

## **APPENDIX**

### Home visiting form

Patient name ..... X-ray no. ....

Visiting	date	Rest pill		Side effect						observer						Problem/suggestion	Visiting time
				Drug allergy		Stop taking pill		Urine color		suggested		Same		Family member			
		correct	Wrong day(s)	yes	no	yes	no	normal	Orange	yes	no	yes	no	yes	no		
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

**Behavior form**

Patient name ..... X-ray no. ....

No.	list	Opinion								Note
		1 <sup>st</sup> visiting		2 <sup>nd</sup> visiting		3 <sup>rd</sup> visiting		4 <sup>th</sup> visiting		
		Correct	Incorrect	Correct	Incorrect	Correct	Incorrect	Correct	Incorrect	
1	Treatment period									
2	Taking medication following the prescription									
3	Correspond to the medication									
4	Patient used handkerchief while sneezing and/or coughing									
5	Patient rinsed sputum into sputum closet									
6	Sputum destroy									
7	Home ventilation									
8	Patient's reception	Appreciate	Unappreciated	Appreciate	Unappreciated	Appreciate	Unappreciated	Appreciate	Unappreciated	
9	Family's member reception	Appreciate	Unappreciated	Appreciate	Unappreciated	Appreciate	Unappreciated	Appreciate	Unappreciated	

10. Maintaining the appointments

..... Yes ..... No

11. Medication taking

..... Easy ..... Hard

**Appendix 3****Satisfied Questionnaires****For 1 month visiting****1) Patient**

- i. During the treatment, health workers have come to visit you at your home...

..... I agree.                      ..... I disagree.

- ii. Balance of home visiting was ....

..... good.                              ..... too much visit.

- iii. Did you have an observer?

..... yes, I do.                      ..... No, I do not.

- iv. What did your observer do?

..... the pill preparing              ..... Observe patient taking pills.

.....Record DOT's card              ..... did not do anything.

**2) Observer**

- i. During the treatment, health workers come to visit you at your home...

..... I agree.                              ..... I disagree.

- ii. Balance of home visiting is ....

..... good.                                      ..... too much visit.

- iii. What did you do?

.....the pill preparing.              ..... Observe patient taking pills.

.....Record DOT's card              ..... did not do anything.

## **CURRICULUM VITAE**

**NAME** Malee Kurdpun

**DATE OF BIRTH** JUNE 1, 1954

**ADDRESS** Zonal Tuberculosis Center 3,  
Chon Buri Province

**EDUCATION** March 15, 1972. Bachelor of Nursing  
Royal Thai Air Force College of Nursing

**WORK EXPERIENCE**

March 15, 1972 till present Staff Nurse, at Zonal Tuberculosis Center 3,  
Communicable Disease Control Region 3,  
Chon Buri  
Department of Communicable Disease  
Control, Ministry of Public Health,  
Thailand.