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Lampiran 1 Hasil Olahan SPSS

KELOMPOK OAT

Non-parametric test

Uji: Friedman test as alternative for repeated one-way anova

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
VDR Expression	month-0	36	.369985	.6008755	.1001459	.166678	.573292	.0068	2.4103
	month-2	36	1.481554	5.8480380	.9746730	-.497138	3.460245	.0026	35.1442
	month-6	36	2.431897	10.3970428	1.7328405	-1.085956	5.949750	.0007	62.5648
	Total	108	1.427812	6.8833750	.6623531	.114774	2.740850	.0007	62.5648
VDR Level	month-0	36	28.2928	4.58575	.76429	26.7412	29.8444	18.60	37.62
	month-2	36	28.0604	4.52963	.75494	26.5278	29.5930	17.69	37.21
	month-6	36	27.2761	3.69450	.61575	26.0260	28.5261	20.31	35.93
	Total	108	27.8764	4.27151	.41103	27.0616	28.6912	17.69	37.62
NRAMP-1 Expression	month-0	36	1.8936	3.61954	.60326	.6690	3.1183	.00	17.56
	month-2	36	13.7142	47.47950	7.91325	-2.3506	29.7789	.00	279.18
	month-6	36	5.6223	12.61918	2.10320	1.3526	9.8920	.00	49.42
	Total	108	7.0767	28.60657	2.75267	1.6198	12.5335	.00	279.18
NRAMP-1 Level	month-0	36	236.0370	85.41621	14.23603	207.1363	264.9377	183.54	699.52
	month-2	36	239.2111	74.27692	12.37949	214.0794	264.3428	182.74	622.82
	month-6	36	308.9295	233.55002	38.92500	229.9075	387.9514	202.93	1466.89
	Total	108	261.3925	152.23444	14.64877	232.3530	290.4320	182.74	1466.89

Test Statistics^a

N	36
Chi-Square	1.056
df	2
Asymp. Sig.	.590

- a. Friedman Test
- b. VDR Expression

Test Statistics^a

N	36
Chi-Square	2.889
df	2
Asymp. Sig.	.236

- a. Friedman Test
- b. VDR Level

Test Statistics^a

N	36
Chi-Square	.889
df	2
Asymp. Sig.	.641

- a. Friedman Test
- b. NRAMP-1 Expression

Test Statistics^a

N	36
Chi-Square	5.056
df	2
Asymp. Sig.	.080

- a. Friedman Test
- b. NRAMP-1 Level

KELOMPOK OAT+VCO

Descriptives

	N	Mean	Deviation	Std. Error	95% Confidence Interval for			Minim	Maximum
					Lower Bound	Mean	Upper Bound		
VDR Expression	month-0	36	12.8315	19.80437	3.30073	6.1307	19.5324	.00	71.04
	month-2	36	31.9507	77.60350	12.93392	5.6935	58.2080	.09	446.91
	month-6	36	77.2955	155.61967	25.93661	24.6413	129.9496	.01	793.17
	Total	108	40.6926	103.71813	9.98028	20.9078	60.4773	.00	793.17
VDR Level	month-0	36	26.1492	7.18698	1.19783	23.7175	28.5809	18.12	50.80
	month-2	36	25.2061	4.31683	.71947	23.7454	26.6667	16.88	35.71
	month-6	36	25.0906	5.77999	.96333	23.1349	27.0462	13.24	35.05
	Total	108	25.4819	5.84347	.56229	24.3673	26.5966	13.24	50.80
NRAMP-1 Expression	month-0	36	.9438	.82271	.13712	.6655	1.2222	.00	3.64
	month-2	36	1.6671	1.97868	.32978	.9976	2.3366	.00	10.94
	month-6	36	17.7968	77.97636	12.99606	-8.5866	44.1802	.00	469.45
	Total	108	6.8026	45.29325	4.35835	-1.8373	15.4425	.00	469.45
NRAMP-1 Level	month-0	36	288.5733	356.66168	59.44361	167.8964	409.2503	18.15	1933.24
	month-2	36	262.3004	137.03046	22.83841	215.9360	308.6649	18.49	833.18
	month-6	36	343.7170	174.09463	29.01577	284.8118	402.6221	18.15	858.60
	Total	108	298.1969	242.54495	23.33890	251.9303	344.4636	18.15	1933.24

Test Statistics^a

N	36
Chi-Square	16.722
df	2
Asymp. Sig.	.000

- c. Friedman Test
d. VDR Expression

Test Statistics^a

N	36
Chi-Square	.500
df	2
Asymp. Sig.	.779

- c. Friedman Test
d. VDR Level

Test Statistics^a

N	36
Chi-Square	8.667
df	2
Asymp. Sig.	.013

- c. Friedman Test
d. NRAMP-1 Expression

Test Statistics^a

N	36
Chi-Square	36.500
df	2
Asymp. Sig.	.000

- c. Friedman Test
d. NRAMP-1 Level

KELOMPOK OAT+VCO+JEMUR

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean			
						Lower Bound	Upper Bound	Minimum	Maximum
VDR Expression	month-0	36	3.752753	5.5812544	.9302091	1.864328	5.641178	.0054	18.4131
	month-2	36	16.527094	17.6224406	2.9370734	10.564518	22.489670	.1063	67.5557
	month-6	36	235.034367	999.9851961	166.6641993	-103.311945	573.380680	.0079	6057.9804
	Total	108	85.104738	581.8735517	55.9908086	-25.890510	196.099986	.0054	6057.9804
VDR Level	month-0	36	25.3643	4.77103	.79517	23.7500	26.9786	15.43	34.58
	month-2	36	27.6124	5.32141	.88690	25.8119	29.4129	20.12	40.14
	month-6	36	31.6446	8.35341	1.39224	28.8182	34.4710	20.69	56.43
	Total	108	28.2071	6.80787	.65509	26.9085	29.5057	15.43	56.43
NRAMP-1 Expression	month-0	36	1.5555	3.63019	.60503	.3272	2.7837	.01	20.46
	month-2	36	6.9316	16.81478	2.80246	1.2423	12.6209	.04	67.13
	month-6	36	170.4620	642.77287	107.12881	-47.0211	387.9450	.27	3682.69
	Total	108	59.6497	376.08977	36.18926	-12.0913	131.3907	.01	3682.69
NRAMP-1 Level	month-0	36	263.3672	91.63056	15.27176	232.3639	294.3705	23.76	466.87
	month-2	36	330.3349	202.39697	33.73283	261.8536	398.8162	60.93	1176.29
	month-6	36	373.1751	261.67361	43.61227	284.6375	461.7127	24.43	1319.99
	Total	108	322.2924	201.50636	19.38996	283.8541	360.7307	23.76	1319.99

Test Statistics^a

N	36
Chi-Square	66.167
df	2
Asymp. Sig.	.000

- e. Friedman Test
f. VDR Expression

Test Statistics^a

N	36
Chi-Square	42.056
df	2
Asymp. Sig.	.000

- e. Friedman Test
f. VDR Level

Test Statistics^a

N	36
Chi-Square	68.222
df	2
Asymp. Sig.	.000

- e. Friedman Test
f. NRAMP-1 Expression

Test Statistics^a

N	36
Chi-Square	17.556
df	2
Asymp. Sig.	.000

- e. Friedman Test
f. NRAMP-1 Level

KOMPARASI ANTAR GROUP BERDASARKAN DURASI INTERVENSI

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean			Minimum	Maximum
						Lower Bound	Upper Bound			
Expression VDR month-0	Control (OAT)	36	.3700	.60088	.10015	.1667	.5733	.01	2.41	
	OAT+VCO	36	12.8315	19.80437	3.30073	6.1307	19.5324	.00	71.04	
	OAT+VCO+Jemur	36	3.7528	5.58125	.93021	1.8643	5.6412	.01	18.41	
	Total	108	5.6514	12.90521	1.24180	3.1897	8.1132	.00	71.04	
Expression VDR month-2	Control (OAT)	36	1.4816	5.84804	.97467	-.4971	3.4602	.00	35.14	
	OAT+VCO	36	31.9507	77.60350	12.93392	5.6935	58.2080	.09	446.91	
	OAT+VCO+Jemur	36	16.5271	17.62244	2.93707	10.5645	22.4897	.11	67.56	
	Total	108	16.6531	47.31663	4.55304	7.6272	25.6790	.00	446.91	
Expression VDR month-6	Control (OAT)	36	2.4319	10.39704	1.73284	-1.0860	5.9498	.00	62.56	
	OAT+VCO	36	77.2955	155.61967	25.93661	24.6413	129.9496	.01	793.17	
	OAT+VCO+Jemur	36	235.0344	999.98520	166.66420	-103.3119	573.3807	.01	6057.98	
	Total	108	104.9206	586.97259	56.48146	-7.0473	216.8885	.00	6057.98	
Level VDR month-0	Control (OAT)	36	28.2928	4.58575	.76429	26.7412	29.8444	18.60	37.62	
	OAT+VCO	36	26.1492	7.18698	1.19783	23.7175	28.5809	18.12	50.80	
	OAT+VCO+Jemur	36	25.3643	4.77103	.79517	23.7500	26.9786	15.43	34.58	
	Total	108	26.6021	5.72420	.55081	25.5102	27.6940	15.43	50.80	
Level VDR month-2	Control (OAT)	36	28.0604	4.52963	.75494	26.5278	29.5930	17.69	37.21	
	OAT+VCO	36	25.2061	4.31683	.71947	23.7454	26.6667	16.88	35.71	
	OAT+VCO+Jemur	36	27.6124	5.32141	.88690	25.8119	29.4129	20.12	40.14	
	Total	108	26.9596	4.86366	.46801	26.0318	27.8874	16.88	40.14	
Level VDR month-6	Control (OAT)	36	27.2761	3.69450	.61575	26.0260	28.5261	20.31	35.93	
	OAT+VCO	36	25.0906	5.77999	.96333	23.1349	27.0462	13.24	35.05	
	OAT+VCO+Jemur	36	31.6446	8.35341	1.39224	28.8182	34.4710	20.69	56.43	
	Total	108	28.0037	6.76100	.65058	26.7140	29.2934	13.24	56.43	
Expression NRAMP-1 month-0	Control (OAT)	36	1.8936	3.61954	.60326	.6690	3.1183	.00	17.56	
	OAT+VCO	36	.9438	.82271	.13712	.6655	1.2222	.00	3.64	
	OAT+VCO+Jemur	36	1.5555	3.63019	.60503	.3272	2.7837	.01	20.46	
	Total	108	1.4643	2.99557	.28825	.8929	2.0357	.00	20.46	
Expression NRAMP-1 month-2	Control (OAT)	36	13.7142	47.47950	7.91325	-2.3506	29.7789	.00	279.18	
	OAT+VCO	36	1.6671	1.97868	.32978	.9976	2.3366	.00	10.94	
	OAT+VCO+Jemur	36	6.9316	16.81478	2.80246	1.2423	12.6209	.04	67.13	
	Total	108	7.4376	29.25231	2.81480	1.8576	13.0176	.00	279.18	
Expression	Control (OAT)	36	5.6223	12.61918	2.10320	1.3526	9.8920	.00	49.42	

NRAMP-1	OAT+VCO	36	17.7968	77.97636	12.99606	-8.5866	44.1802	.00	469.45
month-6	OAT+VCO+Jemur	36	170.4620	642.77287	107.12881	-47.0211	387.9450	.27	3682.69
	Total	108	64.6270	377.97298	36.37047	-7.4732	136.7272	.00	3682.69
Level NRAMP-1	Control (OAT)	36	236.0370	85.41621	14.23603	207.1363	264.9377	183.54	699.52
month-0	OAT+VCO	36	288.5733	356.66168	59.44361	167.8964	409.2503	18.15	1933.24
	OAT+VCO+Jemur	36	263.3672	91.63056	15.27176	232.3639	294.3705	23.76	466.87
	Total	108	262.6592	217.27273	20.90708	221.2133	304.1050	18.15	1933.24
Level NRAMP-1	Control (OAT)	36	239.2111	74.27692	12.37949	214.0794	264.3428	182.74	622.82
month-2	OAT+VCO	36	262.3004	137.03046	22.83841	215.9360	308.6649	18.49	833.18
	OAT+VCO+Jemur	36	330.3349	202.39697	33.73283	261.8536	398.8162	60.93	1176.29
	Total	108	277.2821	151.18372	14.54766	248.4431	306.1212	18.49	1176.29
Level NRAMP-1	Control (OAT)	36	308.9295	233.55002	38.92500	229.9075	387.9514	202.93	1466.89
month-6	OAT+VCO	36	343.7170	174.09463	29.01577	284.8118	402.6221	18.15	858.60
	OAT+VCO+Jemur	36	373.1751	261.67361	43.61227	284.6375	461.7127	24.43	1319.99
	Total	108	341.9405	225.49908	21.69866	298.9255	384.9556	18.15	1466.89

Test Statistics^{a,b}

	Expression VDR month-0	Expression VDR month-2	Expression VDR month-6	Level VDR month-0	Level VDR month-2	Level VDR month-6
Kruskal-Wallis H	21.399	50.378	51.525	8.707	7.127	12.130
df	2	2	2	2	2	2
Asymp. Sig.	.000	.000	.000	.013	.028	.002

a. Kruskal Wallis Test

b. Grouping Variable: Group

Test Statistics^{a,b}

	Expression NRAMP-1 month-0	Expression NRAMP-1 month-2	Expression NRAMP-1 month-6	Level NRAMP-1 month-0	Level NRAMP-1 month-2	Level NRAMP-1 month-6
Kruskal-Wallis H	5.738	3.445	18.789	5.227	7.872	4.413
df	2	2	2	2	2	2
Asymp. Sig.	.057	.179	.000	.073	.020	.110

a. Kruskal Wallis Test

b. Grouping Variable: Group

POST HOC-ANALISIS

Multiple Comparisons

Games-Howell

Variable	(I) Group	(J) Group	Mean	Std. Error	Sig.	95% Confidence Interval	
			Difference (I-J)			Lower Bound	Upper Bound
Expression VDR month-0	Control (OAT)	OAT+VCO	-12.46155*	3.30225	.002	-20.5424	-4.3807
		OAT+VCO+Jemur	-3.38277*	.93558	.003	-5.6701	-1.0954
	OAT+VCO	Control (OAT)	12.46155*	3.30225	.002	4.3807	20.5424
		OAT+VCO+Jemur	9.07878*	3.42930	.030	.7363	17.4213
	OAT+VCO+Jemur	Control (OAT)	3.38277*	.93558	.003	1.0954	5.6701
		OAT+VCO	-9.07878*	3.42930	.030	-17.4213	-.7363
Expression VDR month-2	Control (OAT)	OAT+VCO	-30.46919	12.97059	.062	-62.1962	1.2578
		OAT+VCO+Jemur	-15.04554*	3.09457	.000	-22.5598	-7.5312
	OAT+VCO	Control (OAT)	30.46919	12.97059	.062	-1.2578	62.1962
		OAT+VCO+Jemur	15.42365	13.26320	.482	-16.9027	47.7500
	OAT+VCO+Jemur	Control (OAT)	15.04554*	3.09457	.000	7.5312	22.5598
		OAT+VCO	-15.42365	13.26320	.482	-47.7500	16.9027
Expression VDR month-6	Control (OAT)	OAT+VCO	-74.86356*	25.99443	.018	-138.4544	-11.2727
		OAT+VCO+Jemur	-232.60247	166.67321	.354	-640.4939	175.2889
	OAT+VCO	Control (OAT)	74.86356*	25.99443	.018	11.2727	138.4544
		OAT+VCO+Jemur	-157.73891	168.67028	.622	-569.6871	254.2092
	OAT+VCO+Jemur	Control (OAT)	232.60247	166.67321	.354	-175.2889	640.4939
		OAT+VCO	157.73891	168.67028	.622	-254.2092	569.6871
Level month-0	VDR Control (OAT)	OAT+VCO	2.14364	1.42089	.294	-1.2719	5.5592
		OAT+VCO+Jemur	2.92853*	1.10292	.026	.2874	5.5696
	OAT+VCO	Control (OAT)	-2.14364	1.42089	.294	-5.5592	1.2719
		OAT+VCO+Jemur	.78489	1.43774	.849	-2.6691	4.2389
	OAT+VCO+Jemur	Control (OAT)	-2.92853*	1.10292	.026	-5.5696	-.2874
		OAT+VCO	-.78489	1.43774	.849	-4.2389	2.6691
Level month-2	VDR Control (OAT)	OAT+VCO	2.85431*	1.04287	.021	.3570	5.3516
		OAT+VCO+Jemur	.44794	1.16470	.922	-2.3425	3.2384
	OAT+VCO	Control (OAT)	-2.85431*	1.04287	.021	-5.3516	-.3570
		OAT+VCO+Jemur	-2.40636	1.14203	.096	-5.1435	.3308
	OAT+VCO+Jemur	Control (OAT)	-.44794	1.16470	.922	-3.2384	2.3425
		OAT+VCO	2.40636	1.14203	.096	-.3308	5.1435
Level month-6	VDR Control (OAT)	OAT+VCO	2.18550	1.14331	.144	-.5627	4.9337
		OAT+VCO+Jemur	-4.36853*	1.52232	.016	-8.0498	-.6873
	OAT+VCO	Control (OAT)	-2.18550	1.14331	.144	-4.9337	.5627
		OAT+VCO+Jemur	-6.55403*	1.69302	.001	-10.6190	-2.4891

	OAT+VCO+Jemur	Control (OAT)	4.36853*	1.52232	.016	.6873	8.0498
		OAT+VCO	6.55403*	1.69302	.001	2.4891	10.6190
Expression NRAMP-1 month-0	Control (OAT)	OAT+VCO	.94978	.61864	.286	-.5580	2.4576
		OAT+VCO+Jemur	.33817	.85439	.917	-1.7077	2.3841
	OAT+VCO	Control (OAT)	-.94978	.61864	.286	-2.4576	.5580
		OAT+VCO+Jemur	-.61161	.62038	.590	-2.1237	.9005
Expression NRAMP-1 month-2	OAT+VCO+Jemur	Control (OAT)	-.33817	.85439	.917	-2.3841	1.7077
		OAT+VCO	.61161	.62038	.590	-.9005	2.1237
	Control (OAT)	OAT+VCO	12.04708	7.92012	.294	-7.3327	31.4269
		OAT+VCO+Jemur	6.78251	8.39484	.700	-13.5848	27.1498
		OAT+VCO	-12.04708	7.92012	.294	-31.4269	7.3327
Expression NRAMP-1 month-6	OAT+VCO	OAT+VCO+Jemur	-5.26457	2.82180	.163	-12.1621	1.6330
		Control (OAT)	-6.78251	8.39484	.700	-27.1498	13.5848
	OAT+VCO+Jemur	OAT+VCO	5.26457	2.82180	.163	-1.6330	12.1621
		Control (OAT)	-12.17451	13.16514	.628	-44.3231	19.9741
		OAT+VCO+Jemur	-164.83967	107.14946	.286	-427.0551	97.3757
Level NRAMP-1 month-0	OAT+VCO	Control (OAT)	12.17451	13.16514	.628	-19.9741	44.3231
		OAT+VCO+Jemur	-152.66516	107.91422	.344	-416.4302	111.0999
	OAT+VCO+Jemur	Control (OAT)	164.83967	107.14946	.286	-97.3757	427.0551
		OAT+VCO	152.66516	107.91422	.344	-111.0999	416.4302
		OAT+VCO	-52.53634	61.12453	.669	-201.4543	96.3816
Level NRAMP-1 month-2	OAT+VCO	OAT+VCO+Jemur	-27.33021	20.87801	.395	-77.3292	22.6688
		Control (OAT)	52.53634	61.12453	.669	-96.3816	201.4543
	OAT+VCO+Jemur	OAT+VCO+Jemur	25.20613	61.37402	.911	-124.2310	174.6432
		Control (OAT)	27.33021	20.87801	.395	-22.6688	77.3292
		OAT+VCO	-25.20613	61.37402	.911	-174.6432	124.2310
Level NRAMP-1 month-6	OAT+VCO	Control (OAT)	-23.08938	25.97777	.650	-85.6976	39.5188
		OAT+VCO+Jemur	-91.12383*	35.93265	.039	-178.2601	-3.9876
	OAT+VCO	Control (OAT)	23.08938	25.97777	.650	-39.5188	85.6976
		OAT+VCO+Jemur	-68.03445	40.73692	.225	-165.8731	29.8042
		Control (OAT)	91.12383*	35.93265	.039	3.9876	178.2601
Level NRAMP-1 month-6	OAT+VCO	OAT+VCO	68.03445	40.73692	.225	-29.8042	165.8731
		OAT+VCO+Jemur	-34.78751	48.54967	.755	-151.2481	81.6730
	OAT+VCO	Control (OAT)	-64.24565	58.45670	.518	-204.2626	75.7713
		OAT+VCO+Jemur	34.78751	48.54967	.755	-81.6730	151.2481
		Control (OAT)	-29.45814	52.38268	.841	-155.2976	96.3813
OAT+VCO+Jemur	Control (OAT)	OAT+VCO	64.24565	58.45670	.518	-75.7713	204.2626
		OAT+VCO	29.45814	52.38268	.841	-96.3813	155.2976

*. The mean difference is significant at the 0.05 level.

Lampiran 2 Kuisioner**KUISIONER AWAL****Petunjuk Pengisian**

1. Isilah titik-titik di bawah ini dan berilah tanda checklist (✓) pada salah satu tanda sesuai dengan jawaban yang menurut Anda benar
2. Bila ada yang kurang dimengerti oleh Bapak/ Ibu, boleh dipertanyakan pada peneliti.

A. DATA UMUM (diisi oleh peneliti)

A1	Kode	
A2	Tanggal Penelitian	
A3	No Rekam Medik	
A4	Pewawancara	
A5	Tempat Wawancara	

B. DATA DEMOGRAFI RESPONDEN

B1	Nama Pasien	
B1	Jenis Kelamin	<input type="checkbox"/> Laki-laki <input type="checkbox"/> Perempuan
B3	Umur tahun
B4	Alamat	
B5	Telepon	
B6	Status perkawinan	<input type="checkbox"/> Belum kawin <input type="checkbox"/> Kawin <input type="checkbox"/> Janda <input type="checkbox"/> Duda
B7	Pekerjaan	<input type="checkbox"/> Tidak bekerja <input type="checkbox"/> Petani <input type="checkbox"/> Ibu rumah tangga <input type="checkbox"/> Nelayan <input type="checkbox"/> Guru/ Dosen <input type="checkbox"/> Petugas Kesehatan <input type="checkbox"/> Buruh <input type="checkbox"/> Wiraswasta <input type="checkbox"/> Pegawai negeri <input type="checkbox"/> Pegawai swasta <input type="checkbox"/> Pensiunan <input type="checkbox"/> Pedagang

		<input type="checkbox"/> Lain-lain (tuliskan) :
	
B8	Pendidikan Terakhir	<input type="checkbox"/> SD <input type="checkbox"/> SMP <input type="checkbox"/> SMA/ SMK <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> Masih sedang sekolah/ kuliah kls/ semester
B9	Berat Badan kg
B10	Tinggi Badan cm
B11	Keyakinan/ Agama	<input type="checkbox"/> Islam <input type="checkbox"/> Kristen <input type="checkbox"/> Hindu <input type="checkbox"/> Budha <input type="checkbox"/> Lain-lain :
B12	Suku Bangsa	<input type="checkbox"/> Bugis <input type="checkbox"/> Makassar <input type="checkbox"/> Mandar <input type="checkbox"/> Toraja <input type="checkbox"/> Jawa <input type="checkbox"/> Tionghoa <input type="checkbox"/> Lain-lain :
B13	Pendapatan per bulan	<input type="checkbox"/> < Rp. 500.000 <input type="checkbox"/> Rp. 500.000 – 1.000.000 <input type="checkbox"/> Rp. 1.000.000 – 2.000.000 <input type="checkbox"/> Rp. 2000.000 – 3.000.000 <input type="checkbox"/> > Rp. 3.000.000
B14	Kondisi Rumah	<p>a. Dinding rumah terbuat dari :</p> <p><input type="checkbox"/> Triplek <input type="checkbox"/> Papan Kayu <input type="checkbox"/> Tembok</p> <p>b. Lantai rumah terdiri dari :</p> <p><input type="checkbox"/> Tanah <input type="checkbox"/> Ubin <input type="checkbox"/> Tegel/ keramik</p> <p>c. Ukuran rumah :</p> <p>d. Ukuran kamar tidur :</p> <p>e. Status kepemilikan rumah</p> <p><input type="checkbox"/> Sewa <input type="checkbox"/> Rumah sendiri <input type="checkbox"/> Menumpang</p> <p>f. Ventilasi rumah</p> <p><input type="checkbox"/> Ada <input type="checkbox"/> Tidak ada</p> <p>g. Jendela</p> <p><input type="checkbox"/> Ada <input type="checkbox"/> Tidak ada</p> <p>h. Toilet/ WC</p> <p><input type="checkbox"/> Ada <input type="checkbox"/> Tidak ada</p>

		<p>i. Sumber air minum</p> <p><input type="checkbox"/> Sumur gali <input type="checkbox"/> Sumur bor <input type="checkbox"/> PDAM</p> <p><input type="checkbox"/> Sungai <input type="checkbox"/> Air isi ulang/ galon</p> <p>j. Bahan bakar masak</p> <p><input type="checkbox"/> Kayu <input type="checkbox"/> Gas <input type="checkbox"/> Lain-lain:</p> <p>.....</p>
B15	Keluarga	<p>a. Nama kepala keluarga :</p> <p>.....</p> <p>....</p> <p>b. Pendidikan terakhir kepala keluarga:</p> <p><input type="checkbox"/> SD <input type="checkbox"/> SMP <input type="checkbox"/> SMA/ SMK</p> <p><input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3</p> <p>c. Jenis Keluarga</p> <p><input type="checkbox"/> Keluarga inti (hanya orang tua dan anak)</p> <p><input type="checkbox"/> Keluarga extenden (orang tua, anak dan lainnya)</p> <p>d. Jumlah anggota keluarga serumah</p> <p><input type="checkbox"/> < 2 orang</p> <p><input type="checkbox"/> 3 orang</p> <p><input type="checkbox"/> 4 orang</p> <p><input type="checkbox"/> 5 orang</p> <p><input type="checkbox"/> > 5 orang</p> <p>e. Jumlah anggota keluarga sekamar</p> <p><input type="checkbox"/> < 2 orang</p> <p><input type="checkbox"/> 2 orang</p> <p><input type="checkbox"/> > 2 orang</p>

C. RIWAYAT PENYAKIT SEBELUMNYA

C1	Sudah berapa kali Anda menderita TBC?	<input type="checkbox"/> 1 kali <input type="checkbox"/> 2 kali <input type="checkbox"/> > 2 kali
C2	Berapa lama Anda menderita TBC saat itu? bulan/ tahun
C3	Gejala – gejala saat itu yang Anda rasakan	<p>a. Gejala utama :</p>

		<p>.....</p> <p>Lamanya dirasakan :</p> <p>.....</p> <p>b. Gejala lain :</p> <ul style="list-style-type: none"> <input type="checkbox"/> Berkeringat pada malam hari, lamanya: <input type="checkbox"/> Demam, lamanya: <input type="checkbox"/> Berat badan menurun, lamanya: <input type="checkbox"/> Nyeri dada, lamanya: <input type="checkbox"/> Sesak, lamanya: <input type="checkbox"/> Batuk darah, lamanya: <input type="checkbox"/> Mengeluarkan lendir warna hijau, Lamanya: <input type="checkbox"/> Nafsu makan menurun, lamanya:
C4	Darimana Anda mendapatkan obat anti TB saat itu?	<ul style="list-style-type: none"> <input type="checkbox"/> Dokter pribadi <input type="checkbox"/> Perawat pribadi <input type="checkbox"/> BP4 <input type="checkbox"/> Beli sendiri tanpa resep <input type="checkbox"/> Puskesmas <input type="checkbox"/> Rumah sakit
C5	Mengenai tempat berobat saat itu	<p>a. Bagaimana mencapai tempat berobat:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Jalan kaki <input type="checkbox"/> Dengan angkutan umum <input type="checkbox"/> Kendaraan pribadi <p>b. Biaya transportasi ke tempat berobat</p> <p>c. Lama waktu yang ditempuh ke tempat tersebut menit/ jam</p> <p>d. Lamanya menunggu hingga dilayani: menit/ jam</p> <p>e. Pendapat Anda mengenai pelayanan tempat berobat saat itu:</p>

		<p><input type="checkbox"/> Tidak puas dan tidak percaya bisa sembuh</p> <p><input type="checkbox"/> Puas tapi tidak percaya bisa sembuh</p> <p><input type="checkbox"/> Tidak puas tapi percaya bisa sembuh</p> <p><input type="checkbox"/> Puas dan percaya bisa sembuh</p> <p>f. Biaya registrasi</p> <p><input type="checkbox"/> Gratis</p> <p><input type="checkbox"/> Dibayar: Rp.</p> <p>g. Biaya konsultasi</p> <p><input type="checkbox"/> Gratis</p> <p><input type="checkbox"/> Dibayar: Rp.</p> <p>h. Biaya obat</p> <p><input type="checkbox"/> Gratis</p> <p><input type="checkbox"/> Dibayar: Rp.</p> <p>i. Jika gratis siapa yang memberikan biaya pengobatan?</p> <p><input type="checkbox"/> BPJS mandiri</p> <p><input type="checkbox"/> BPJS perusahaan/ tempat kerja</p> <p><input type="checkbox"/> BPJS PBI (sebelumnya Jamkesda/ Jamkesmas)</p> <p><input type="checkbox"/> Asuransi</p> <p>j. Berapa lama Anda berobat di tempat tersebut hari/ minggu/ bulan/ tahun (lingkari salah satu)</p>
C6	Nama obat saat itu	<p>1. 5.</p> <p>.....</p> <p>2. 6.</p> <p>.....</p> <p>3. 7.</p> <p>.....</p> <p>4. 8.</p> <p>.....</p>
C7	Jenis obat yang diminum saat itu	<p><input type="checkbox"/> Tergantung resep <input type="checkbox"/> Obat DOTS</p>

		<input type="checkbox"/> Obat paket <input type="checkbox"/> Lain-lain:
C8	Lama pengobatan	a. Dimulai pada bulan tahun b. Berakhir pada bulan tahun
C9	Bagaimana jadwal minum obatnya?	<input type="checkbox"/> 6 bulan (Tiap hari selama 2 bulan, 3x seminggu selama 4 bln) <input type="checkbox"/> 8 bulan (Tiap hari selama 3 bulan, 3x seminggu selama 5 bln) <input type="checkbox"/> Tidak teratur <input type="checkbox"/> Jadwal lain:
C10	Berapa sering Anda mendapatkan resep/obat-obat anti TB?	<input type="checkbox"/> Setiap 3 hari <input type="checkbox"/> Setiap 3 bulan <input type="checkbox"/> Setiap minggu <input type="checkbox"/> Lain-lain <input type="checkbox"/> Setiap bulan
C11	Siapa yang menjelaskan mengenai cara minum obat dan bahayanya jika minum obat tidak teratur? (boleh dipilih lebih dari 1)	<input type="checkbox"/> Tidak ada <input type="checkbox"/> Perawat <input type="checkbox"/> Dokter <input type="checkbox"/> Bagian apotik <input type="checkbox"/> Petugas laboratorium
C12	Pengawas Obat Minum	a. Apakah Dokter/ petugas menyarankan/ memberitahu perlunya pengawas minum obat? <input type="checkbox"/> Ya <input type="checkbox"/> Tidak b. Apakah ada yang mengingatkan/ mengawasi Anda minum obat (PMO) di rumah? <input type="checkbox"/> Ya <input type="checkbox"/> Tidak Jika jawaban Ya, lanjutkan mengisi

		<p>pertanyaan ini</p> <ul style="list-style-type: none"> • Umur PMO: tahun • Hubungan dengan Anda <table border="0"> <tr> <td><input type="checkbox"/> Suami/ istri</td> <td><input type="checkbox"/> Anak</td> </tr> <tr> <td><input type="checkbox"/> Orang Tua</td> <td><input type="checkbox"/> Teman</td> </tr> <tr> <td><input type="checkbox"/> Tenaga medis</td> <td><input type="checkbox"/> Kader</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Orang lain:</td> </tr> </table> • Apakah PMO serumah dengan Anda? <table border="0"> <tr> <td><input type="checkbox"/> Ya</td> <td><input type="checkbox"/> Tidak</td> </tr> </table> 	<input type="checkbox"/> Suami/ istri	<input type="checkbox"/> Anak	<input type="checkbox"/> Orang Tua	<input type="checkbox"/> Teman	<input type="checkbox"/> Tenaga medis	<input type="checkbox"/> Kader	<input type="checkbox"/> Orang lain:		<input type="checkbox"/> Ya	<input type="checkbox"/> Tidak																
<input type="checkbox"/> Suami/ istri	<input type="checkbox"/> Anak																											
<input type="checkbox"/> Orang Tua	<input type="checkbox"/> Teman																											
<input type="checkbox"/> Tenaga medis	<input type="checkbox"/> Kader																											
<input type="checkbox"/> Orang lain:																												
<input type="checkbox"/> Ya	<input type="checkbox"/> Tidak																											
C13	Saat Berhenti Minum Obat	<p>a. Kapan Anda berhenti minum obat?</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Bulan pertama masa pengobatan</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2-4 bulan masa pengobatan</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Setelah 4 bulan masa pengobatan</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Selesai pengobatan</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tidak ingat</td> </tr> </table> <p>b. Siapa yang memberitahu Anda untuk berhenti meminum obat?</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Kemauan sendiri</td> <td><input type="checkbox"/> Dokter</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Keluarga</td> <td><input type="checkbox"/> Perawat</td> </tr> </table> <p>c. Apakah dahak Anda diperiksa sebelum berhenti minum obat?</p> <table border="0"> <tr> <td><input type="checkbox"/> Ya</td> <td><input type="checkbox"/> Tidak</td> </tr> </table> <p>d. Apakah Anda melakukan pemeriksaan radiologi sebelum berhenti minum obat?</p> <table border="0"> <tr> <td><input type="checkbox"/> Ya</td> <td><input type="checkbox"/> Tidak</td> </tr> </table> <p>e. Apa alasan Anda jika Anda berhenti berobat atas kemauan sendiri?</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Tidak cocok dengan obat</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tempat berobat terlalu jauh dari rumah</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Merasa sudah baikan</td> </tr> </table>	<input type="checkbox"/>	Bulan pertama masa pengobatan	<input type="checkbox"/>	2-4 bulan masa pengobatan	<input type="checkbox"/>	Setelah 4 bulan masa pengobatan	<input type="checkbox"/>	Selesai pengobatan	<input type="checkbox"/>	Tidak ingat	<input type="checkbox"/>	Kemauan sendiri	<input type="checkbox"/> Dokter	<input type="checkbox"/>	Keluarga	<input type="checkbox"/> Perawat	<input type="checkbox"/> Ya	<input type="checkbox"/> Tidak	<input type="checkbox"/> Ya	<input type="checkbox"/> Tidak	<input type="checkbox"/>	Tidak cocok dengan obat	<input type="checkbox"/>	Tempat berobat terlalu jauh dari rumah	<input type="checkbox"/>	Merasa sudah baikan
<input type="checkbox"/>	Bulan pertama masa pengobatan																											
<input type="checkbox"/>	2-4 bulan masa pengobatan																											
<input type="checkbox"/>	Setelah 4 bulan masa pengobatan																											
<input type="checkbox"/>	Selesai pengobatan																											
<input type="checkbox"/>	Tidak ingat																											
<input type="checkbox"/>	Kemauan sendiri	<input type="checkbox"/> Dokter																										
<input type="checkbox"/>	Keluarga	<input type="checkbox"/> Perawat																										
<input type="checkbox"/> Ya	<input type="checkbox"/> Tidak																											
<input type="checkbox"/> Ya	<input type="checkbox"/> Tidak																											
<input type="checkbox"/>	Tidak cocok dengan obat																											
<input type="checkbox"/>	Tempat berobat terlalu jauh dari rumah																											
<input type="checkbox"/>	Merasa sudah baikan																											

		<input type="checkbox"/> Mengira pengobatan sudah selesai <input type="checkbox"/> Sangat lelah untuk pergi ke Puskesmas/ rumah sakit <input type="checkbox"/> Tidak merasa cocok dengan tempat berobat <input type="checkbox"/> Tidak merasa baik setelah berobat <input type="checkbox"/> Kondisi semakin memburuk setelah berobat <input type="checkbox"/> Malas mengunjungi Pukesmas/ rumah sakit <input type="checkbox"/> Tidak puas dengan pelayanan <input type="checkbox"/> Tidak ada biaya <input type="checkbox"/> Pindah ke kota lain <input type="checkbox"/> Alasan lain: <input type="checkbox"/> Tidak ada alasan
		f. Apa hasil pengobatan saat itu? (diisi oleh peneliti) <ul style="list-style-type: none"> <input type="checkbox"/> Sembuh <input type="checkbox"/> Pengobatan selesai <input type="checkbox"/> Putus obat <input type="checkbox"/> Gagal <input type="checkbox"/> Tidak tahu

D. RIWAYAT PENYAKIT SAAT INI

D1	Gejala-gejala yang Anda rasakan saat ini	a. Gejala utama : Lamanya dirasakan :
		b. Gejala lain : <ul style="list-style-type: none"> <input type="checkbox"/> Berkeringat pada malam hari, lamanya: <input type="checkbox"/> Demam, lamanya: <input type="checkbox"/> Berat badan menuru, lamanya: <input type="checkbox"/> Nyeri dada, lamanya: <input type="checkbox"/> Sesak, lamanya:

		<input type="checkbox"/> Batuk darah, lamanya: <input type="checkbox"/> Mengeluarkan lendir warna hijau, Lamanya: <input type="checkbox"/> Nafsu makan menurun, lamanya:
D2	Sebelum berobat di tempat yang sekarang, apa yang Anda lakukan untuk mengatasi gejala ini	<input type="checkbox"/> Beli obat sendiri, nama obat: <input type="checkbox"/> Ke dukun, kali kunjungan <input type="checkbox"/> Ke praktek perawat mandiri, kali kunjungan Nama obat : <input type="checkbox"/> Ke praktek klinik dokter, kali kunjungan Nama obat : <input type="checkbox"/> Ke Puskesmas, kali kunjungan Nama obat : <input type="checkbox"/> Ke rumah sakit, kali kunjungan Nama obat :
D3	Jika saat ini Anda berobat ke puskesmas/ rumah sakit/ tempat praktek	a. Bagaimana mencapai tempat berobat: <input type="checkbox"/> Jalan kaki <input type="checkbox"/> Dengan angkutan umum <input type="checkbox"/> Kendaraan pribadi b. Biaya transportasi ke tempat berobat c. Lama waktu yang ditempuh ke tempat tersebut menit/ jam d. Lamanya menunggu hingga dilayani: menit/ jam Pendapat Anda mengenai pelayanan tempat berobat saat ini:

		<p><input type="checkbox"/> Tidak puas dan tidak percaya bisa sembuh</p> <p><input type="checkbox"/> Puas tapi tidak percaya bisa sembuh</p> <p><input type="checkbox"/> Tidak puas tapi percaya bisa sembuh</p> <p><input type="checkbox"/> Puas dan percaya bisa sembuh</p> <p>f. Biaya registrasi</p> <p><input type="checkbox"/> Gratis</p> <p><input type="checkbox"/> Dibayar: Rp.</p> <p>g. Biaya konsultasi</p> <p><input type="checkbox"/> Gratis</p> <p><input type="checkbox"/> Dibayar: Rp.</p> <p>h. Biaya obat</p> <p><input type="checkbox"/> Gratis</p> <p><input type="checkbox"/> Dibayar: Rp.</p> <p>i. Jika gratis siapa yang memberikan biaya pengobatan?</p> <p><input type="checkbox"/> BPJS mandiri</p> <p><input type="checkbox"/> BPJS perusahaan/ tempat kerja</p> <p><input type="checkbox"/> BPJS PBI (sebelumnya Jamkesda/ Jamkesmas)</p> <p><input type="checkbox"/> Asuransi</p> <p>j. Berapa lama Anda berobat di tempat tersebut hari/ minggu/ bulan/ tahun (lingkari salah satu)</p>
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F. FAKTOR-FAKTOR RISIKO

F1	Riwayat penggunaan narkoba	<p>a. Apakah Anda pernah menggunakan narkoba sebelumnya?</p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>b. Jika Ya, apa nama obatnya?</p> <p>c. Cara menggunakan</p> <p><input type="checkbox"/> Diminum <input type="checkbox"/> Dihisap <input type="checkbox"/> Disuntik</p> <p>d. Mulai menggunakan sejak tahun:</p> <p>e. Berapa kali menggunakan dalam seminggu:</p>
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		<p>f. Masih menggunakan?</p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>g. Jika tidak, sudah berhenti sejak tahun:</p>
F2	Riwayat minum alkohol	<p>a. Apakah Anda pernah mengkonsumsi alkohol?</p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>b. Jika Ya, Nama minuman:</p> <p>c. Mulai minum sejak tahun:</p> <p>d. Berapa kali dalam seminggu: kali</p> <p>e. Sekali minum gelas/ botol</p> <p>f. Apakah sekarang Anda masih minum alkohol?</p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>g. Jika tidak, Sudah berhenti sejak tahun:</p>
F3	Riwayat merokok	<p>a. Apakah Anda pernah merokok?</p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>b. Jika Ya, mulai merokok sejak tahun:</p> <p>c. Jumlah rokok sehari: batang</p> <p>d. Apakah saat ini Anda masih merokok?</p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak</p> <p>e. Jika tidak, sudah berhenti sejak tahun:</p>
F4	Riwayat kontak dengan penderita TBC	<p>a. Apakah sebelumnya Anda pernah ada kontak dengan penderita TB?</p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> Tidak tahu</p> <p>Jika ya, dengan siapa?</p> <p><input type="checkbox"/> Orang satu rumah</p> <p><input type="checkbox"/> Teman kerja</p> <p><input type="checkbox"/> Tetangga</p> <p><input type="checkbox"/> Teman</p> <p><input type="checkbox"/> Pasien rumah sakit</p> <p>b. Apakah sebelumnya Anda pernah ada kontak dengan penderita Bronkhitis?</p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> Tidak tahu</p>

		<p>Jika ya, dengan siapa?</p> <p><input type="checkbox"/> Orang satu rumah <input type="checkbox"/> Teman kerja <input type="checkbox"/> Tetangga <input type="checkbox"/> Teman <input type="checkbox"/> Pasien rumah sakit</p> <p>c. Apakah sebelumnya Anda pernah ada kontak dengan penderita batuk lama?</p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> Tidak tahu</p> <p>Jika ya, dengan siapa?</p> <p><input type="checkbox"/> Orang satu rumah <input type="checkbox"/> Teman kerja <input type="checkbox"/> Tetangga <input type="checkbox"/> Teman <input type="checkbox"/> Pasien rumah sakit</p>
F5	Riwayat Diabetes Mellitus	<p>a. Apakah Anda pernah menderita Diabetes Mellitus (penyakit gula)?</p> <p><input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> Tidak tahu</p> <p>b. Jika ya, sejak kapan?</p> <p>c. Siapa yang bilang?</p> <p><input type="checkbox"/> Dokter <input type="checkbox"/> Petugas laboratorium <input type="checkbox"/> Perawat <input type="checkbox"/> Tidak ada</p> <p>d. Kadar gula terakhir?</p> <p>e. Tanggal pemeriksaan gula terakhir?/...../.....</p> <p>f. Obat DM yang diminum?</p> <p>g. Berapa kali Anda buang air kecil di malam hari?</p> <p><input type="checkbox"/> 1 kali <input type="checkbox"/> 4 kali <input type="checkbox"/> 2 kali <input type="checkbox"/> 5 kali <input type="checkbox"/> 3 kali <input type="checkbox"/> > 5 kali</p> <p>h. Apakah Anda sering bangun karena tenggorokan kering pada malam hari?</p>

		<input type="checkbox"/> Tidak pernah <input type="checkbox"/> Kadang-kadang <input type="checkbox"/> Sering <input type="checkbox"/> Selalu i. Apakah Anda selalu merasa lapar? <input type="checkbox"/> Ya <input type="checkbox"/> Tidak j. Apakah Anda selalu merasa haus? <input type="checkbox"/> Ya <input type="checkbox"/> Tidak
F6	Riwayat penggunaan obat-obat imunosupresi, steroid	a. Apakah Anda pernah atau sedang menggunakan obat-obatan jenis imunosupresi atau steroid?? <input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> Tidak tahu Jika Ya, lanjutkan menjawab pertanyaan ini <ul style="list-style-type: none"> • Nama obat : • Mulai minum: • Alasan minum: • Masih minum? <input type="checkbox"/> Ya <input type="checkbox"/> Tidak Jika tidak, kapan mulai berhenti?
F7	Riwayat HIV	a. Apakah Anda pernah menderita HIV? <input type="checkbox"/> Ya <input type="checkbox"/> Tidak <input type="checkbox"/> Tidak tahu Jika ya, lanjutkan menjawab pertanyaan ini <ul style="list-style-type: none"> • Kapan didiagnosis? • Pernahkah minum obat anti HIV <input type="checkbox"/> Ya <input type="checkbox"/> Tidak Jika ya, apa nama obatnya? Apakah obat tersebut dibeli? <input type="checkbox"/> Ya <input type="checkbox"/> Tidak

G. PENGETAHUAN TENTANG TB

G1	Dari mana Anda mendapatkan informasi tentang TB? (jawaban boleh lebih dari 1)	<input type="checkbox"/> Media elektronik <input type="checkbox"/> Media cetak <input type="checkbox"/> Petugas kesehatan
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		<input type="checkbox"/> Lain-lain:
G2	Menurut Anda apa yang dimaksud dengan Tuberkulosis (TBC)?	<input type="checkbox"/> Penyakit yang disebabkan oleh bakteri <input type="checkbox"/> Penyakit yang disebabkan oleh sihir/ guna-guna <input type="checkbox"/> Penyakit memalukan dan tidak boleh diketahui orang lain <input type="checkbox"/> Lain-lain:
G3	Apakah TBC bisa menyebabkan kematian?	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak
G4	Apakah TBC dapat menular ke orang lain?	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak
G5	Apakah penyakit tersebut dapat diobati?	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak
G6	Apakah penyakit tersebut dapat dicegah?	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak
G7	Berapa lama penderita TB harus minum obat?	<input type="checkbox"/> Tidak tahu <input type="checkbox"/> Minimal 6 bulan <input type="checkbox"/> Lain-lain:
G8	Setelah 2 minggu minum obat dan merasa membaik, apakah boleh berhenti minum obat?	<input type="checkbox"/> Boleh <input type="checkbox"/> Tidak boleh
G9	Bagaimana cara pencegahan penularan TB?

H. PERILAKU

H1	Menurut Anda perlukah menutup mulut ketika batuk?	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak
H2	Dimana sebaiknya kita membuang ludah?	<input type="checkbox"/> Dimana saja <input type="checkbox"/> Wadah terbuka <input type="checkbox"/> Wadah tertutup <input type="checkbox"/> Lain-lain:

	
H3	Berapa kali menjemur peralatan tidur seperti kasur, bantal, guling?	<input type="checkbox"/> Tidak pernah <input type="checkbox"/> 1x sebulan <input type="checkbox"/> 2x sebulan <input type="checkbox"/> 3x sebulan <input type="checkbox"/> 1x setahu <input type="checkbox"/> 2x setahun <input type="checkbox"/> Lain-lain:
H4	Berapa kali mencuci peralatan tidur seperti selimut, sprai dan sarung bantal?	<input type="checkbox"/> 1x sebulan <input type="checkbox"/> 2x sebulan <input type="checkbox"/> 3x sebulan <input type="checkbox"/> 4x sebulan <input type="checkbox"/> Lain-lain:
H5	Apakah Anda berobat secara rutin?	<input type="checkbox"/> Ya <input type="checkbox"/> Tidak
H6	Jika tidak, apa alasannya?	<input type="checkbox"/> Bosan <input type="checkbox"/> Tidak ada biaya <input type="checkbox"/> Sudah merasa sembuh <input type="checkbox"/> Merasa semakin memburuk <input type="checkbox"/> Lain-lain:.....

I. HASIL PEMERIKSAAN YANG SUDAH ADA (diisi oleh peneliti)

I1	Hb	<input type="checkbox"/> Normal <input type="checkbox"/> di bawah Normal <input type="checkbox"/> di atas Normal
I2	Jumlah lekosit	<input type="checkbox"/> Normal <input type="checkbox"/> di atas Normal
I3	Laju Endap Darah :	<input type="checkbox"/> Normal

		<input type="checkbox"/> di atas Normal
I4	IMT :	<input type="checkbox"/> Kurang <input type="checkbox"/> Ideal <input type="checkbox"/> Lebih
I5	Hasil foto X-Ray thorax	

Catatan:

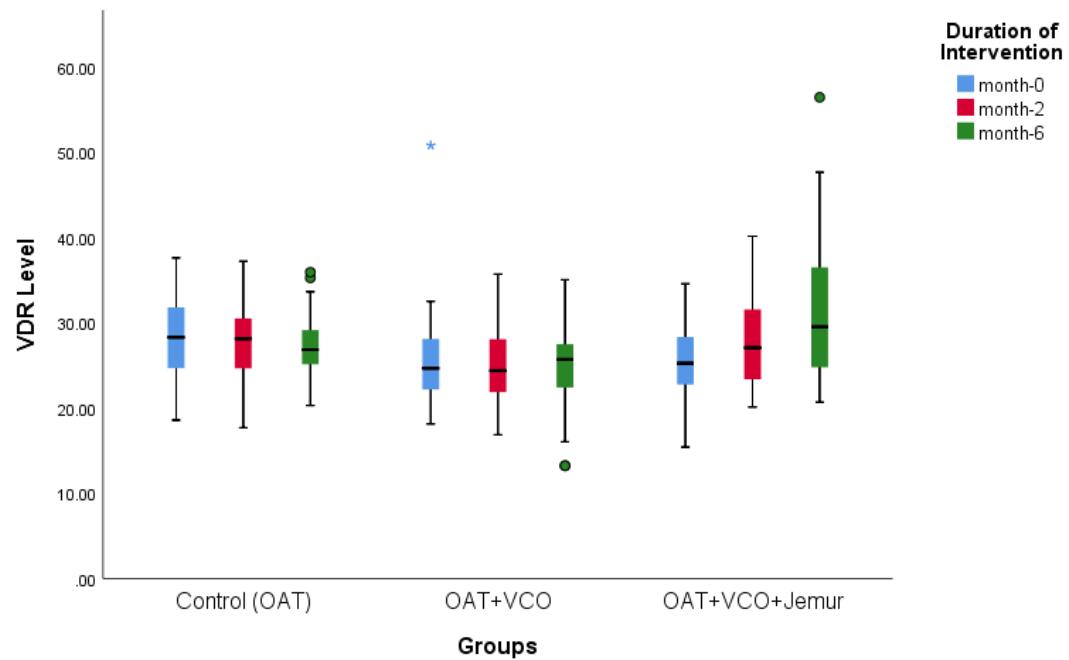
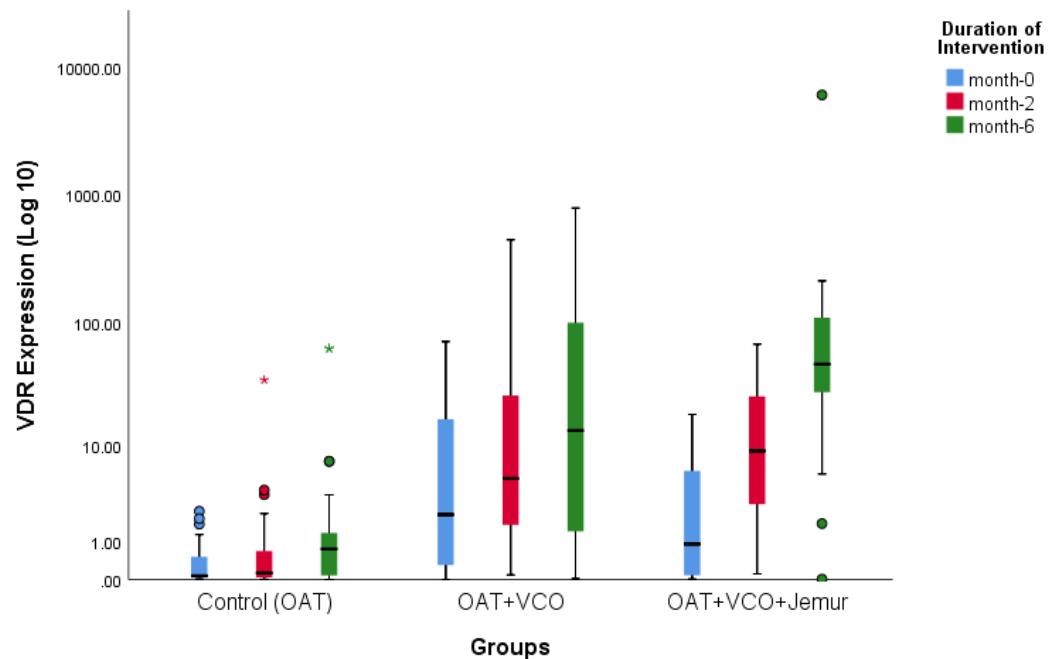
Ingatkan pasien untuk datang memeriksakan dahaknya pada tanggal:

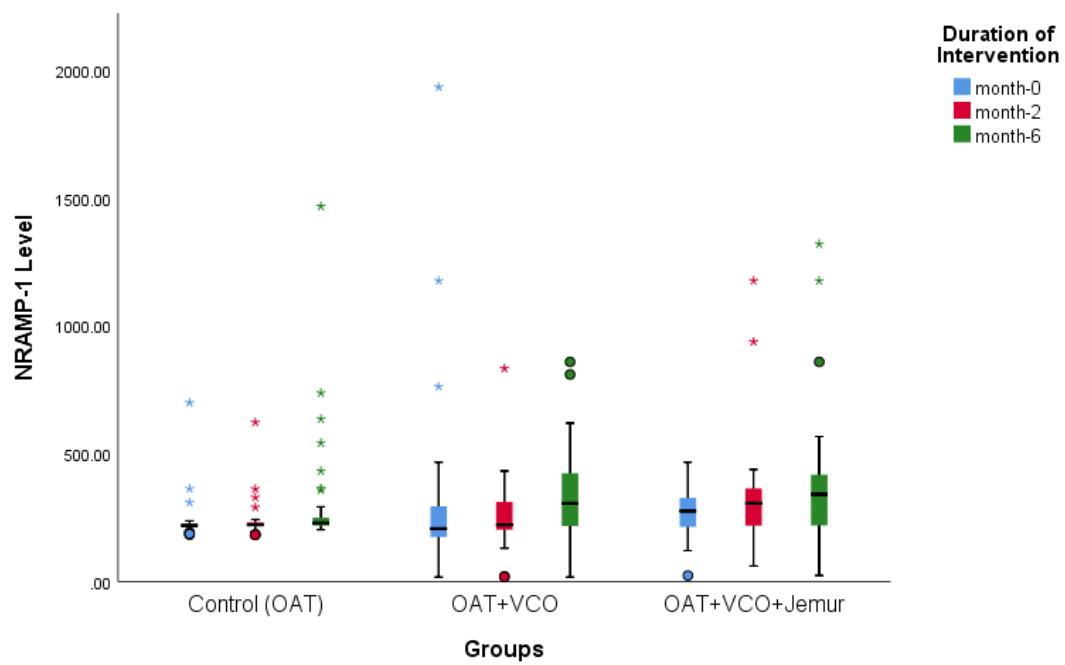
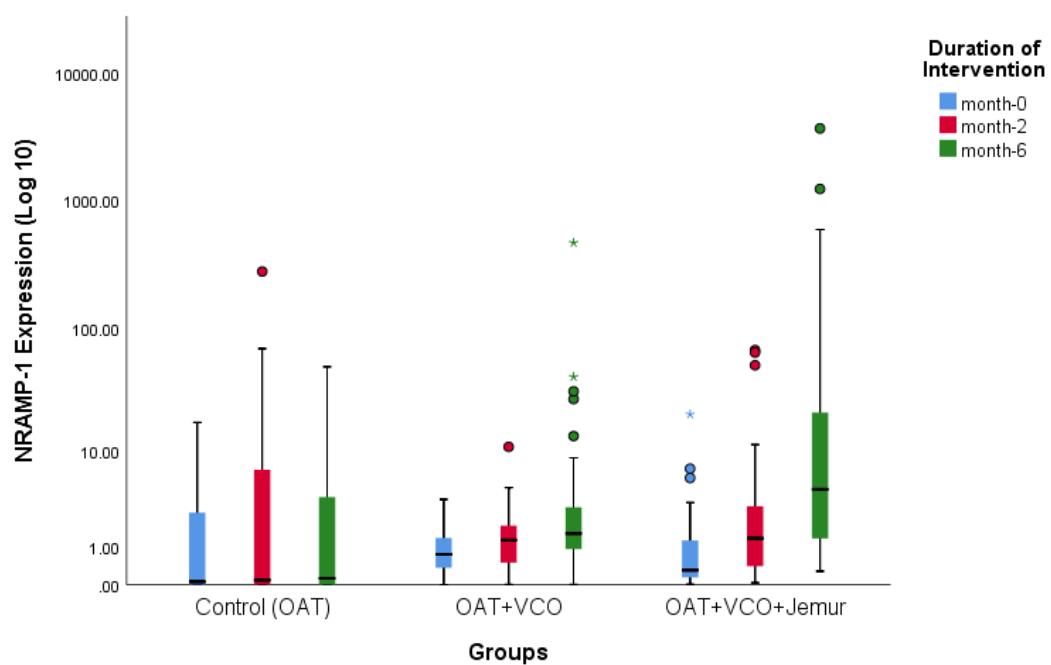
.....

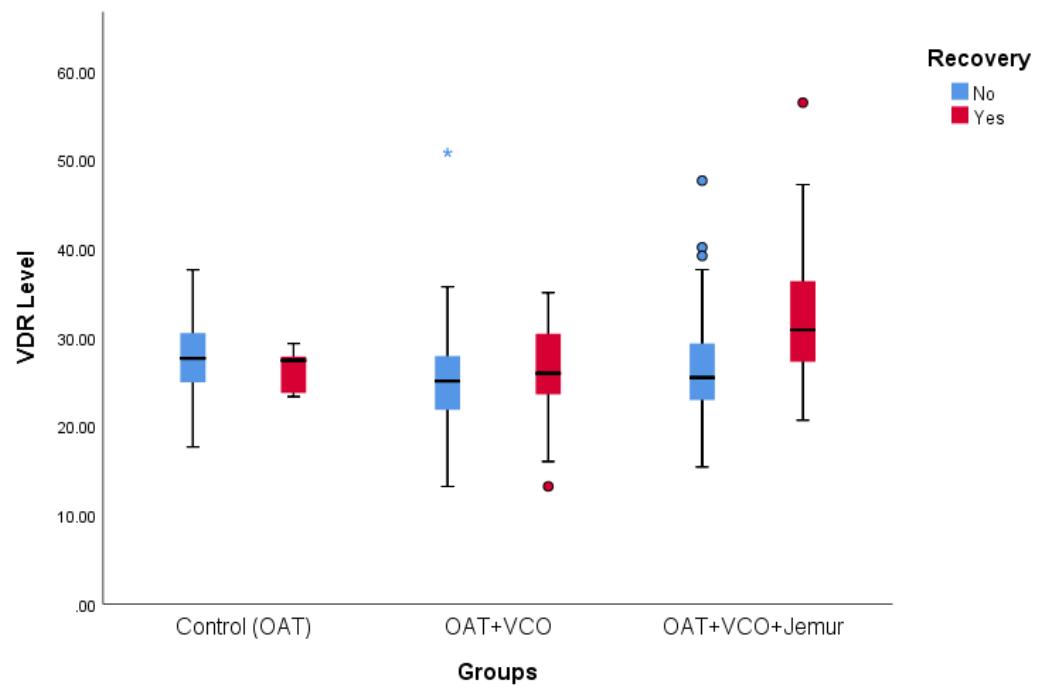
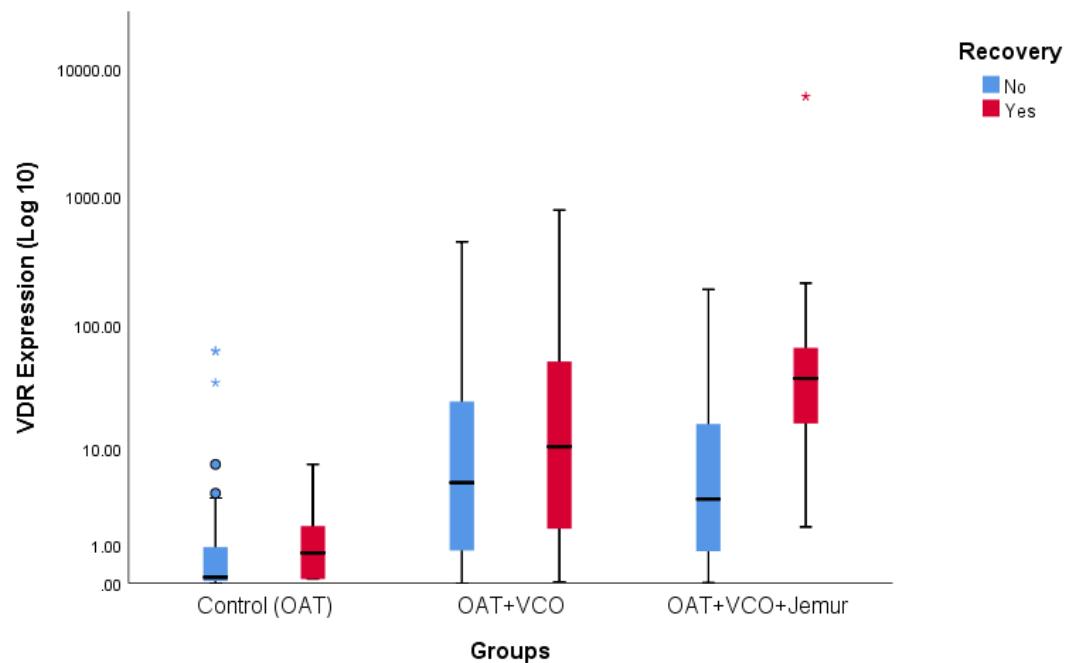
Yang dibawa pada kunjungan berikutnya:

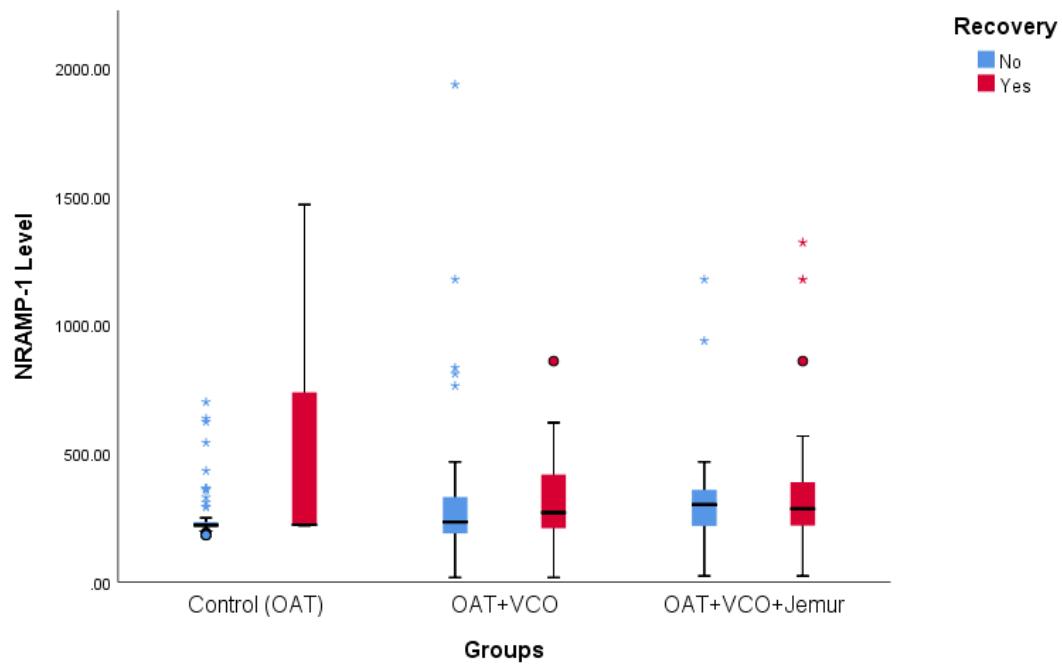
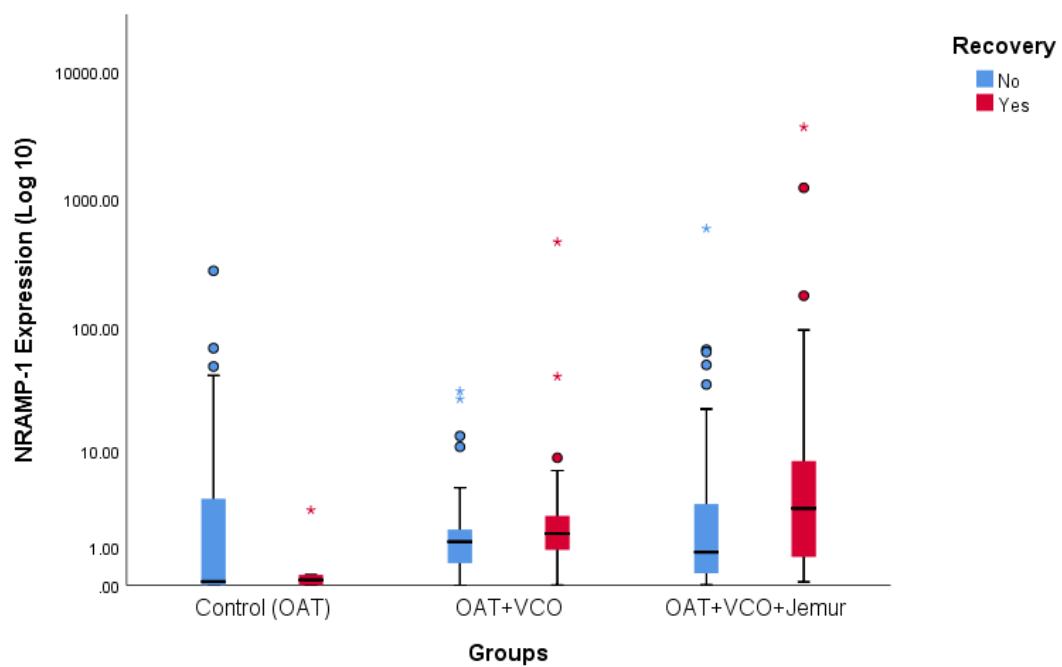
1. Hasil foto: jika ada
2. Contoh obat yang diminum (bungkusnya juga bisa)

Lampiran 3 Hasil Analisis Statistik









Perbandingan dalam grup

Group	Durasi Intervensi			p-value
	Bulan-0	Bulan-2	Bulan-6	
OAT				
Ekspresi VDR	0.37±0.60	1.48±5.84	2.43±10.39	0.590
Level VDR	28.29±4.58	28.06±4.52	27.27±3.69	0.236
Ekspresi NRAMP-1	1.89±3.61	13.71±47.47	5.62±3.61	0.641
Level NRAMP-1	236.03±85.41	239.21±74.27	308.92±233.55	0.080
OAT+VCO				
Ekspresi VDR	12.83±19.80	31.95±77.60	77.29±155.61	<0.001
Level VDR	26.14±7.18	25.20±4.31	25.09±5.77	0.779
Ekspresi NRAMP-1	0.94±0.82	1.66±1.97	17.79±77.97	0.013
Level NRAMP-1	288.57±356.66	262.30±137.03	343.71±174.09	<0.001
OAT+VCO+Jemur				
Ekspresi VDR	3.75±5.58	16.52±17.62	235.03±999.98	<0.001
Level VDR	25.36±4.7	27.61±5.32	31.64±8.35	<0.001
Ekspresi NRAMP-1	1.55±3.63	6.93±16.81	170.46±642.77	<0.001
Level NRAMP-1	263.03±85.41	330.33±202.39	373.17±261.67	<0.001

POST HOC WITHIN GRUP

Group	Post-hoc Analisis					
	0 vs. 2 (Δ mean)	p	0 vs 6 (Δ mean)	p	2 vs 6 (Δ mean)	p
OAT						
Ekspresi VDR	1.11	0.500	2.06	0.468	0.95	0.882
Level VDR	0.23	0.975	1.01	0.981	0.78	0.974
Ekspresi NRAMP-1	11.82	0.308	3.72	0.216	8.09	0.588
Level NRAMP-1	3.17	0.985	72.89	0.195	69.71	0.215
OAT+VCO						
Ekspresi VDR	19.11	0.334	64.46	0.048	45.34	0.270
Level VDR	0.94	0.779	1.05	0.771	0.11	0.995
Ekspresi NRAMP-1	0.72	0.117	16.85	0.406	16.12	0.438
Level NRAMP-1	26.27	0.911	55.14	0.684	81.41	0.078
OAT+VCO+JEMUR						
Ekspresi VDR	12.77	<0.001	231.28	0.358	218.50	0.399
Level VDR	2.24	0.150	6.28	0.001	4.03	0.046
Ekspresi NRAMP-1	5.37	0.160	168.90	0.269	163.53	0.291
Level NRAMP-1	66.96	0.177	109.80	0.056	42.84	0.718

Perbandingan antar grup

Durasi Intervensi	Group			p-value
	OAT	OAT+VCO	OAT+VCO+Jemur	
Bulan-0				
Ekspresi VDR	0.37±0.60	12.83±19.80	3.75±5.58	<0.001
Level VDR	28.29±4.58	26.14±7.18	25.36±4.77	0.013
Ekspresi NRAMP-1	1.89±3.61	0.94±0.82	1.55±3.63	0.057
Level NRAMP-1	236.03±85.41	288.57±356.66	263.03±85.41	0.073
Bulan-2				
Ekspresi VDR	1.48±5.84	31.95±77.60	16.52±17.62	<0.001
Level VDR	28.06±4.52	25.20±4.31	27.61±5.32	0.028
Ekspresi NRAMP-1	13.71±47.47	1.66±1.97	6.93±16.81	0.179
Level NRAMP-1	239.21±74.27	262.30±137.03	330.33±202.39	0.073
Bulan-6				
Ekspresi VDR	2.43±10.39	77.29±155.61	235.03±999.98	<0.001
Level VDR	27.27±3.69	25.09±5.77	31.64±8.35	0.002
Ekspresi NRAMP-1	5.62±12.61	17.79±77.97	170.46±642.77	0.020
Level NRAMP-1	308.92±233.55	343.71±174.09	373.17±261.67	0.110

Durasi Intervensi	Post-hoc Analisis					
	I vs. II (Δ mean)	p	I vs III (Δ mean)	p	II vs III (Δ mean)	p
Bulan-0						
Ekspresi VDR	12.46	0.002	3.38	0.003	9.07	0.030
Level VDR	2.14	0.294	2.92	0.026	0.78	0.849
Ekspresi NRAMP-1	0.94	0.286	0.33	0.917	0.61	0.590
Level NRAMP-1	52.53	0.669	27.33	0.395	25.20	0.911
Bulan-2						
Ekspresi VDR	30.46	0.062	15.04	<0.001	15.42	0.482
Level VDR	2.85	0.021	0.44	0.922	2.40	0.096
Ekspresi NRAMP-1	12.04	0.294	5.26	0.163	152.66	107.15
Level NRAMP-1	23.08	0.650	91.12	0.039	68.03	0.225
Bulan-6						
Ekspresi VDR	74.86	0.018	232.60	0.354	157.73	0.622
Level VDR	2.18	0.144	4.36	0.016	6.55	0.001
Ekspresi NRAMP-1	12.17	0.628	164.83	0.286	152.66	0.344
Level NRAMP-1	34.78	0.755	64.24	0.518	29.45	0.841

Grup	Sembuh	
	Tidak	Ya
OAT	31 (86.1%)	5 (13,9%)
OAT+VCO	16 (44,4%)	20 (55.6%)
OAT+VCO+Berjemur	8 (22,2%)	28 (77.8%)

Grup	IMT		
	Mean (SD)	Min	Max
OAT	19.88 (3.79)	18.54	24.60
OAT+VCO	19.49 (4.38)	18.59	24.44
OAT+VCO+ Berjemur	19.77 (3.54)	18.67	24.56

Analisis multivariat ekspresi dan kadar VDR dan NRAMP-1 pada kelompok OAT

Variabel	p	OR (95%CI)
Ekspresi VDR		
Durasi intervensi		
6 bulan	0.383	1.184 (0.810-1.730)
2 bulan	0.598	1.107 (0.758-1.618)
0 bulan	1	
Granuloma		
WOG	0.255	0.757 (0.469-1.223)
POG	1	
Merokok		
Ya	0.001	3.077 (1.628-5.801)
Tidak	1	
Jenis kelamin		
Laki-laki	0.002	2.514 (1.412-4.475)
Perempuan	1	
IMT	0.365	0.979 (0.934-1.025)
Usia	0.020	1.016 (1.002-1.029)
Level VDR		
Durasi intervensi		
6 bulan	0.354	0.986 (0.957-1.016)
2 bulan	0.807	0.996 (0.967-1.026)
0 bulan	1	
Granuloma		
WOG	0.185	1.026 (0.988-1.065)
POG	1	
Merokok		
Ya	0.009	0.936 (0.891-0.984)
Tidak	1	
Jenis kelamin		
Laki-laki	0.006	0.939 (0.897-0.982)
Perempuan		
IMT	0.921	1.000 (0.996-1.003)
Usia	0.911	1.000 (0.999-1.001)
Ekspresi NRAMP-1		
Durasi intervensi		
6 bulan	0.708	0.881 (0.455-1.706)
2 bulan	0.467	1.126 (0.582-2.180)
0 bulan	1	
Granuloma		
WOG	0.471	0.736 (0.319-1.695)
POG	1	
Merokok		
Ya	0.016	3.872 (1.282-11.697)
Tidak	1	

Jenis kelamin		
Laki-laki	0.564	1.344 (0.493-3.669)
Perempuan	1	
IMT	0.388	0.965 (0.890-1.046)
Usia	0.005	1.033 (1.010-1.056)
Level NRAMP-1		
Durasi intervensi		
6 bulan	0.009	1.078 (1.019-1.141)
2 bulan	0.020	1.008 (0.953-1.067)
0 bulan	1	
Granuloma		
WOG	0.913	0.996 (0.927-1.070)
POG	1	
Merokok		
Ya	0.001	0.855 (0.778-0.940)
Tidak	1	
Jenis kelamin		
Laki-laki	0.001	0.863 (0.792-0.941)
Perempuan	1	
IMT	0.084	1.006 (0.999-1.013)
Usia	0.688	1.000 (0.998-1.002)

Analisis multivariat ekspresi dan kadar VDR dan NRAMP-1 pada kelompok OAT+VCO

Variabel	p	OR (95%CI)
Ekspresi VDR		
Durasi intervensi		
6 bulan	0.006	2.162 (0.810-1.730)
2 bulan	0.027	1.855 (0.758-1.618)
0 bulan	1	
Granuloma		
WOG	0.658	0.840 (0.388-1.816)
POG	1	
Merokok		
Ya	0.645	1.459 (0.293-7.259)
Tidak	1	
Jenis kelamin		
Laki-laki	0.907	1.098 (0.227-5.310)
Perempuan	1	
IMT	0.051	1.056 (1.000-1.115)
Usia	0.366	1.011 (0.987-1.036)
Level VDR		
Durasi intervensi		
6 bulan	0.403	0.982 (0.941-1.025)
2 bulan	0.654	0.990 (0.949-1.033)
0 bulan	1	
Granuloma		
WOG	0.084	1.054 (0.993-1.118)
POG	1	
Merokok		
Ya	0.743	0.980 (0.8866-1.109)
Tidak	1	
Jenis kelamin		
Laki-laki	0.580	0.966 (0.856-1.091)
Perempuan		
IMT	0.069	0.996 (0.992-1.000)
Usia	0.165	0.999 (0.997-1.001)
Ekspresi NRAMP-1		
Durasi intervensi		
6 bulan	0.004	1.672 (1.184-2.361)
2 bulan	0.237	1.232 (0.872-1.739)
0 bulan	1	
Granuloma		
WOG	0.447	0.828 (0.510-1.346)
POG	1	
Merokok		
Ya	0.692	0.816 (0.297-2.239)
Tidak	1	

Jenis kelamin		
Laki-laki	0.647	0.794 (0.294-2.138)
Perempuan	1	
IMT	0.366	1.016 (0.982-1.051)
Usia	0.051	1.015 (1.000-1.030)
Level NRAMP-1		
Durasi intervensi		
6 bulan	0.002	1.299 (1.097-1.538)
2 bulan	0.112	1.147 (0.969-1.358)
0 bulan	1	
Granuloma		
WOG	0.453	0.913 (0.720-1.158)
POG	1	
Merokok		
Ya	0.122	1.476 (0.901-2.420)
Tidak	1	
Jenis kelamin		
Laki-laki	0.201	1.373 (0.845-2.230)
Perempuan	1	
IMT	0.534	0.995 (0.978-1.012)
Usia	0.058	1.007 (1.000-1.015)

Analisis multivariat ekspresi dan kadar VDR dan NRAMP-1 pada kelompok OAT+VCO+JEMUR

Variabel	p	OR (95%CI)
Ekspresi VDR		
Durasi intervensi		
6 bulan	<0.001	6.243 (4.239-9.194)
2 bulan	<0.001	3.099 (2.105-4.564)
0 bulan	1	
Granuloma		
WOG	0.611	1.204 (0.589-2.460)
POG	1	
Merokok		
Ya	0.170	2.025 (0.739-5.554)
Tidak	1	
Jenis kelamin		
Laki-laki	0.353	1.593 (0.596-4.262)
Perempuan	1	
IMT	0.649	0.989 (0.944-1.036)
Usia	0.467	0.992 (0.972-1.013)
Level VDR		
Durasi intervensi		
6 bulan	<0.001	1.094 (1.052-1.139)
2 bulan	0.067	1.038 (0.997-1.080)
0 bulan	1	
Granuloma		
WOG	0.004	0.899 (0.835-0.967)
POG	1	
Merokok		
Ya	0.675	0.978 (0.882-1.084)
Tidak	1	
Jenis kelamin		
Laki-laki	0.909	0.994 (0.899-1.099)
Perempuan		
IMT	0.729	0.999 (0.994-1.004)
Usia	0.022	1.002 (1.000-1.005)
Ekspresi NRAMP-1		
Durasi intervensi		
6 bulan	<0.001	3.653 (2.518-5.301)
2 bulan	0.004	1.724 (1.188-2.502)
0 bulan	1	
Granuloma		
WOG	0.447	1.414 (0.711-2.811)
POG	1	
Merokok		
Ya	0.692	1.518 (0.575-4.006)
Tidak	1	

Jenis kelamin		
Laki-laki	0.647	1.486 (0.577-3.828)
Perempuan	1	
IMT	0.366	1.016 (1.014-1.109)
Usia	0.051	0.989 (0.970-1.009)
Level NRAMP-1		
Durasi intervensi		
6 bulan	0.113	1.102 (0.977-1.243)
2 bulan	0.185	1.084 (0.962-1.222)
0 bulan	1	
Granuloma		
WOG	0.811	1.027 (0.824-1.281)
POG	1	
Merokok		
Ya	0.906	0.981 (0.718-1.341)
Tidak	1	
Jenis kelamin		
Laki-laki	0.935	1.013 (0.747-1.373)
Perempuan	1	
IMT	0.244	0.992 (0.977-1.006)
Usia	0.412	0.997 (0.991-1.004)

Analisis multivariat jenis dan durasi intervensi terhadap kesembuhan pasien TB kelenjar

Variabel	p	OR (95%CI)
Jenis intervensi		
OAT+VCO+Jemur	<0.001	126.428 (40.049-399.111)
OAT+VCO	<0.001	6.971 (2.372-20.484)
OAT	1	
Durasi intervensi		
6 bulan	<0.001	6.243 (2.853-16.363)
2 bulan	0.408	1.411 (0.624-3.192)
0 bulan	1	
Granuloma		
WOG	0.097	2.777 (0.832-9.273)
POG	1	
Merokok		
Ya	0.279	0.349 (0.052-2.345)
Tidak	1	
Jenis kelamin		
Laki-laki	0.349	0.418 (0.067-2.592)
Perempuan	1	
IMT	0.481	1.030 (0.949-1.118)
Usia	0.503	0.977 (0.972-1.048)

Analisis multivariat ekspresi dan kadar VDR dan NRAMP-1 terhadap kesembuhan pasien TB kelenjar

Variabel	p	OR (95%CI)
Ekspresi VDR	<0.001	1.702 (1.346-2.153)
Kadar VDR	0.083	11.762 (0.727-190.174)
Ekspresi NRAMP-1	0.204	1.168 (0.919-1.484)
Kadar NRAMP-1	0.261	0.691 (0.677-4.221)
Granuloma		
WOG	0.012	3.460 (1.320-9.073)
POG	1	
Merokok		
Ya	0.361	0.518 (0.126-2.125)
Tidak	1	
Jenis kelamin		
Laki-laki	0.349	0.418 (0.174-2.557)
Perempuan	1	
IMT	0.533	1.021 (0.956-1.091)
Usia	0.970	1.000 (0.975-1.025)

Analisis multivariat pemberian intervensi terhadap ekspresi dan kadar VDR dan NRAMP-1 terhadap pasien TB kelenjar

Variabel	p	OR (95%CI)
Ekspresi VDR	<0.001	3.008 (2.233-4.052)
Kadar VDR	0.016	0.013 (0.000-0.438)
Ekspresi NRAMP-1	0.039	1.308 (1.013-1.484)
Kadar NRAMP-1	0.176	0.470 (0.158-1.403)
Granuloma		
WOG	0.072	2.257 (0.931-5.469)
POG	1	
Merokok		
Ya	0.994	0.518 (0.209-4.849)
Tidak	1	
Jenis kelamin		
Laki-laki	0.813	0.833 (0.184-3.774)
Perempuan	1	
IMT	0.507	0.974 (0.900-1.054)
Usia	0.326	0.986 (0.960-1.014)