

Appendix A

Informed Consent Form

Dear participants

My name is Siti Zahara Nasution, I am a nursing educator at Nursing Program, Medical faculty, University of Sumatera Utara, Medan. Now, I am a Master student of Nursing Science in Prince of Songkla University, Thailand. I am conducting a nursing research project to describe the level of family support to pulmonary TB patient in complying with the DOTS program and to investigate is there a difference family support to pulmonary TB patients who are successful and unsuccessful in complying with the DOTS program. If you agree to participate, you will be asked to complete the questionnaires of the demographic and family support form. To complete the data, it will take time around 30 to 45 minutes. Please do not hesitate to ask me if you find any difficulties in understanding each item. The study will bring no harm to you and your family. Your personal identity and the information gathered will be revealed and remain confidentiality.

Thank you for your cooperation.

Date :

Participant :

Researcher :

Appendix B

Family Support Questionnaires for Pulmonary TB Patients in Complying with the DOTS Program in Medan, Indonesia

Code :

Date/ Time :

Introduction:

The instrument is divided into two parts, part one is related to your demographic data and part two is related to the family support data.

Part 1: The Demographic Data Form

Direction: Please mark “√” or answer on the appropriate choice in the space available.

There is no right or wrong answer. Please ask the investigator if you don't understand or unclear about the questions.

1. Your age : years old

2. Your gender (1) Male (2) Female

3. Your ethnic (1) Batak (2) Minang
 (3) Melayu (4) Aceh
 (5) Jawa (6) Nias

4. Your religion (1) Islam (2) Christian
 (3) Catholic (4) Buddhism
 (5) Hindu

5. Your level of education (1) No formal education (2) Elementary school
 (3) Junior high school (4) Senior high school
 (5) College or above

6. Your marital status (1) Single (2) Married
 (3) Widow (4) Divorced
 (5) Separate

7. Your family type (1) Nuclear family (only parent and child)
 (2) Extended family (parent, child and others)

8. Your family Size : 2 persons 3 persons 4 persons
 5 persons 6 persons 7 persons
 8persons 9 persons 10 persons
9. Your occupation (1) None (2) Retirement
 (3) Farmer (4) Businessman
 (5) Private employment (6) Government employ
10. Your community health center (1) Petisah (2) Medan Amplas
 (3) Medan Johor (4) Kampung Baru
11. Your family income per month (1) < Rp. 500.000
 (2) Rp.500.000 - Rp.1.000.000
 (3) Rp.1.000.000 - Rp.2.000.000
 (4) Rp.2.00.000 - Rp.3.000.000
 (5) > Rp. 3.000.000
12. Treatment your received

Categories	Medications	Others (if any)
I	<input type="checkbox"/> 4 (HR)3(54 doses) Isoniaid + Rifampicin 3 times a week for 4 months	
II	<input type="checkbox"/> 5 (HRE)3(66 doses) Isoniazid + Rifampicin + Ethambutol 3 times a week for 5 months	
III	<input type="checkbox"/> 4 (HR)3(54 doses) Isoniazid + Rifampicin 3 times a week for 4 months	

13. Your problems related to your medications

- nausea and vomiting
- skin rash
- psychosis
- headaches
- fever
- dizziness
- joint pain
- diarrhea
- anemia
- liver problems (jaundice)
- flu-like symptoms
- renal damage
- body fluids orange (urine, faeces, tears and sperm)
- vestibular and auditory nerve damage
- coetaneous hypersensitivity
- numbness around the mouth
- tingling soon after the injection
- tingling or pain in hands and feet (neuropathy)
-(if any)

Part II: Family Support Questionnaires for Pulmonary TB patients in Complying with the DOTS Program.

The following statements refer to feelings and experiences, which occur to you in your relationship with your family. For each statement there are four possible answers : All the time, most of the time, sometimes and never. Please read and give the answer that is appropriate for you. There are no right or wrong answers.

Statements	All the time 4	Most of the time 3	Some times 2	Never 1
Emotional Concern (Expression of caring)				
1. My family help me prepare the drug packets every time on my medicine schedule	4	3	2	1
2. My family watches me swallowing my medicine	4	3	2	1
3. My family accompanies me to my scheduled appointment to community health center	4	3	2	1
4. My family is with me when I consult with the health care team	4	3	2	1
5. My family help me in activity daily living	4	3	2	1
(Encouragement)				
6. My family remind me to take my medicine	4	3	2	1
7. My family and I eat together at meal time	4	3	2	1
8. My family encourages me to sleep and have adequate rest, at least 8 hours per day	4	3	2	1
9. My family encourages me to participate in social and community activities such as religious practice	4	3	2	1

Statements	All the time 4	Most of the time 3	Some times 2	Never 1
(Encouragement)				
10. My family motivates me to have social interaction with friends and neighbors	4	3	2	1
(Empathy)				
11. My family tells me that they love me very much even though I have TB	4	3	2	1
12. My family asks me about my feelings after taking my medicine	4	3	2	1
13. My family asks me about my feelings related to the change signs and symptom	4	3	2	1
14. My family asks me about my feelings related to the side effects of my medicine	4	3	2	1
15. My family is sensitive about my emotional change	4	3	2	1
Aid (Service)				
16. My family mark on the correct day on the DOTS card each time after observing me taking my medicine	4	3	2	1
17. My family keeps our house clean	4	3	2	1
18. My family helps me to prepare clean clothes and expose my linen to sunlight	4	3	2	1
19. My family open door and windows to ventilate my room	4	3	2	1
20. My family provide me with nutritious food which includes the five nutrients such as rice, meat, eggs, vegetables, and fruits	4	3	2	1
(Money)				
21. My family provide of thing I use in daily living	4	3	2	1

Statements	All the time 4	Most of the time 3	Some times 2	Never 1
22. My family support me in transportation when I control to the community health center	4	3	2	1
23. My family asks me if I need something to buy	4	3	2	1
24. My family take care of thing I need in my treatment process	4	3	2	1
25 My family saving some money for me to use in case of emergency	4	3	2	1
(Information)				
26. My family tells me the cause of pulmonary TB is mycobacterium tuberculosis	4	3	2	1
27. My family tells me that pulmonary TB can be transmitted from person to person through air borne transmission by droplet nuclei, when people with pulmonary tuberculosis cough, sneeze, speak, laugh or sing.	4	3	2	1
28. My family tells me that pulmonary TB can be cured by taking the medication uninterrupted sixth to eight months	4	3	2	1
29. My family suggest that I cough and sneeze into tissue to prevent disease transmission	4	3	2	1
30. My family asks me if I experiences the side effect of the TB drugs such as nausea, vomiting and dizziness	4	3	2	1

Statements	All the time 4	Most of the time 3	Some times 2	Never 1
(Information)				
31. My family go to Community Health Center for checking up if they have problem with they health	4	3	2	1
(Constructive feedback)				
32. My family come to me when I cough	4	3	2	1
33. My family provide warm response and showing they concern when I have abnormal signs and symptoms such as fatigue, cough and dyspnea	4	3	2	1
34. My family suggested me to cover my mouth and nose when I cough	4	3	2	1
35. My family suggested me to do physical exercise such as walking regularly	4	3	2	1
36. My family suggested me to watch television as a recreation	4	3	2	1
(Acknowledgement)				
37. My family allows me to participate in decision making about my treatment	4	3	2	1
38. My family and I are open about what we think about thing	4	3	2	1
39. My family happy to hear about what I think	4	3	2	1
40. My family asks me if I have problems and gives me opportunity to express my grief	4	3	2	1
41. I think that my family feels that I am good at helping them to solve problems	4	3	2	1

APPENDIX C

List of Experts

Validity Experts

1. Associate Professor Dr.Sunutra Taboonpong
Staff of Department of Adult and Elderly Nursing, faculty of Nursing
Prince of Songkla University, Hatyai, Thailand.
2. Assistant Professor Dr. Sangarun Isaramalai
Staff of Department of Community and Mental Health Nursing, Faculty of
Nursing, Prince of Songkla University, Hatyai, Thailand
3. Dr.Zulkifli M.Si
Staff of Departement of Community Health, Faculty of Medicine
University of Sumatera Utara, Medan, Indonesia

Language Experts

1. Dr.Alan Frederick Geater
Staff of Epidemiology Unit Faculty of Medicine. Prince of Songkla University,
Hatyai, Thailand
2. Drs.Amin Adabo Bangun
English Tutor, Philadelphia Education and Training Centre, Medan, Indonesia

Appendix D

VITAE

Name **Mrs. Siti Zahara Nasution**

Student ID **4857033**

Educational Attainment

Degree	Name of Institution	Year of graduation
Bachelor of Nursing Science	University of Indonesia Jakarta, Indonesia	2001
Diploma III in Nursing	University of Sumatera Utara Medan, Indonesia	1997

Scholarship award during Enrollment

Thailand International Cooperation Agency (TICA)

Work-Position and Address

February 2001 – Present : Nursing Lecturer at Community Department, Nursing Program, Medical Faculty University of Sumatera Utara Medan, Indonesia

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