

## **APPENDICES**

## APPENDIX I

*Interview questionnaire***“Perception and self-care practice of hypertensive patient”**

Please read each question and mark ✓ in front of the answer or fill in the blank.

**Part I) Socio-demographic of the respondent**

1. Age.....years (from your last birthday)
2. Sex         Male         Female
3. How long have you been diagnosed hypertension?.....years.....months
4. Body weight.....kg., Height.....cm.
5. Education  1. No schooling  
 2. Primary School  
 3. Secondary School  
 4. High School  
 5. University/ College
6. What is your occupation?  
 1. Farmer  
 2. Employee  
 3. Business  
 4. Other (specify).....
7. Approximate amount household income .....Baht/month
8. How many members in your family? .....persons.
9. Do you have other chronic disease?  
 No         Yes (Specify).....

## Part II) Perceived severity and vulnerability of hypertensive complication

Please mark ✓ in the box to answer.

| <i>Items</i>  | <b>Answer</b> |    |          |
|---|---------------|----|----------|
|   | Yes           | No | Not sure |
| <b>Perceived Severity of Hypertensive Complications</b>                                 |               |    |          |
| 1. Hypertension cannot completely cure.   |               |    |          |
| 2. Severe complication of hypertension may cause and paralyze.                          |               |    |          |
| 3. Uncontrolled blood pressure lead to death.   |               |    |          |
| 3. Cerebral hemorrhage from hypertension may lead to death or disability.               |               |    |          |
| 4. Hypertension can cause cerebrovascular disease.                                      |               |    |          |
| 5. Hypertension can not induce stroke.  |               |    |          |
| 6. Hypertension can cause heart disease.  |               |    |          |
| 7. Hypertension can cause gastritis.  |               |    |          |
| 8. Uncontrolled hypertension can cause hypertensive ratinopathy.                        |               |    |          |
| 9. Hypertension can cause renal failure.  |               |    |          |
| 10. Hypertension can cause Pneumonia.   |               |    |          |
| <b>Perceived Vulnerability to Hypertensive Complication</b>                             |               |    |          |
| 1. Hypertensive patient who regular eating salty food may cause renal failure.          |               |    |          |
| 2. Hypertensive patient who like high fat can cause heart disease.                      |               |    |          |
| 3. Hypertensive patient who always consume sweetly food may develop ratinopathy.        |               |    |          |
| 4. Hypertensive patient with overweight are prone to develop heart disease              | ✓             |    |          |
| 5. Hypertensive patient who should not exercise .                                       |               |    |          |
| 6. Hypertensive patient can work hard because hard working can decrease blood pressure. |               |    |          |
| 7. Hypertensive patient with high stress can be developed cerebral hemorrhage.          |               |    |          |
| 8. Meditation can decrease blood pressure.  |               |    |          |
| 9. Blood pressure can be rise if hypertensive patient cannot sleep.                     |               |    |          |
| 10. Drinking alcohol will increase blood pressure.                                      |               |    |          |
| 11. Smoking has no effect on heart disease.   |               |    |          |
| 12. Having antihypertensive drug only can prevent complications.                        |               |    |          |
| 13. Follow up as schedule can reduce risk to heart disease.                             |               |    |          |

### Part III) Perceived self-efficacy of preventive behaviors in preventing complications

Please mark ✓ in the box to answer.

| <i>Items</i>  | <b>Confidence</b> |          |             |
|---|-------------------|----------|-------------|
|   | Very little       | Moderate | Quite a lot |
| <b>Perceived self-efficacy</b>  |                   |          |             |
| How much of your confidence to control hypertension through these activities? |                   |          |             |
| 1. Reduce consumption of salty food (Salty fish, preserved egg).              |                   |          |             |
| 2. Reduce the enrich food of cholesterol (fatty, oily food).                  |                   |          |             |
| 3. Decrease sugar and sweets in your diet.                                    |                   |          |             |
| 4. Increase the amount of vegetables and fruits in your diet.                 |                   |          |             |
| 5. Decrease fish sauce, soy sauce in your food.                               |                   |          |             |
| 6. Increase fish instead of meat in your diet.                                |                   |          |             |
| 7. Reduce sweetly fruit.  |                   |          |             |
| 8. Reduce desert or aerated water or soft drink                               |                   |          |             |
| 9. Decrease or not smoking.   |                   |          |             |
| 10. Decrease or not drinking alcohol.   |                   |          |             |
| 11. Exercise such as a brisk walk 3 times a week.                             |                   |          |             |
| 12. Exercise at least 20 minute each time.                                    |                   |          |             |
| 13. Reduce stress such as breathing exercise, meditation.                     |                   |          |             |
| 14. Reduce stress such as pray....  |                   |          |             |
| 15. Sleep at least 6 hours per day.   |                   |          |             |
| 16. Take medicines as the doctor's advice.                                    |                   |          |             |
| 17. See the doctor as appointed even you have no symptom of illness.          |                   |          |             |

**Part IV) Perceived response-efficacy of preventive behaviors in preventing complications**

Please mark ✓ in the box to answer.

| <i>Items</i>  | <b>Answer</b> |           |          |
|---|---------------|-----------|----------|
|   | Agree         | Undecided | Disagree |
| <b>Perceived response efficacy</b>                              |               |           |          |
| You believe that if you modify your life style, you would ..... |               |           |          |
| 1. Control your blood pressure                                  |               |           |          |
| 2. Reduce risk from complications                               |               |           |          |
| 3. Reduce risk of heart failure                                 |               |           |          |
| 4. Reduce risk of heart disease                                 |               |           |          |
| 5. Reduce risk of renal failure                                 |               |           |          |
| 6. Reduce risk of blindness                                     |               |           |          |
| 7. Reduce risk of retinopathy                                   |               |           |          |
| 8. Reduce risk of stroke  |               |           |          |
| 9. Reduce risk of paralysis                                     |               |           |          |
| 10. Reduce risk to spend a lot of money to cure complications   |               |           |          |
| 11. Reduce risk to become a disable person                      |               |           |          |

**Part V) Self-care practice**Please mark ✓ in the box, which match your practice during **the last 2 weeks.**

| <i>Items</i>  | <i>Never</i> | <i>1-2 times a week</i> | <i>3-4 times a week</i> | <i>5+ times a week</i> |
|---|--------------|-------------------------|-------------------------|------------------------|
| <i>How often do you eat food from each of the following categories?</i> |              |                         |                         |                        |
| 1. Fish sauce, soy sauce or salt addition in the food.                  |              |                         |                         |                        |
| 2. Curry with coconut milk.   |              |                         |                         |                        |
| 3. Fat contained meat.  |              |                         |                         |                        |
| 4. Fresh fish.  |              |                         |                         |                        |
| 5. Vegetable, or fruit, or fiber food.                                  |              |                         |                         |                        |
| 6. Sweets, high carbohydrates or oily food.                             |              |                         |                         |                        |
| 7. Sweet fruit or desert with coconut milk.                             |              |                         |                         |                        |
| 8. Corn chips, potato chips or snacks                                   |              |                         |                         |                        |
| 9. Ice cream  |              |                         |                         |                        |
| <i>How often do you have these activities?</i>                          |              |                         |                         |                        |
| 10. Feel unhappy  |              |                         |                         |                        |
| 11. Pray at night.  |              |                         |                         |                        |
| 12. Sleep more than 6 hours a night.                                    |              |                         |                         |                        |
| 13. Participate in the parties, fair merit rites.                       |              |                         |                         |                        |

**Please indicate your self-care practice during last 1 month.**

14. Do you exercises during your leisure time?

 No       Yes .....days/week

15. Do you smoke?

 No       Yes .....(# of cigarette/day)

- 16. Do you drink beer, or any other alcohol beverage?

 No       Yes .....days/week.

17. Have you ever forgot to take medicine as odered?

 No       Yes.....times/week

18. Have you ever forgot to see the doctor as appointed?

 No       Yes..... (Approximate times in last 3 months)

## APPENDIX II

Table A: Number and Percentage of General Characteristics of Respondents

| General characteristics                          | Number | Percentage |
|--|--------|------------|
| <b>Number of respondents</b>                     | 30     | 100.0      |
| <b>Gender</b>                                    |        |            |
| Male   | 15     | 50.0       |
| Female   | 15     | 50.0       |
| <b>Age (Year)</b>                                |        |            |
| < 30   | 4      | 13.3       |
| 30-39  | 2      | 6.7        |
| 40-49  | 6      | 20.0       |
| 50-59  | 10     | 33.3       |
| 60-69  | 3      | 10.0       |
| ≥ 70   | 5      | 16.7       |
| <i>Mean = 51.73, Median 54.5, S.D. = 14.36</i>   |        |            |
| <i>Minimum = 20, Maximum = 75</i>                |        |            |
| <b>Duration have been diagnosed hypertension</b> |        |            |
| < 2 years  | 9      | 30.0       |
| 2-5 years  | 14     | 46.7       |
| > 5 years  | 7      | 23.3       |
| <i>Mean = 3.2 S.D. = 2.53</i>                    |        |            |
| <i>Minimum = 6 month, Maximum = 13 years</i>     |        |            |
| <b>Body Mass Index (kilogram/square meter)</b>   |        |            |
| < 20   | 3      | 10.0       |
| 20-24.9  | 12     | 40.0       |
| 25-29.9  | 10     | 33.3       |
| 30-40  | 5      | 16.7       |
| <i>Mean = 25.96, S.D. = 4.39</i>                 |        |            |
| <b>Education</b>                                 |        |            |
| No schooling                                     | 1      | 3.3        |
| Primary school                                   | 13     | 43.3       |
| Secondary school                                 | 4      | 13.3       |
| High school                                      | 8      | 26.7       |
| University/College                               | 4      | 13.3       |

**Table A: Number and Percentage of General Characteristics of Respondents (Cont.)**

| General characteristics                                | Number | Percentage |
|--|--------|------------|
| <b>Number of respondents</b>                           | 30     | 100.0      |
| <b>Occupation</b>                                      |        |            |
| Laborer  | 2      | 6.7        |
| Own Business   | 10     | 33.3       |
| Civil servant  | 8      | 26.7       |
| Unemployed/Retired                                     | 10     | 33.3       |
| <b>Approximate household income (Baht/month) n= 22</b> |        |            |
| ≤ 10,000   | 12     | 40.0       |
| 10,001-30,000  | 6      | 20.0       |
| More than 30,001                                       | 4      | 13.3       |
| <b>Number of members in the family (Person)</b>        |        |            |
| 1-2  | 10     | 33.3       |
| 3-4  | 10     | 33.3       |
| > 4  | 10     | 33.3       |
| <i>Mean = 3.6, S.D.=1.49</i>                           |        |            |
| <b>Other chronic diseases</b>                          |        |            |
| No   | 26     | 86.7       |
| Yes ( Renal, Diabetes, Asthma)                         | 4      | 13.3       |



**Table B: Number and Frequency of Self-care practice among respondents**

| Items   | Never  |            | 1-2 times a week |            | 3-4 times a week |            | 5+ times a week |            | Mean | S.D. |
|---|--------|------------|------------------|------------|------------------|------------|-----------------|------------|------|------|
|   | Number | Percentage | Number           | Percentage | Number           | Percentage | Number          | Percentage |      |      |
| <b>How often do you eat food from each of the following categories?</b> |        |            |                  |            |                  |            |                 |            |      |      |
| 1. Fish sauce, soy sauce or salt addition in the food.                  | 3      | 10.0       | 17               | 56.7       | 5                | 16.7       | 5               | 16.7       | 1.60 | 0.89 |
| 2. Curry with coconut milk.   | 4      | 13.3       | 19               | 63.3       | 4                | 13.3       | 3               | 10.0       | 1.80 | 0.80 |
| 3. Fat contained meat.  | 1      | 3.3        | 15               | 50.0       | 7                | 23.3       | 7               | 23.3       | 1.30 | 0.88 |
| 4. Fresh fish.  | 8      | 26.7       | 3                | 10.0       | 10               | 33.3       | 9               | 30.0       | 1.60 | 1.18 |
| 5. Vegetable, or fruit, or fiber food.                                  | 3      | 10.0       | 5                | 16.7       | 8                | 26.7       | 14              | 46.7       | 2.10 | 1.02 |
| 6. Sweets, high carbohydrates or oily food.                             | 2      | 6.7        | 19               | 63.3       | 5                | 16.7       | 4               | 13.3       | 1.60 | 0.80 |
| 7. Sweet fruit or desert with coconut milk.                             | 3      | 10.0       | 14               | 46.7       | 11               | 36.7       | 2               | 6.7        | 1.60 | 0.77 |
| 8. Corn chips, potato chips or snacks                                   | 4      | 13.3       | 12               | 40.0       | 10               | 33.3       | 4               | 13.3       | 1.50 | 0.89 |
| 9. Ice cream  | 1      | 3.3        | 6                | 20.0       | 13               | 43.3       | 10              | 33.3       | 0.93 | 0.82 |
| <b>How often do you have these activities?</b>                          |        |            |                  |            |                  |            |                 |            |      |      |
| 10. Feel unhappy  | 5      | 16.7       | 12               | 40.0       | 4                | 13.3       | 9               | 30.0       | 1.40 | 1.10 |
| 11. Pray at night.  | 5      | 16.7       | 4                | 13.3       | 13               | 43.3       | 8               | 26.7       | 1.80 | 1.03 |
| 12. Sleep more than 6 hours a night.                                    | 16     | 53.3       | 9                | 30.0       | 2                | 6.7        | 3               | 10.0       | 0.73 | 0.98 |
| 13. Participate in the parties, fair merit rites.                       | 0      | 0          | 2                | 6.7        | 6                | 20.0       | 22              | 73.3       | 3.60 | 0.60 |

| Items   | Yes    |            | No     |            | Mean | S.D. |
|---|--------|------------|--------|------------|------|------|
|   | Number | Percentage | Number | Percentage |      |      |
| <b>Number and Percentage of respondent who are</b>  |        |            |        |            |      |      |
| 14. exercises during leisure time                   | 19     | 63.3       | 11     | 36.7       | 0.63 | 0.49 |
| 15. Smoking   | 4      | 13.3       | 26     | 86.7       | 0.86 | 0.34 |
| 16. drinking of beer, or any other alcohol beverage | 6      | 20.0       | 24     | 80.0       | 0.80 | 0.40 |
| 17. Forgetting to take medicine as ordered          | 15     | 50.0       | 15     | 50.0       | 0.50 | 0.51 |
| 18. Forgetting to see the doctor as appointed       | 9      | 30.0       | 21     | 70.0       | 0.70 | 0.47 |

## CURRICULUM VITAE

|                 |   |
|-----------------|---|
| Name            | Orapin Chaipayom  |
| Date of Birth   | August 20, 1972   |
| Place of birth  | Chiang Rai Province   |
| Education       |   |
| 1995            | Bachelor of Nursing, Faculty of Nursing, Mahidol University                                     |
| 1999            | Master of Sciences (Public Health Administration), Faculty of Public Health, Mahidol University |
| Work Experience |   |
| 1995-1997       | Nurse, Ear-Nose-Throat Department, Siriraj Hospital   |
| 1999- present   | Research Assistant, the College of Public Health, Chulalongkorn University                      |

