

APPENDIX A

Diabetes Information Form

| | | | | No |
|--|--------------|--|----------------|-------------------------|
| Glycemic control beha | aviors among | g adults with Type | e 2 diabetes M | Iellitus: Sociocultural |
| context in Sri Lanka | | | | |
| Please put X in the re | levant box | | | |
| Section A–Identifica 1. Clinic Identification | | ent | | |
| 1.1 Date: | | | | |
| 1.2 Setting: | CSTH | | FPC |] 3 // |
| 1.3 Clinic Number | er: | 1 30 6 | | |
| 2. Participant Inform | ation | | | |
| 2.1 Address: | | | | |
| 2.2 Contact telep | hone numbe | r: | | ? |
| 2.3 Gender: | Male | 118,16 | Female | Doinn |
| 2.4 Age: | by (| Chiang | Mai L | niversity |
| | g h t | 20- 29 years 30 -39 years 40 -49 years 50 -59 years 60 -69 years 70 and above | e s e | |

Section B. Demographic and Socioeconomic status

2.5 Ethnicity

| Sinhalese | |
|-----------|----|
| Tamil | |
| Muslim | |
| Others | 9/ |

2.6 Religion

| Buddhist | |
|----------|--|
| Hindu | |
| Catholic | |
| Islam | |
| Others | |

2.7 Marital status

| | Married | |
|---|-----------|--|
| r | Unmarried | |

2.8 Educational level

| Below grade 5 | / (|
|-------------------|-----|
| Grade 5-9 | |
| Up to GCE/OL | |
| Up to A/L | 1 |
| Diploma/Training | |
| Degree | |
| Not attend school | |

2.9 Occupation

| Professional | |
|--------------------------|-------|
| Technical & Clerical | |
| Venders & Sellers | |
| Skilled manual workers | |
| Unskilled manual workers | |
| House wife | |
| Unemployed | 1040 |
| Retired | VEI 3 |

2.10 Average Monthly household income /Rs

| Less than 5000 | |
|------------------|--|
| 5000-10,000 | |
| 10,001- 15,000 | |
| 15, 001-20,000 | |
| More than 20,000 | |

Section C. Diabetes related Information

| e agents or | Eve | Ro Oral | ute Injection by who |
|-------------|-----|--------------|-----------------------|
| sage | | | Injectio |
| sage | | | Injectio |
| sage | | | Injectio |
| / / - | Eve | | Injectio |
| / / - | Eve | | Injectio |
| | | \ | |
| | | | |
| e regularly | Yes | No |]] [] |
| | 16 | Yes | Yes No |

| 3.8 | If un controlled please specify the reasons |
|-----|---|
| | |
| | |
| | |
| | |
| | |

3.9 If controlled/ well controlled please give information (in general/per day)

| Food Item | Breakfast/ Quantity | Pre lunch/ Quantity | Lunch / Quantity | Pre diner / Quantity | Diner / Quantity |
|----------------------------|------------------------|------------------------|---------------------|-------------------------|---------------------|
| Rice (white rice/red rice) | | | | | |
| Coconut sambol | | | | (9) | |
| Dhal Curry | | 4) | | | |
| Fish curry | , LLUI, | | | | |
| Meat Curry | IX a | 20 | | | |
| Egg | | -(0) | | | P |
| Dry Fish | 9 | 17 | | | |
| vegetable curry | | 81.7 | | | 5 |
| String hoppers | 2 | -0/ | | 100 | Ь |
| Coconut sambol | | | / | | |
| Dhal Curry | | V W | | 1 4 | |
| Fish curry | | | | 76 | |
| Chicken Curry | | / // | | / 0 | |
| Egg | | | | | |
| Dry Fish Curry | | | | 4 7 / | |
| Vegetable curry | | \$ 33 Em | | | |
| Bread | On | 100 | | | |
| Coconut sambol | | | 267 | | |
| Dhal Curry | 1 - | | | | |
| Fish curry | 7/11 | MIN | | | |
| Meat Curry | | TAT. | | | |
| Rotti with salad | | | | | |
| Hoppers with sambol | | | | | |
| Noodles with curry | | | | | 2 |
| Grains with sambol | | elas | 0611 | Rela | 1131 |
| Pittu with sambol | | | | | |
| Fruits | | | | | |
| Banana | | iana | Mai | I loive | reit |
| Papaya | Jy Un | iang | VICLE | OHIV | JI SIL) |
| Other fruits | | | | | |
| Use of other herbs | n t | r | PS | erv | e (|
| Tea | | | | | |
| Milk tea | | | | | |
| Biscuit/Brand Crackers | | | | | |
| Kanjee/other drinks | | | | | |

3.10 Are you doing exercise?

| Regularly | |
|--------------|--|
| Occasionally | |
| No | |

3.11 If regularly or occasionally do please specify the following

| 90 | Frequency | | Duration | Distance/Km |
|------------------------|-----------|----------|----------|-------------|
| Type of the exercise | per day | per week | | |
| Walk | | | | 0 1 |
| Jogging | | | | _ \\\ |
| Cycling | | | | 95 11 |
| Treadmill | (Y) | | | -) \\ |
| Others /please specify | Manney | | 7 / | |
| | | | | |

3.12 If no please specify the reason

| Reason | V J |
|--|-------|
| No time with busy life | |
| Doing household work is enough as exercise | 6 |
| Have other disorders | |
| Not interested | |
| Unaware of need for exercise | -61.7 |
| Other | |

3.13 Diabetes Clinic Assessment data

| Height | | 9 " |
|-------------|----------|----------|
| Body Weight | 261186 | 1211 |
| B.M.I | CIOIOO | OHIL |
| F.B.S. | | |
| P.P.B.S. | g Mai Un | iversity |
| HbAIc | | / |
| rights | reser | ved |

APPENDIX B

Guideline for Focus Group Disscussion with Nurses

| | No |
|---|----------------------------------|
| Glycemic control behaviors among adults with Type 2 | diabetes Mellitus: Sociocultural |
| context in Sri Lanka | |
| Date /Time of Focus group discussion: | |
| Section 1 – Identification of Participant | |
| 1.1 Name of the participant: | 1,50,51 |
| 1.2 Work at: | |
| CSTH/WD/ No | CSTH/ DM Clinic |
| 1.3 Age: | |
| 1.4 Gender: | |
| 1.5 Ethnicity: | |
| 1.6 Religion: | |
| 1.7 How long have you been caring for adults with type | e 2 diabetes? . |
| ambumanana | |
| 1.8 Do you have any special training to provide care fo | |
| | |
| | ••••• |

Section 2 Focus group guideline

- Briefly introduce yourself. Tell us little about your experience on glycemic control among adults with T2DM
- 2. In your perspectives why some adults with T2DM control their glycemic levels? And how they do it? Please explain.
- 3. In your perspectives what are the difficulties or constraints for some adults with T2DM to control their glycemic levels?
- 4. Please explain about the care that you provide for adults with T2DM?
- 5. What type of barriers you have in order to provide care to adults with T2DM?
- 6. Is there any other recommendation to improve glycemic levels among adults with T2DM?

Thank you for your participation



APPENDIX C

Guldeline for In-Depth Interview with Doctors

| text in Sri Lanka | naviors among adults with T | ype 2 diaectes Mem | |
|---------------------|-----------------------------|--------------------|---------------|
| | | | |
| ction 1 – Identific | eation of Participant | | |
| 1.1 Date /time of | Interview: | ···· | |
| | CSTH/WD/NO: | CSTH/Clinic | FPC |
| 1.2 Setting | W /# | | 7 |
| | | | |
| 1 2 Addraggy/gon | toot number | | |
| 1.3 Address:/con | tact number: | | |
| | | | <u> </u> |
| | tact number: | | |
| | | | |
| | | | |
| | | | |
| 1.4 Age: | 747 UNI | | |
| 1.4 Age: | | | |
| 1.4 Age: | 747 UNI | ă și i Re | ากใ |
| 1.4 Age: | | ลัยเชีย | Joli |
| 1.4 Age: | MAY UNI | 18188 18188 | Joli |
| 1.4 Age: | | Mai Un | Joli ivers |

Section 2- In-depth Interview Guideline

- 1. Please tell me about your experience with adult T2DM
- 2. Could you please tell me your ideas and experiences about adults with T2DM who can control their glycemic levels
- 3. Could you please tell me your ideas and experiences with adults with T2DM who are unable to control their glycemic levels?
- 4. Please tell me the treatment that you provide for adults with T2DM
- 5. In your perspectives what are the barriers/constraints that you have in providing care for adults with T2DM.
- 6. In your opinion what are your suggestions to improve glycemic control among adults with T2DM

Thank you for your time and sharing your experiences with me



APPENDIX D

Guldeline for In-Depth Interview with Adults with T2DM

| | No |
|--|-------------------------|
| Glycemic control behaviors among adults with Type 2 diabetes M | Mellitus: Sociocultural |
| context in Sri Lanka | |
| Established rapport and obtained consent | |
| Section 1 – Identification of Participant | |
| 1.1 Date /time of Interview: | |
| 1.2 Setting: CSTH FPC | 7 2 / |
| 1.3 Clinic Number | 5 |
| 1.4 Address:/contact number: | |
| | , |
| | |
| 1.5Age: | |
| 1.6 Gender: | |
| 1.7 Duration of diagnosed with diabetes: | เยอ ใหม |
| Section 2- Demographic and Socioeconomic data | |
| 2.1 Ethnicity: | |
| 2.2. Religion: | |
| 2.3 Marital status: | |
| 2 4 Educational level. | |

| 2.5 Occupation: | | |
|--------------------------|------|--|
| 2.6 Average Monthly inco | ome: | |

Section 3– In-depth Interview guideline

- 1. Please explain what diabetes means to you
- 2. Please tell me what does glycemic control mean to you
- 3. How do you know that you have controlled your blood sugar levels? Who told this to you it and how you have been told?
- 4. What have you been advised to do to control your glycemic levels? Please explain
- 5. How do you follow this advice? Or not, Please explain
- 6. In your perspectives what is your idea to improve or maintain your glycemic control and why you think it is important?

Thank you for your time and sharing your experiences with me

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APPENDIX E

Participant Observation Guldeline

| Glycer | nic Control Behaviors among Adults with Type 2 Diabetes Mellitus: |
|--------------|---|
| Socioc | ultural Context in Sri Lanka |
| Date/T | Cime: |
| Place: | |
| 5 1.0 | What does the participant do for diet control and how does he/she do it? |
| 2. | What does the participant do as physical activities/ exercise, and does how |
| | he/she do it ? |
| 3. | Does the participant adhere to medication taking behavior, and how? |
| 4. | How is the participant's daily life and living environment? |
| | |

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APPENDIX F

Guldeline for In-Depth Interview Adult with T2DM

Glycemic control behaviors among adults with Type 2 Diabetes Mellitus: Sociocultural context in Sri Lanka

| S | ection 1 – Identification of Participant |
|---|--|
| | 1.1 Date /time of Interview: |
| | 1.2. Address:/contact number: |
| | 1.3. Age: |
| | 1.5 Duration of diagnosis of diabetes: |
| S | ection 2– Demographic and Socioeconomic data |
| | 2.1 Ethnicity: |
| | 2.2. Religion: |
| | 2.3 Marital status: |
| | 2.4 Educational level: |
| | 2.5 Occupation: |
| | 2.6 Average Monthly income: |

Section 3 In-depth Interview Guideline

- 1. Please tell me what diabetes means to you?
- 2. Could you please tell me how you feel after you were diagnosed with diabetes?
- 3. What do you believe causes your diabetes? Please explain
- 4. What is your idea about diabetes control? And how do you think it can be controlled?
- 5. Please explain your idea about diet control
- 6. What do you do as diet control?
- 7. What is your idea about doing exercise to control your diabetes?
- 8. What do you do as exercise?
- 9. what do you think about taking medicine in controlling your diabetes?
- 10. Could you please explain me how you take your diabetes medicines?
- 11. Could you please tell me whether you use any kind of other treatment than hospital treatment?

Thank you very much for your participation

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APPENDIX G

In-Depth Interview Guldeline for Family Members

| No |
|--|
| Glycemic Control Behaviors among Adults with Type 2 Diabetes Mellitus: Sociocultural |
| Context in Sri Lanka |
| Section 1 – Identification of Participant |
| 1.1 Date /time of Interview: |
| 1.2 Address:/contact number: |
| 1.3 Gender: |
| 1.4 Age: |
| Section 2– Demographic and Socio economic data |
| 2.1 Ethnicity: |
| 2.2. Religion: |
| 2.3 Marital status: |
| 2.4 Educational level: |
| 2.5 Occupation: |
| 2.6 Average monthly income: |
| 2.7 How long have been caring your relative with T2DM? |
| 2.8 Do you know the normal blood glucose level? |

Section 3 In-depth Interview Guideline

- 1. Could you please tell me what do you know about diabetes and its control?
- 2. What are your ideas about diabetes and controlling blood sugar levels, and why do you think it is important?
- 3. How do you support your family member to perform glycemic control behaviors?
- 4. What is your perspective about your relative's performance at diet control, exercise and medication taking? What is your idea about these
- 5. Does your relative take any other treatment in addition to hospital treatment? What are they? Why do you think that he/she need other treatments?

Thank you for your participation

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APPENDIX H

In-Depth Interview Guldeline for Ayurveda Practioners/Traditional Healer

| No |
|--|
| Glycemic Control Behaviors among Adults with Type 2 Diabetes Mellitus: Sociocultural |
| Context in Sri Lanka |
| Section 1 – Identification of Participant |
| 1.1 Date /time of Interview: |
| 1.2 Address:/contact number: |
| 1.3 Age: |
| 1.4 Gender: |
| |
| Section 2– Demographic and Socioeconomic data |
| 2.1 Ethnicity: |
| 2.2. Religion: |
| 2.3 Marital status: |
| 2.4 Educational level: |
| 2.5 Occupation: |
| 2.9 How long have you been caring/treating adults with T2DM? |
| |

Section 3 In-depth interview guideline

- 1. Please explain your experience about adults with T2DM Who comes to you for treatment
- 2. What type of treatment you provide for adults with T2DM?
- 3. What are your perspectives about adults with T2DM regarding their glycemic control and glycemic control behaviors?
- 4. What are your suggestions/recommendations to improve glycemic control among adults with T2DM?

Thank you very much for your participation



APPENDIX I

Certificate of Ethical Clearance of Faculty of Nursing,

Chiang Mai University



No.113/2012

CERTIFICATE OF ETHICAL CLEARANCE Research Ethics Review Committee Faculty of Nursing, Chiang Mai University

The Research Ethics Review Committee of the Faculty of Nursing, Chiang Mai University declares approval of

Research Project Title: Glycemic Control Behaviors Among Adults with Type 2 Diabetes Mellitus: Sociocultural context in Sri Lanka

Principal Investigator: Mrs. A.A.T.D Amarasekara

Participating Institution: Doctoral Program Faculty of Nursing Chiang Mai University

The above research project does not violate rights, well being, and/or endanger human subjects and is justified to conduct the research procedures as proposed.

This clearance is valid from the date of approval to November 29, 2013

Date of approval November 30, 2012

(Professor Dr. Wichet Srisuphan)

Chair, Research Ethics Review Committee

Faculty of Nursing, Chiang Mai University

(Professor Dr. Wipada Kunavikatikul)

APPENDIX J

Ethics Review Committee/Faculty of Medical Sciences

University of Sri Jayewardenepura, Sri Lanka

Ethics Review Committee

SIDCER (Strenge Indoors for Descriping Capacity in Ethnol Report) required for





Dam. 2rd January 2013

Durnet 699/12/02

ERC meeting date: 3rt December 2012.

Ns. A.A.T.D. Amerosekaro Department of Medical Education and Health Sciences. Fusuity of Medical Sciences. University of St. Jayevordenepura

Application Number 699112

The ERC FMS/SJP reviewed and discussed your application 699/12 to constact the research study entitled "Glycaeraic control behaviours are egy adults with type 2. Disbetes Wellius: Socio-cultural context in Sri Lanks," during the meeting held on 3º December 2012.

The following documents were reviewed and approved:

| Document | Version No. | Date of submission |
|----------------------------------|-------------|--------------------|
| Project proposal | D1 | 15.11.2012 |
| Study instrument - English | D3 | 15/11/2012 |
| Study instrument - Strings | - 51 | 15.11.2012 |
| Informed consent forms - English | - 01 | 15.11.2012 |
| Informed consent forms - Serhala | 01 | 15.11.2012 |
| Asset I form - English | 01 | 15.11.2012 |
| Assent form - Sinhala | 01 | 15.11.2012 |

The study is approved in its presented form effective from cd.12.2013. The approval is valid until one year from the date of sanction. You may make a written request for removal / established of the validity, along with the submission of armed status report. Please note that ethical approval would be toyoked it any alteration is made to the peoped without obtaining prior written consent from the ethical seview porumities.

Page 1 of 2

The decision was serived at through consensus. Nather P1 not are of proposed study team members was proposed during the decision making of the ERC.

As the Principal investigator you are expected to ansure that procedures performed under the project will be conducted in accordance with all relevant national and international policies and regulations that govern research involving turnan participants.

Please note that this approval is subjected to the following conditions:

- Progress reports to be submitted at six monthly intervals and at the completion of the sauty.
- All serious adverse effects should be reported to the EPIC as per SOP 016/12 in the
 prescribed form. (Available of http://www.medical.sjp.ac.ik/maec.php/researchhome/support-for-researchers)
- In the case of clinical thats, the trial is registered in an approved Clinical trials. Registry and the registration number submitted to ERC.
- Inclusion of contact details of the ERC numinee appointed by the ERC to receive concerns/complaints requiriling your project in the information sheet. The details are given below:

in the events of any protocol amendments, ERC must be informed and the amendments should be highlighted in clear terms as follows:

- a The search alteration/emendment should be specified and indicated where the amendment occurred in the original project. (Page no. etc.)
- If the amendments require a change in the consent form, the copy of revised Consent Form should be submitted to Ethics Committee for approval.
- If the prendment demands a re-look at the toxicity or side effects to patients, the same should be documented.

Dr.C.A. Monigaturge Chaleperson Tr. V. Jayonuriya Secretary

Ethics Review Committee
Faculty of Medical Sciences
University of Sci. Japanese Japanese

Page 2 of 2

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APPENDIX K

Research Committee Colombo South Teaching Hospital, Sri Lanka



A6,007/2013

Director.

Colombo South Teaching Hospital

Request for Ethical Clearance (Application No. 278) A study on Glycemic Control Behaviors Among Adults with Type 2 Diabetes Meditus Sociocultural Contest in Sri Lanks

This is to inform you that educal clearance was granted for the above proposal submitted by Mys. A.A.T.D.Amarasebers (Lecturer, Department of Medical Education and Health Sciences, Faculty of Medical Sciences, University of Sci. Jayanuardesepura) at the Ethical Review Committee Meeting held 12th Armany 2023.

The researcher is kinely requested to obtain permission from relevant staff in the hospital. Please convey the decision to above applicance.

Prof. Samon Guratilake

Chairman.

Ethical Review Consention

Colombo South Teaching Hospital

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APPENDIX L

Permission Obtained from the Regional Direct of Health Services

Colombo, Sri Lanka

| COROM Natmad | he/Telephone: | | end grow | EA11/12/2009 |
|---|-----------------|---|--|--------------|
| Director | 2327893 | (4) | My No | ⊕000(i) |
| eSeve Book Plana Mart Administrative Office | 2437760 | | Lucy Barked. Your no. | 1 |
| Company Accountant | 5354439 | පාදේශිය පොඩප සේවා අධපක්ෂ කොළඹ | තව මත දේකම් දෙ මාලියාවන්න, කොල සොලුල් සිතෙන්න් | 3 10. |
| escape Onice | 2452440 | பிராந்திய சுகாதார சேவை பணிப்பாளர் | New Secretariate B Maligawaita, Color | unlding |
| mented shocked Fax | 2381258 | கொழும்பு Regional Director of Health Services Colombo | ON SO CHOOL ON BOOK ON P.O. Hora No. | 1287 |
| C-Bd white melod I mail | rdhs_col@sltnet | n | ₹mo Date | 2013.05. 29 |

Medical Officer of Health, Office of the M.O.H., Dehiwala/Moratuwa/Boralesgamuwa

> Study on "Glycemic Control Behaviours among adults with Type 2 Dibetes Mellitus: Socio Cultural Context in Sri Lanka"

Ms. A.A.T.D. Amarasekara, PhD (Candidate) conducting a study on above subject. She intends to Interview few Diabetic patients in your area.

Permission has been granted for this and please be good enough to inform relevant officers to 02. extend their fullest cooperation and support to carry out the above study.

Deputy Regional Director of Health Services

Colombo District

Dr. C. GUNASEKARA Deputy Regional Director of Health Serv.

Please handover findings & recommendations of your study occutariat



Medical Officer of Health,

Office of the M.O.H.,

Dehiwala/Moratuwa/Boralesgamuwa

Study on "Glycemic Control Behaviours among adults with Type 2 Dibetes Mellitus: Socio Cultural Context in Sri Lanka"

Ms. A.A.T.D. Amarasekara, PhD (Candidate) conducting a study on above subject. She intends to interview few Diabetic patients in your area.

Permission has been granted for this and please be good enough to inform relevant officers to extend their fullest cooperation and support to carry out the above study.

Chulani Gunasekara

Deputy Regional Director of Health Services

Colombo District

Dr. C. GUNASEKARA Deputy Regional Director of

CC : Candidate

Please handover findings & recommendations of Your study, 17

Maligawatta, Colombo -10.

APPENDIX M

Research Consent Form

I have read the information in the information sheet about a study to be conducted by Mrs.A.A.Thamara D.Amarasekara. I have had the opportunity to ask questions about it and any questions that I have asked have been satisfactorily answered. I was informed about consent to voluntarily participate in this research while am aware that I may withdraw my consent at any time without any penalty.

With full knowledge of the above mentioned, I consent voluntarily to participate in this study.

| Name of the participant: |
|------------------------------------|
| Date/Signature of the participant: |
| |
| Name of the Researcher: |
| Date/Signature of the Researcher: |
| |
| Name of the Witness: |
| Date/Signature of Witnesses: |

CURRICULUM VITAE

Name Mrs. Amarasekara Appuhamillage Thamara Dilhani Amarasekara

Date of Birth January 1, 1970

Educational Background

1998 Bachelor of Science

Open University, Sri Lanka

2002 Bachelor of Nursing Science

Open University, Sri Lanka

2006 Post Graduate Diploma in Education, Faculty of Education,

University of Colombo, Sri Lanka

Professional Experiences

1996-2000 Registered Nurse, National Hospital Sri Lanka

2000- 2002 Clinical Nursing Instructor, National School of Nursing,

Sri Lanka

2002-2006 Nursing Tutor, National School of Nursing, Sri Lanka

2006- To date Lecturer, Faculty of Medical Sciences,

University of Sri Jayewardenepura, Sri Lanka

Crants

- Scholarship in partially for studying in doctoral program is provided by National Center for Advance Studies in Humanities & Social Sciences, Sri Lanka (Ref no: 11/NCAS/SJP/MdEdu/39)
- Research grants from the University of Sri Jayewardenepura, Sri Lanka
 (Ref No: ASP/06/RE/MED/2012/38)