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LAMPIRAN

Lampiran 1. *Informed Consents*



**PROGRAM PASCASARJANA
DEPARTEMEN ADMINISTRASI DAN KEBIJAKAN KESEHATAN
FAKULTAS KESEHATAN MSYARAKAT
UNIVERSITAS HASANUDDIN
TAHUN 2022**

PEDOMAN WAWANCARA DAN LEMBAR PERSETUJUAN

Bismillahirrahmanirrahim,

Perkenalkan saya **Nursyamsi Amalia** mahasiswa Pascasarjana Departemen Administrasi dan Kebijakan Kesehatan Program Studi Kesehatan Masyarakat Fakultas Kesehatan Masyarakat Universitas Hasanuddin yang sedang Menyusun tugas akhir (Tesis), untuk mendapatkan gelar Magister Kesehatan masyarakat. Mohon kesediaannya untuk berpartisipasi dalam kegiatan penelitian ini. Hasil dalam penelitian ini hanya digunakan untuk kepentingan penelitian dan akan dijaga kerahasiaannya. Atas partisipasi bapak/ibu saya ucapkan terima kasih.

Peneliti,

Nursyamsi Amalia

Hari/Tanggal :

Identitas Responden		
1	Nama/Inisial	
2	Tanggal Lahir / Usia	/ Tahun
3	Jenis Kelamin	Laki-Laki / Perempuan
4	Alamat	
5	No. Hp	

Lampiran 2. Lembar Persetujuan

PERSETUJUAN MENJADI RESPONDEN

Yang bertanda tangan dibawah ini :

Nama :

Umur :

Jenis Kelamin :

Pekerjaan :

Alamat :

Telah mendapat keterangan secara terinci dan jelas mengenai :

1. Penelitian yang berjudul "**Pengaruh Program Diabetes Self-Management Education Berbasis Health Coaching dalam Meningkatkan Self-Care Management Pasien Diabetes Mellitus Type 2 di Kabupaten "**
2. Perlakuan yang akan diterapkan pada subyek
3. Manfaat ikut sebagai subyek penelitian
4. Bahaya yang akan timbul
5. Prosedur Penelitian

dan prosedur penelitian mendapat kesempatan mengajukan pertanyaan mengenai segala sesuatu yang berhubungan dengan penelitian tersebut. Oleh karena itu saya bersedia/tidak bersedia*) secara sukarela untuk menjadi subyek penelitian dengan penuh kesadaran serta tanpa keterpaksaan.

Demikian pernyataan ini saya buat dengan sebenarnya tanpa tekanan dari pihak manapun.

Makassar, 2023

Nursyamsi Amalia



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT
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REKOMENDASI PERSETUJUAN ETIK

Nomor: 1429/UN4.14.1/TP.01.02/2023

Tanggal: 25 Juli 2023

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan dengan Protokol berikut ini telah mendapatkan Persetujuan Etik:

No. Protokol	14723012304	No. Sponsor Protokol	
Peneliti Utama	Nursyamsi Amalia	Sponsor	Pribadi
Judul Peneliti	Pengaruh Program Diabetes <i>Self Management Education (DSME)</i> Berbasil <i>Health Coaching</i> dalam meningkatkan <i>Self Care Management</i> Pasien Diabetes Mellitus tipe 2 di Kabupaten Bulukumba		
No. Versi Protokol	1	Tanggal Versi	14 Juli 2023
No. Versi PSP	1	Tanggal Versi	14 Juli 2023
Tempat Penelitian	Kabupaten Bulukumba		
Judul Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku 25 Juli 2023 sampai 25 Juli 2024	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian	Nama: Prof.dr. Veni Hadju, M.Sc., Ph.D	Tanda tangan 	Tanggal 25 Juli 2023 
Sekretaris komisi Etik Penelitian	Nama: Dr. Wahiduddin, SKM., M.Kes	Tanda tangan 	Tanggal 25 Juli 2023 

Kewajiban Peneliti Utama :

1. Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
2. Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laport SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
3. Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
4. Menyerahkan laporan akhir setelah Penelitian berakhir
5. Melaporakn penyimpangan dari protocol yang disetujui (protocol deviation/violation)
6. Mematuhi semua peraturan yang ditentukan



Lampiran 4. Kuesioner Manajemen Diri Diabetes (DSMQ)

Pernyataan berikut menggambarkan aktivitas perawatan diri yang berhubungan dengan diabetes Anda. Memikirkan tentang perawatan diri Anda selama 8 minggu terakhir, harap tentukan sejauh mana setiap pernyataan berlaku bagi Anda.

	Sangat berlaku untuk saya	Berlaku untuk saya sampai tingkat yang cukup besar	Berlaku bagi saya sampai tingkat tertentu	Tidak berlaku untuk saya
<p>Saya memeriksa kadar gula darah saya dengan hati-hati dan penuh perhatian.</p> <p><input type="checkbox"/> Pengukuran gula darah tidak diperlukan sebagai bagian dari perawatan saya.</p> <p>1.</p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<p>Makanan yang saya pilih memudahkan untuk mencapai kadar gula darah yang optimal.</p> <p>2.</p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<p>Saya menepati semua janji dokter yang direkomendasikan untuk pengobatan diabetes saya.</p> <p>3.</p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Pernyataan berikut menggambarkan aktivitas perawatan diri yang berhubungan dengan diabetes Anda. Memikirkan tentang perawatan diri Anda selama 8 minggu terakhir, harap tentukan sejauh mana setiap pernyataan berlaku bagi Anda.

	Sangat berlaku untuk saya	Berlaku untuk saya sampai tingkat yang cukup besar	Berlaku bagi saya sampai tingkat tertentu	Tidak berlaku untuk saya
<p>Saya meminum obat diabetes saya (misalnya insulin, tablet) sesuai resep.</p> <p><input type="checkbox"/> <i>Obat diabetes/insulin tidak diperlukan sebagai bagian dari pengobatan saya..</i></p> <p>4.</p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<p>Kadang-kadang saya makan banyak makanan manis atau makanan lain yang kaya karbohidrat.</p> <p>5.</p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<p>Saya mencatat kadar gula darah saya secara teratur (atau menganalisis grafik nilai dengan meteran glukosa darah saya).</p> <p><input type="checkbox"/> <i>Pengukuran gula darah tidak diperlukan sebagai bagian dari perawatan saya.</i></p> <p>6.</p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Pernyataan berikut menggambarkan aktivitas perawatan diri yang berhubungan dengan diabetes Anda. Memikirkan tentang perawatan diri Anda selama 8 minggu terakhir, harap tentukan sejauh mana setiap pernyataan berlaku bagi Anda.

	Sangat berlaku untuk saya	Berlaku untuk saya sampai tingkat yang cukup besar	Berlaku bagi saya sampai tingkat tertentu	Tidak berlaku untuk saya
7. Saya cenderung menghindari janji dengan dokter terkait diabetes.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8. Saya melakukan aktivitas fisik secara teratur untuk mencapai kadar gula darah yang optimal.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Saya dengan ketat mengikuti rekomendasi diet yang diberikan oleh dokter atau spesialis diabetes saya.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Pernyataan berikut menggambarkan aktivitas perawatan diri yang berhubungan dengan diabetes Anda. Memikirkan tentang perawatan diri Anda selama 8 minggu terakhir, harap tentukan sejauh mana setiap pernyataan berlaku bagi Anda.

	Sangat berlaku untuk saya	Berlaku untuk saya sampai tingkat yang cukup besar	Berlaku bagi saya sampai tingkat tertentu	Tidak berlaku untuk saya
<p>Saya tidak memeriksa kadar gula darah saya sesering yang diperlukan untuk mencapai kontrol glukosa darah yang baik</p> <p><input type="checkbox"/> <i>Pengukuran gula darah tidak diperlukan sebagai bagian dari perawatan saya.</i></p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<p>Saya menghindari aktivitas fisik, meskipun itu akan memperbaiki diabetes saya.</p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<p>Saya cenderung lupa meminum atau melewatkan obat diabetes saya (misalnya insulin, tablet).</p> <p><input type="checkbox"/> <i>Obat diabetes/insulin tidak diperlukan sebagai bagian dari pengobatan saya.</i></p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Pernyataan berikut menggambarkan aktivitas perawatan diri yang berhubungan dengan diabetes Anda. Memikirkan tentang perawatan diri Anda selama 8 minggu terakhir, harap tentukan sejauh mana setiap pernyataan berlaku bagi Anda.

	Sangat berlaku untuk saya	Berlaku untuk saya sampai tingkat yang cukup besar	Berlaku bagi saya sampai tingkat tertentu	Tidak berlaku untuk saya
13. Kadang-kadang saya benar-benar mengalami 'makan berlebihan' (tidak dipicu oleh hipoglikemia).	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. Mengenai perawatan diabetes saya, saya harus lebih sering menemui dokter.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15. Saya cenderung melewatkan aktivitas fisik yang direncanakan.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Pernyataan berikut menggambarkan aktivitas perawatan diri yang berhubungan dengan diabetes Anda. Memikirkan tentang perawatan diri Anda selama 8 minggu terakhir, harap tentukan sejauh mana setiap pernyataan berlaku bagi Anda.

	Sangat berlaku untuk saya	Berlaku untuk saya sampai tingkat yang cukup besar	Berlaku bagi saya sampai tingkat tertentu	Tidak berlaku untuk saya
<p>16. Saya tidak memeriksa kadar gula darah saya sesering yang diperlukan untuk mencapai kontrol glukosa darah yang baik</p> <p><input type="checkbox"/> <i>Pengukuran gula darah tidak diperlukan sebagai bagian dari perawatan saya.</i></p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<p>17. Saya menghindari aktivitas fisik, meskipun itu akan memperbaiki diabetes saya.</p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<p>18. Saya cenderung lupa meminum atau melewatkan obat diabetes saya (misalnya insulin, tablet).</p> <p><input type="checkbox"/> <i>Obat diabetes/insulin tidak diperlukan sebagai bagian dari pengobatan saya.</i></p>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Pernyataan berikut menggambarkan aktivitas perawatan diri yang berhubungan dengan diabetes Anda. Memikirkan tentang perawatan diri Anda selama 8 minggu terakhir, harap tentukan sejauh mana setiap pernyataan berlaku bagi Anda.

	Sangat berlaku untuk saya	Berlaku untuk saya sampai tingkat yang cukup besar	Berlaku bagi saya sampai tingkat tertentu	Tidak berlaku untuk saya
19. Perawatan diri diabetes saya buruk.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

CURRICULUM VITAE



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Riwayat Pendidikan

1. SDN 213 Hulo (2000-2006)
2. SMP Modern Putri IMMIM Minasate'ne (2006-2009)
3. SMA Modern Putri IMMIM Minasate'ne (2009-2011)
4. Universitas Mega Rezky Makaassar, S1 (2011-2015)
5. Universitas Mega Rezky Makaassar, Profesi Ners (2015-2017)

