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Kuesioner Penelitian
Hubungan Early Childhood Caries (ECC) Dengan Asupan Makanan Dan
Status Gizi Anak Usia 3-5 Tahun Di Kecamatan Enrekang

Enumerator	:	Tanda Tangan:
Tanggal pengumpulan data	:	
Alamat Responden	:	
Nama Posyandu	:	

A. Identitas		
1. Nama Anak		
2. Tanggal Lahir		
3. Umur Bulan	
4. Jenis kelamin	1.Laki-laki 2.Perempuan	<input type="checkbox"/>
5. Nama Orang tua Ayah Ibu		
6. Tingkat pendidikan Orang tua Ayah Ibu	1.SD 2.SMP/SMU 3.Perguruan Tinggi	<input type="checkbox"/> <input type="checkbox"/>
B. Pertanyaan		
1. Apakah anak pernah menderita sakit demam atau diare dalam 3 bulan terakhir?	1.Ya 2.Tidak	<input type="checkbox"/>
2. Apakah anak pernah dirawat di puskesmas/Rumah sakit dalam 3 bulan terakhir?	1.Ya 2.Tidak	<input type="checkbox"/>
3. Apakah anak pernah mengeluh sakit gigi?	1.Ya 2.Tidak	<input type="checkbox"/>

4. Apakah gigi anak ada yang hilang karena trauma kecelakaan, terbentur atau terjatuh?	1.Ya 2.Tidak	<input type="checkbox"/>
5. Apakah gigi anak ada yang patah karena trauma kecelakaan, terbentur atau terjatuh?	1.Ya 2.Tidak	<input type="checkbox"/>
6. Apakah anak pernah dibawa ke dokter gigi untuk diperiksa giginya?	1.Ya 2.Tidak	<input type="checkbox"/>
7. Kapan terakhir anak dibawa untuk diperiksa giginya?	1. 6 bulan yang lalu 2.> 6 bulan yang lalu	<input type="checkbox"/>
8. Apakah anak sudah bisa menyikat giginya sendiri?	1.Ya 2.Tidak	<input type="checkbox"/>
9. Berapa kali anak menyikat giginya dalam sehari?	1. dua kali 2.< dua kali	<input type="checkbox"/>
10. Apakah anak pernah di beri ASI?	1.Ya 2.Tidak	<input type="checkbox"/>
11. Apakah sejak lahir sampai usia 6 bulan, anak hanya diberi ASI saja?	1.Ya 2.Tidak	<input type="checkbox"/>
12. Berapa lama anak diberi ASI?	1.< 6 bulan 2.6 bulan-1tahun 3. >1tahun-2 tahun 4. > 2 tahun	<input type="checkbox"/>

Formulir Hasil Pemeriksaan gigi dan Pengukuran Antropometri

Nama Anak :
 Nama Orang tua :
 Alamat :
 Posyandu :
 Tanggal :

A. Pemeriksaan Gigi	d	=
	e	=
	f	=
	Skor deft	=
	Tingkat Keparahan Karies	=
B. Pengukuran Antropometri	Berat Badan	=
	Tinggi Badan	=
	IMT/U	=
	Status Gizi	=

Lampiran 3

Kode responden

FORMULIR FOOD FREQUENCY QUESTIONNAIRE (FFQ) SEMI KUANTITATIF

Nama Anak :
 Nama Orangtua :
 Enumerator :
 Hari/Tanggal :

Nama Makanan	Berat (g)	Porsi S	Frekuensi			Porsi			Rata-rata	Berat
			x/H	x/M	x/B	K	S	B	x/H	g/H
Makanan pokok										
Nasiputih	200	1 prgsdg								
Nasigoreng	200	1 prgsdg								
Mi goreng	420	1 piring								
Mi instan	80	1 bks								
Lauk hewani										
Ayam dengan kulit	45	1 ptgsdg								
Ayam tanpa kulit	40	1 ptgsdg								
Telurayam kampung	40	1 btr								
Telur ayam ras	55	1btr								
Telurbebek	60	1 btr								
Ikan banjar	45	1/3 ekor								
Ikan layang	45	1/3 ekor								
Ikan cakalang	45	1/3 ekor								
Ikan bandeng	45	1/3 ekor								
Cumi-cumi	45	1/2 ekor								
Udang segar	35	4 ekor sdg								
Ikan teri basah	45	11 ekor								
Ikan kering	20	1 /2 ekor								
Ikanterikering	15	2sdm								
Tahu	110	1 ptgbsr								
Tempe	50	2 ptgsdg								
Sayur dan buah										
Bayam	50	1 prg								
DaunKelor	50	1prg								

Nama Makanan	Berat (g)	Porsi S	Frekuensi			Porsi			Rata-rata	Berat
			x/H	x/M	x/B	K	S	B	x/H	g/H
Kacanghijau	10	1sdm								
Kacangtanah	10	1sdm								
Papaya	110	1 ptgsdg								
Rambutan	75	5bh								
Pisangmas	40	2bh								
Pisangsusu	50	1 bh								
Salak	80	1 bh								
Langsat	75	5 bh								
Jeruk bali	105	1 ptgsdg								
Minyak kelapa	10	1sdm								
Margarine	10	1sdm								
Kecap	8	1 sdm								
Susu formula bubuk	10	1sdm								
Susu kental manis	10	1 sdm								
Es cream	15	1 cup								
Susu UHT	200	1 gls								
Biscuit coklat	50	5 bh								
Bolu kukus	50	1 bh								
Donat	65	1 bh								
Pisang goreng	60	1 bh								
Bolu	60	1 ptgsdg								
Jalangkote	65	1 bj								
Roti manis										
Coklat beng-beng										
Wafer coklat										
kerupuk										
permen										
gula										

Lampiran 4

PERNYATAAN KESEDIAAN MENJADI RESPONDEN

Penelitian mengenai Hubungan Early Childhood Caries Dengan Asupan makanan dan status gizi anak usia 3-5 tahun di Kabupaten Enrekang

Yang bertanda tangan dibawah ini :

Nama : (L/P)

Umur : tahun

Tanggal Lahir :// 19...

Alamat : Desa / Dusun.....

RT..... RW

Orang Tua Anak :

Bersedia dan mau berpartisipasi menjadi responden penelitian yang akan dilakukan oleh Asrianti dari Program Magister Gizi Masyarakat, Pascasarjana Universitas Hasanuddin.

Demikian pernyataan ini kami buat untuk dapat digunakan seperlunya dan apabila dalam penelitian ini ada perubahan/keberatan menjadi responden dapat mengajukan pengunduran diri.

Enrekang,

2013

Mengetahui/menyetujui,

Orang tua/ Wali Anak

(.....)

Hasil Analisis Data

Frequencies

Frequency Table

Crosstabs

Crosstabs

tingkat keparahan karies 3 * Kategori Asupan Energi 2

tingkat keparahan karies 3 * Kategori Asupan Protein 2

Kategori Asupan Energi 2 * status gizi anak 2 kategori

Kategori Asupan Protein 2 * status gizi anak 2 kategori

tingkat keparahan karies 3 * status gizi anak 2 kategori

T-Test

