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## **APPENDICES**

## APPENDIC A

### Interview Form

#### Research Program on

#### The Prevalence and Determinants of Hypertension among elderly in Dinudom Subdistrict, Lumtap District, Krabi Province.

Interview Form no. ( )<sup>c1</sup> ( ) ( )<sup>c3</sup>

Date... Month.....Year.....

|  |                              |
|--|------------------------------|
| Interviewee's name                                   |                              |
| Mr./Mrs./Miss.....                                   | Lastname.....                |
| House No.....  | Name of Village.....         |
| 1. ( ) Moo.1 Nong-jud                                | <input type="checkbox"/> Moo |
| 2. ( ) Moo.2 Samed-joun                              |                              |
| 3. ( ) Moo.3 Pa-mai                                  |                              |
| 4. ( ) Moo.4 Kao-din                                 |                              |
| 5. ( ) Moo.5 Khon-Po                                 |                              |
| 6. ( ) Moo.6 Nam-dum                                 |                              |
| 7. ( ) Moo.7 Kaon –saisod                            |                              |
| Dinudom Subdistrict, Lumtap District, Krabi Province |                              |

The description of this questionnaire are divided into 3 parts as follow :

- The First part:** question on general data.
- The Second part;** question on the performance of the elderly in basic operation on their private routine activities.
- The Third part:** question on the performance of the elderly in continuous operation on their private routine activities.

**The First part : Data on the status of the interviewee please mark  $\checkmark$  in  $\square$  your fact**

|   | <b>CODE</b>              |                 |
|---|--------------------------|-----------------|
| 1. SEX<br>( ) 1. Male                      ( ) 2. Female  | <input type="checkbox"/> | SEX             |
| 2. AGE..... Years old   | <input type="checkbox"/> | AGE             |
| 3. Marriage status<br>( ) 1. single                      ( ) 2. couple<br>( ) 3. wisdom                      ( ) 4. decorce / seperated                       | <input type="checkbox"/> | STATUS          |
| 4. Education<br>( ) 1. Uneducated<br>( ) 2. Graduated from primary school<br>( ) 3. Graduated from secondary school or higher<br>( ) 4. Certificate / Diploma | <input type="checkbox"/> | EDU             |
| 5. Reading and Writing<br>( ) 1. Able to read and writing<br>( ) 2. Able to read but unable to write<br>( ) 3. illiterate                                     | <input type="checkbox"/> | READ &<br>WRITE |
| 6. Career background<br>( ) 1. Agriculture/Farming<br>( ) 2. Merchant<br>( ) 3. Employee<br>( ) 4. Government officer<br>( ) 5. Others                        | <input type="checkbox"/> | CAREER          |
| 7. Income Sufficiency<br>( ) 1. Sufficient<br>( ) 2. Insufficient   | <input type="checkbox"/> | INCOME          |







| The first part (continued)  | CODE                     |        |
|---|--------------------------|--------|
| 14. If there were the health problem or sickness as the answer in the first question, please specify the diseases ( the answer can be done more than one) |                          |        |
| ( ) 1. Have a clod, throatache  | <input type="checkbox"/> | DISE 1 |
| ( ) 2. Pheumonia and to be septic   | <input type="checkbox"/> | DISE 2 |
| ( ) 3. Septic Bladder disease   | <input type="checkbox"/> | DISE 3 |
| ( ) 4. Scar on the body   | <input type="checkbox"/> | DISE 4 |
| ( ) 5. Other septic fever   | <input type="checkbox"/> | DISE 5 |
| ( ) 6. Stomach disease  | <input type="checkbox"/> | DISE 6 |
| ( ) 7. constipated  | <input type="checkbox"/> | DISE 7 |
| ( ) 8. Other Belly disease  | <input type="checkbox"/> | DISE 8 |
| ( ) 9. Health blood vessel disease, Heart attack  | <input type="checkbox"/> | DISE 9 |
| ( ) 10. other health disease  | <input type="checkbox"/> | DISE10 |
| ( ) 11. Hypertension  | <input type="checkbox"/> | DISE11 |
| ( ) 12. Asthma  | <input type="checkbox"/> | DISE12 |
| ( ) 13. other Lung disease  | <input type="checkbox"/> | DISE13 |
| ( ) 14. Semi paralysis, Brain capillary disease( tear arteriosclerosis)   | <input type="checkbox"/> | DISE14 |
| ( ) 15. Weaked Arms, Legs, Hands and Feet   | <input type="checkbox"/> | DISE15 |
| ( ) 16. Convulsion,Epilepsy   | <input type="checkbox"/> | DISE16 |
| ( ) 17. Livers disease  | <input type="checkbox"/> | DISE17 |
| ( ) 18. Kidneys disease   | <input type="checkbox"/> | DISE18 |
| ( ) 19. Diabetes  | <input type="checkbox"/> | DISE19 |
| ( ) 20. Knee jointache, septic Knee joint   | <input type="checkbox"/> | DISE20 |
| ( ) 21. Backache  | <input type="checkbox"/> | DISE21 |
| ( ) 22. Headache  | <input type="checkbox"/> | DISE22 |
| ( ) 23. Otherache   | <input type="checkbox"/> | DISE23 |
| ( ) 24. Eyes disease  | <input type="checkbox"/> | DISE24 |
| ( ) 25. Ears disease  | <input type="checkbox"/> | DISE25 |
| ( ) 26. Ulsymer   | <input type="checkbox"/> | DISE26 |
| ( ) 27. Depressive  | <input type="checkbox"/> | DISE27 |
| ( ) 28. Other neurosis  | <input type="checkbox"/> | DISE28 |
| ( ) 29. Skin disease  | <input type="checkbox"/> | DISE29 |
| ( ) 30. Aids  | <input type="checkbox"/> | DISE30 |
| ( ) 31. Other disease   | <input type="checkbox"/> | DISE31 |

| The first part (continued)   | CODE  |  |
|--|---|--|
| <p>15. If the answer in the first question were yes, Did the health problem or sickness cause by the accident or injury?</p> <p>( ) 1. No</p> <p>( ) 2. Yes, (specify in detail and the answer can be done more than one)</p> <p>( ) 1. Accident in the house</p> <p>( ) 2. Accident by playing sports</p> <p>( ) 3. Accident by working</p> <p>( ) 4. Accident by transportation</p> <p>( ) 5. To be burned by fire and hot water</p> <p>( ) 6. Drinking or eating poison by accident</p> <p>( ) 7. other (specify) .....</p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>   | <p>PSQ 2</p> <p>PAIN 1</p> <p>PAIN 2</p> <p>PAIN 3</p> <p>PAIN 4</p> <p>PAIN 5</p> <p>PAIN 6</p> <p>PAIN 7</p>                           |
| <p>16. Physical examination for taking blood pressure</p> <p>the first.....mm.Hg</p> <p>the second.....mm.Hg</p> <p>blood pressure (average).....mm.Hg</p> <p>height.....cm.</p> <p>weight.....km.</p>   |   |  |
| <p>17. Risk behaviors to develop Hypertension</p> <p>Past behaviors</p> <p>( ) 1. High saturated salt</p> <p>( ) 2. High fat and cholesterol diet</p> <p>( ) 3. Drinking</p> <p>( ) 4. Smoking</p> <p>Present Behavior</p> <p>( ) 1. High saturated salt</p> <p>( ) 2. High fat and cholesterol diet</p> <p>( ) 3. Drinking</p> <p>( ) 4. Smoking</p> <p>18. Exercise</p> <p>( ) 1.No</p> <p>( ) 2.Yes</p> <p>( ) 1. Walking</p> <p>( ) 2. Aerobic</p>   | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>RISK1</p> <p>RISK2</p> <p>RISK3</p> <p>RISK4</p> <p>RIS1</p> <p>RIS2</p> <p>RIS3</p> <p>RIS4</p> <p>EXER1</p> <p>EXE1</p> <p>EXE2</p> |
| <p>19. Hypertension knowledge</p> <p>( ) 1.No</p> <p>( ) 2.Yes, specify.....</p>   | <p><input type="checkbox"/></p>   | <p>KNOW1</p>   |
| <p>20. Tsunami disaster confrontation in the family</p> <p>( ) 1.No</p> <p>( ) 2.Yes</p>   | <p><input type="checkbox"/></p>   |  |

**The second part :** Questionnaire for assessment of the performance of the elderly in basic operation on their private routine activities by using Bathel ADL. Index.

**Discription :** The interviewer will ask the elderly/relative respectively with each question on activities that the elderly has exactly done day by day and please mark  $\checkmark$  in front of content that the elderly can exactly do.

|   | CODE                     |       |
|---|--------------------------|-------|
| 1. Can the elderly have food by oneself?<br>( ) 0. can not take up food to the mouth and must have someone do in stead.<br>( ) 1. can lake up food by oneself but must have someone to help something such as preparing food in a spoon or minced in advance.<br>( ) 2. can take up food and help oneself usually.  | <input type="checkbox"/> | DAY 1 |
| 2. Can the elderly clean the face, take a comb, brush the teeth and shaving within 24-48 hours ago by oneself?<br>( ) 0. need to be helped.<br>( ) 1. can do by oneself include can also do if it is prepared for an instrument already.  | <input type="checkbox"/> | DAY 2 |
| 3. Can the elderly get up from bed or move to a chair?<br>( ) 0. can not get up from bed ( sleeps all time or must have someone to take away.)<br>( ) 1. can get up from bed but must have people to take care or lifts up.<br>( ) 2. can get up from bed but must have someone to take care for safety<br>( ) 3. can get up from bed by oneself without anybody to take care or lifts up | <input type="checkbox"/> | DAY 3 |
| 4. Can the elderly use the toilet for excrement or take a piss?<br>( ) 0. can not help oneself.<br>( ) 1. can do same ( at cleans one`s body) but needs to be helped something.<br>( ) 2. can help oneself usually  | <input type="checkbox"/> | DAY 4 |

|   | CODE                     |        |
|---|--------------------------|--------|
| 5. Can the elderly walk or move in the room or the house?<br>( ) 0. can not move.<br>( ) 1. has to use a wheel chair and then can help oneself to move ( without anyone to take away and also must go in and out to a corner and a door)<br>( ) 2. must have someone to help for walking and moving or telling to do or must play attention to take care for safety<br>( ) 3. can walk or move by oneself | <input type="checkbox"/> | DAY 5  |
| 6. Can the elderly wear and take off clothes by oneself?<br>( ) 0. must have someone to help, rarely help by oneself.<br>( ) 1. can help oneself about 50 percent and the rest muse be helped by someone.<br>( ) 2. can help oneself usually.   | <input type="checkbox"/> | DAY 6  |
| 7. Can the elderly go up and down one ladder?<br>( ) 0. can not<br>( ) 1. need someone to help<br>( ) 2. can do ( if need to use a walker, it must be carried by oneself)   | <input type="checkbox"/> | DAY 7  |
| 8. Can the elderly take a shower or dry up by oneself?<br>( ) 0. need to be helped<br>( ) 1. can do by oneself  | <input type="checkbox"/> | DAY 8  |
| 9. Can the elderly pause to excre ( within 1 week ago?)<br>( ) 0. can not pause or need to be sucked off often.<br>( ) 1. sometime can not pause( Less than 1 time per week)<br>( ) 2. can pause usually  | <input type="checkbox"/> | DAY 9  |
| 10. Can the elderly pause to take a piss (within 1 week ago?)<br>( ) 0. can not pause or put urine sucked off host and can not Look after oneself.<br>( ) 1. sometime can not pause ( Less than 1 time per day)<br>( ) 2. can pause usually.  | <input type="checkbox"/> | DAY 10 |

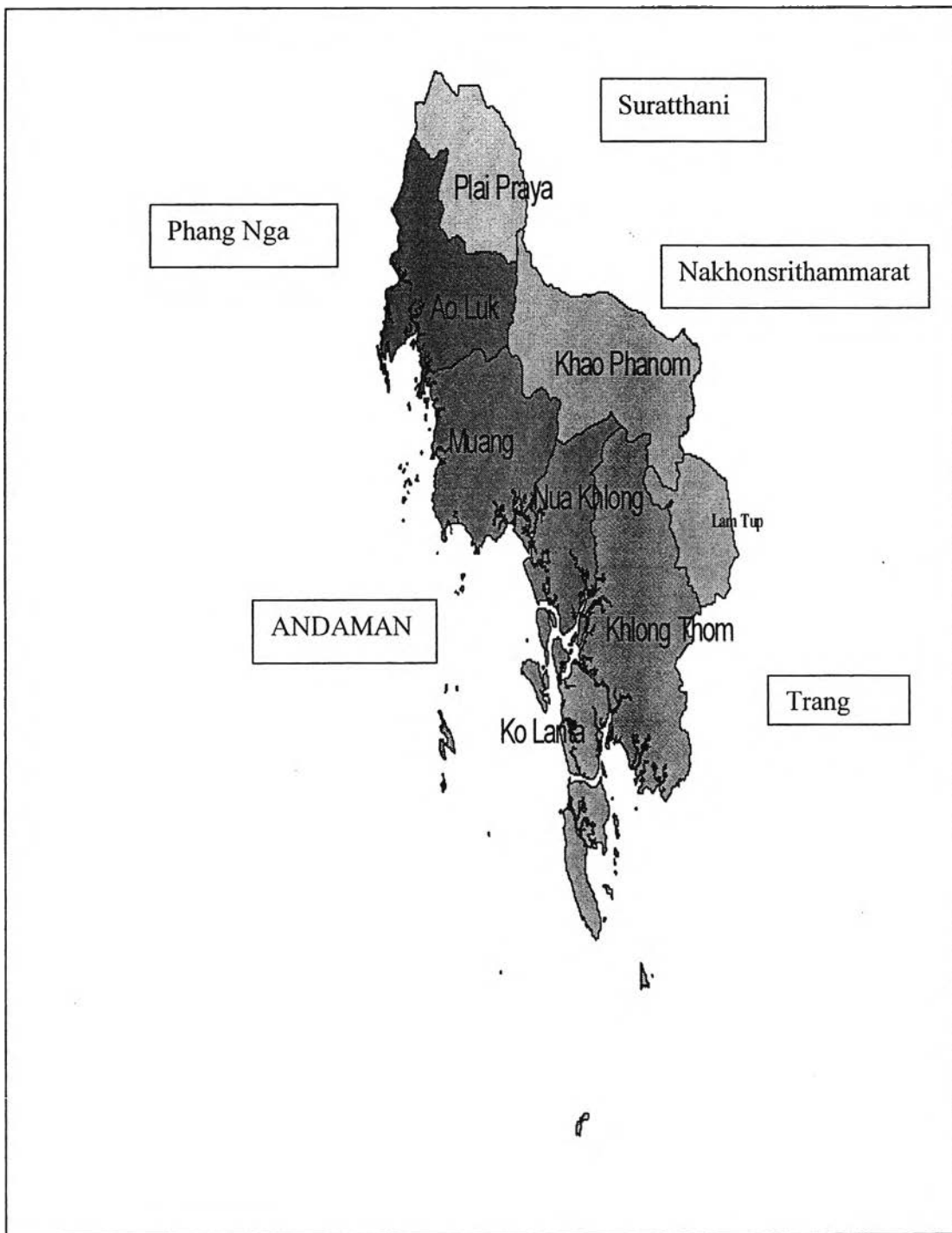
**The third part :** Questionnaire for assessment of the performance of the elderly in operation their private routine activities by using Chula ADL. Index.

**Discription :** The interviewer will ask the elderly/relative respectively with each activities that the elderly has exactly done within 1-2 weeks ago and please mark  $\checkmark$  in front of contend that the elderly can exactly do.

|   | CODE                     |        |
|---|--------------------------|--------|
| 1. Can the elderly walk or move out of the house?<br>( ) 0. can not do.<br>( ) 1. using wheel chair and can help oneself or need someone to lift up both side<br>( ) 2. needs someone to lift up all time .<br>( ) 3. can walk by oneself (include using walking stick) | <input type="checkbox"/> | WORK 1 |
| 2. Can the elderly cook food or rice cooker?<br>( ) 0. can not do<br>( ) 1. needs someone to help or prepare something in advance.<br>( ) 2. can do by oneself  | <input type="checkbox"/> | WORK 2 |
| 3. Can the elderly work as home such as home cleaning/washing the clothes?<br>( ) 0. can not do and must have someone to help<br>( ) 1. can do by oneself   | <input type="checkbox"/> | WORK 3 |
| 4. Can the elderly pay or chance money by oneself?<br>( ) 0. can not do and must have someone to help.<br>( ) 1. can do by oneself  | <input type="checkbox"/> | WORK 4 |
| 5. Can the elderly travel to another place?<br>( ) 0. can not go and come by oneself.<br>( ) 1. can go and come by self   | <input type="checkbox"/> | WORK 5 |

## APPENDIC B

### KRABI MAP



## KRABI INFORMATION

This seaside province is located in the Andaman Sea. The province is full of white sandy beaches, crystal clear seawater, beautiful islands, verdant forest with caves, and waterfalls, including more than 100 offshore islands.

Krabi is located 814 kilometres from Bangkok, covering an area of 4,708 square kilometres. From archaeological discoveries, it is believed that Krabi was one of the oldest communities in Thailand dating from the prehistoric period. It is also believed that Krabi was once the town of Ban Thai Samo, one of 12 royal cities that used a monkey as the town symbol. Krabi was a dependency town of the Nakhon Si Thammarat Kingdom. Another legend indicates that the town may have taken its name after the meaning of Krabi, which means sword. This may have stemmed from a legend that says an ancient sword was unearthed prior to the city's founding. Later, the sword became a symbol of Krabi.

The province consists of mountains, hills, plains, and mangrove forests, including more than 130 large and small islands. Krabi town has a 5-metre-long river, which flows through town and ends at the Andaman Sea in Tambon Pak Nam. There are several canals in Krabi including Khlong Pakasai (คลองปากซ้าย), Khlong Krabi Yai (คลองกระบี่ใหญ่) and Khlong Krabi Noi (คลองกระบี่น้อย), all of them originate from Phanom Bencha mountain range, the highest mountain range in Krabi.



**BOUNDARY**

North: close to Pang Nga, Surat Thani

South: close to Trang, the Andaman Sea

East: close to Nakhon Sri Thammarat, Trang

West: close to Pant Nga, the Andaman Sea

## CURRICULUM VITAE

NAME : Miss Jomkhwan Husai

DATE OF BIRTH : 11 March 1975

PLACE OF BIRTH : Trung Province

EDUCATION : Degree of Bachelor of Education 2000  
Suratthani Rajabhat University

WORKPLACE : Lumtap District Public Health Officer, Krabi Province

POSITION : Public Health Officer

