4	3	2	1
50.....	5	4	3	2	1

APPENDIX C

LIST OF EXPERTS FOR TESTING CONTENT VALIDITY OF INSTRUMENT

Associate Professor Chaweewan Thongchai R.N., M.A.

Department of Surgical Nursing

Faculty of Nursing, Chiang Mai University

Associate Professor Marayart Na Nakorn R.N., M.Ed.

Department of Surgical Nursing

Faculty of Nursing, Chiang Mai University

Assistant Professor Thiphaphorn Tungamnuay R.N., M.N.S.

Department of Surgical Nursing

Faculty of Nursing, Chiang Mai University

Assistant Professor Khanokporn Sucamvang R.N., D.S.N.

Department of Surgical Nursing

Faculty of Nursing, Chiang Mai University

Instructor Suthatip Uppalabut R.N., M.S.

Department of Medical Nursing

Faculty of Nursing

Chiang Mai University.

CURRICULUM VITAE

Surname, Name Mrs. Song Jinping

Date of Birth August 30, 1964

Educational Background

1979 - 1982 Secondary certification in Nursing Nursing
School

West China University of Medical Sciences
Chengdu, P. R. China.

1985 - 1989 Diploma in nursing

West China University of Medical Sciences
Chengdu, P. R. China.

Experience

1982 - 1995 Staff nurse and Clinical Instructor
Department of Ophthalmology
First Teaching Hospital

West China University of Medical Sciences
Chengdu, P. R. China

1996 - 1998 Head nurse and Clinical Instructor
Department of Ophthalmology

First Teaching Hospital

West China University of Medical Sciences
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