

APPENDIX A
CONSENT FORM

Dear Participants,

My name is Dewi Elizadiani Suza and I am a lecturer in Nursing School University of Sumatra Utara, Medan. I am doing a research study about Pain Experience between Javanese and Batak Patients with Major Surgery in Medan, Indonesia. The information will help nurses understand how to give better health care to patients with Major Surgery. As part of this study, I would like to interview you regarding your experiences of postoperative pain.

This questionnaire will take about 45 minutes to finish. At any time if you do not wish to answer a question, you may refuse to do so. You may stop any time you wish. Your signature on this form will indicate that you understand this form and you consent in this study.

Name of Participant	Signature	Date
Name of Researcher	Signature	Date

If you still have any question, you can contact me at the following address.

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APPENDIX B
DEMOGRAPHIC DATA FORM

Please check “√” in the space available or put the number in front of the item that is appropriate for you.

1. Ethnic () Javanese
 () Batak
2. Age () Years old
3. Sex () Female
 () Male
4. Marital status () Single
 () Married
 () Divorced
 () Separated
5. Religion () Islam
 () Christian
 () Buddhist
 () Others
6. Education level () None
 () Elementary School
 () Junior High School
 () Senior High School

- Diploma
- Bachelor degree or Higher

7. Occupation
- Businessman
 - Student
 - Farmer
 - Government employee
 - Private employee

8. Income
- < Rp. 500.000-
 - Rp. 500.000 – Rp. 1.000.000-
 - > Rp. 1.000. 000,-

9. Medical diagnosis

10. Type of surgery

11. Where is the area of operation

12. Wound size

13. Previous experience of pain:

13.1. What was the cause of your pain?

13.2. How long have you been in pain?

13.3. Where was the pain?

APPENDIX C
BRIEF PAIN INVENTORY

Date: ___/___/___

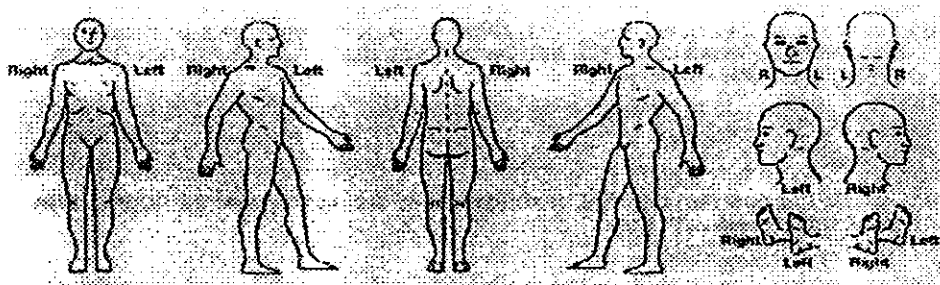
Time: _____

Code: _____

- 1) Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

1. Yes 2. No

- 2) On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



- 3) Please rate your pain by circling the one number that best describes your pain at its **Worst** in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10

No Pain

Pain as bad as pain you can imagine

4) Please rate your pain by circling the one number that best describes your pain at its **Least** in the past 24 hours.

- | | | | | | | | | | | |
|---------|---|---|---|---|-------------------------------------|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Pain | | | | | Pain as bad as pain you can imagine | | | | | |

5) Please rate your pain by circling the one number that best describes your pain on the **Average**.

- | | | | | | | | | | | |
|---------|---|---|---|---|-------------------------------------|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Pain | | | | | Pain as bad as pain you can imagine | | | | | |

6) Please rate your pain by circling the one number that tells how much pain you have **Right Now**.

- | | | | | | | | | | | |
|---------|---|---|---|---|-------------------------------------|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Pain | | | | | Pain as bad as pain you can imagine | | | | | |

7) What treatments or medications are you receiving for your pain?

8) In the past 24 hours, how much **Relief** have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

- 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

No relief

Complete relief

9) Circle the one number that describes how, during the past 24 hours, **Pain Has Interfered** with your:

A. General Activity:

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interfere

B. Mood :

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interfere

C. Walking ability :

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interfere

D. Normal work (includes both work outside the home and housework) :

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interfere

E. Relations with other people :

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interfere

F. Sleep :

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interfere

G. Enjoyment of life :

0 1 2 3 4 5 6 7 8 9 10

Does not interfere

Completely interfere

APPENDIX D

INTERVIEW GUIDE

Questions used to guide the open-ended interview as follows:

Questions used to guide the open-ended interview as follows:

1. How do you feel about pain right now?
2. Can you describe to me that pain like is?
(Can you compare with another experience?)
3. Could you describe, in your own word about pain?
4. What does pain mean to you?
5. How did you react when you have pain?
6. How did you respond when you have pain?
7. When you respond to pain like you told me, what do people think?
8. What are normally people in your culture do when they have pain?
(Can you give me some examples about people perceive, behavior or react to pain)
9. What do you do to relief your pain?