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Lampiran 1.

SURAT PERMOHONAN MENJADI RESPONDEN

Kepada Yth.

Bapak/Ibu/Saudara/Saudari Calon Responden

Di RS UNHAS Makassar

Saya Mahasiswa Program Megister Ilmu Keperawatan (S2-Keperawatan) Fakultas Keperawatan Universitas Hasanuddin Makassar, akan melakukan penelitian dengan Judul: “Efektivitas Kombinasi *Pro Self Pain Control* dan *Guided Imagery* Terhadap Penurunan Nyeri Pada Pasien Kanker Payudara Di Unit Rawat Jalan Rumah Sakit Universitas Hasanuddin”. Penelitian ini dilakukan sebagai salah satu syarat untuk menyelesaikan tesis untuk memperoleh gelar Megister Keperawatan di Universitas Hasanuddin Makassar.

Tujuan penelitian ini untuk mengetahui efek dari intervensi *Pro Self Pain Control* dan *Guided Imagery* dalam menurunkan nyeri yang dialami oleh pasien kanker payudara dan manajemen nyeri pasien secara mandiri dirumah. Untuk keperluan tersebut saya mohon partisipasi dan kesediaan Bapak/Ibu untuk ikut serta dalam penelitian ini.

Bapak/Ibu berhak mengundurkan diri setiap saat tanpa sanksi apapun dan penelitian ini tidak akan menimbulkan akibat yang merugikan bagi anda sebagai responden. Saya akan menjamin kerahasiaan identitas Bapak/Ibu/Saudara/Saudari dan serta jawaban yang diberikan hanya dipergunakan untuk mengembangkan ilmu keperawatan dan pengembangan penelitian.

Demikian permohonan ini, atas partisipasi Bapak/Ibu/Saudara/Saudari saya ucapan terima kasih.

Makassar, September 2023

Hormat Saya

Nurnianingsih A. Yasin

Lampiran 2.**LEMBAR PERSETUJUAN MENAJADI RESPONDEN**

Saya yang bertanda tangan dibawah ini:

Nama (inisial) :

Usia :

Kode : *(Peneliti yang mengisi)

Setelah mendengar/membaca penjelasan tentang maksud dan tujuan penelitian ini, dengan ini saya menyatakan bersedia berpartisipasi untuk menjadi responden dalam penelitian yang berjudul “Efektivitas Kombinasi *Pro Self Pain Control* Dan *Guided Imagery* Terhadap Penurunan Nyeri Pada Pasien Kanker Payudara Di Unit Rawat Jalan Rumah Sakit Universitas Hasanuddin”.

Hasil yang diperoleh dari saya sebagai responden dapat dipublikasikan sebagai hasil dari penelitian dan akan diseminarkan pada ujian hasil dengan tidak akan mencantumkan nama kecuali nomor/kode responden.

Keikutsertaan saya ini bersifat sukarela dan tidak ada unsur paksaan dari pihak manapun. Demikian surat pernyataan ini saya buat, untuk dapat dipergunakan sebagaimana mestinya.

Nama

Tanda Tangan

Tgl/Bln/Thn

Responden/keluarga:

Lampiran 3.

LEMBAR DATA DEMOGRAFI

Petunjuk Pengisian: berikan tanda check list (✓) pada jawaban yang sesuai dikolom yang tersedia dan jawab dengan tulisan pada pertanyaan lainnya.

Data demografi

Kode Responden : (diisi oleh peneliti)

Nama (Inisial) :

Usia :tahun

Pendidikan Terakhir :

- | | | |
|--|---|---|
| <input type="checkbox"/> Tidak Sekolah | <input type="checkbox"/> SMP/SLTP/MTs/sederajat | <input type="checkbox"/> Perguruan tinggi |
| <input type="checkbox"/> SD/MI/sederajat | <input type="checkbox"/> SMA/SLTA/MA/sederajat | |

Status Pernikahan :

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Menikah | <input type="checkbox"/> Belum menikah/janda |
|----------------------------------|--|

Pekerjaan :

Lama Menderita :

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 0-1 Tahun | <input type="checkbox"/> 1-2 Tahun | <input type="checkbox"/> 2-3 Tahun |
|------------------------------------|------------------------------------|------------------------------------|

Stadium Kanker :

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Stadium 1 | <input type="checkbox"/> Stadium 2 | <input type="checkbox"/> Stadium 3 |
|------------------------------------|------------------------------------|------------------------------------|

Pengobatan yang dijalani :

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Kemoterapi | <input type="checkbox"/> Radiasi |
|-------------------------------------|----------------------------------|

Lainnya.....

Alamat :

Nomor telepon :

Lampiran 4.

Instrumen *Numeric Pain Rating Scale*

PETUNJUK PENGISIAN

Penggaris di bawah ini mempunya skala dengan rentang dari 0 hingga 10. Dimana skala ini menunjukkan rasa nyeri yang anda rasakan. Skor 0 anda tidak merasakan nyeri dan skor 10 anda merasakan nyeri yang sangat hebat. Anda diperbolehkan untuk memberikan angka berapapun sesuai dengan rasa nyeri yang anda rasakan.



Lampiran 7

Persetujuan Etik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT
Jln. Perintis Kemerdekaan Km.10 Makassar 90245, Telp.(0411) 585658,
E-mail : fkm.unhas@gmail.com, website: <https://fkm.unhas.ac.id/>

REKOMENDASI PERSETUJUAN ETIK

Nomor: 5131/UN4.14.1/TP.01.02/2023

Tanggal: 6 September 2023

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

| | | | |
|-----------------------------------|--|---|---------------------------|
| No.Protokol | 10823092165 | No. Sponsor Protokol | |
| Peneliti Utama | Nurnianingsih A. Yasin, | Sponsor | Pribadi |
| Judul Peneliti | Efektivitas Kombinasi Pro Self Pain Control dan Guided Imagery Terhadap Penurunan Nyeri Pada Pasien Kanker Payudara di Unit Rawat Jalan RS Universitas Hasanuddin | | |
| No.Versi Protokol | 1 | Tanggal Versi | 10 Agustus 2023 |
| No.Versi PSP | 1 | Tanggal Versi | 10 Agustus 2023 |
| Tempat Penelitian | RS Universitas Hasanuddin | | |
| Judul Review | <input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard | Masa Berlaku 6 September 2023 Sampai 6 September 2024 | Frekuensi review lanjutan |
| Ketua Komisi Etik Penelitian | Nama : Prof.dr. Veni Hadju,M.Sc,Ph.D | Tanda tangan   | 6 September 2023 |
| Sekretaris komisi Etik Penelitian | Nama : Dr. Wahiduddin, SKM.,M.Kes | Tanda tangan   | 6 September 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 Lapor 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. Melaporkan penyimpangan dari protocol yang disetujui (*protocol deviation/violation*)
6. Mematuhi semua peraturan yang ditentukan



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN,
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEPERAWATAN
PROGRAM STUDI MAGISTER ILMU KEPERAWATAN

Jalan Perintis Kemerdekaan Km.10 Makassar 90245
Laman: keperawatan@unhas.ac.id

Nomor : 2455/UN4.18.8/TP.02.02/2023
Lamp : 1 (satu) berkas
Hal : *Rekomendasi Etik.*

01 Agustus 2023

**Yth. Ketua Komisi Etik
Fakultas Kesehatan Masyarakat UNHAS
di Makassar**

Dengan hormat kami sampaikan bahwa mahasiswa Program Pascasarjana Universitas Hasanuddin yang tersebut dibawah ini :

| | |
|--------------------|--------------------------------------|
| N a m a | : Nurnianingsih A. Yasin, S.Kep.,Ns. |
| Nomor Pokok | : R012221003 |
| Program Pendidikan | : Magister (S2) |
| Program Studi | : Keperawatan |

bermaksud melakukan penelitian dalam rangka persiapan penulisan tesis dengan judul "Efektivitas Kombinasi Pro Self Pain Control dan Guided Imagery Terhadap Penurunan Nyeri Pada Pasien Kanker Payudara di Unit Rawat Jalan RS Universitas Hasanuddin"

Sehubungan dengan hal tersebut kami mohon kebijaksanaan Bapak/Ibu kiranya berkenan memberi izin persetujuan etik penelitian dengan menggunakan data sekunder.

Atas perkenan dan kerjasamanya diucapkan terima kasih.



Ketua Program Studi,

Prof.Dr. Ely L. Sjattar, S.Kp.,M.Kes.
NIP. 19740422 19903 2 002

Tembusan:

1. Kepala Tata Usaha FKep.Unhas
2. Arsip

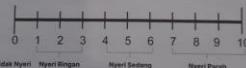
Lampiran 8.

Izin Penelitian

| | | SURAT IZIN PENELITIAN | |
|---|---|---|------------------------------------|
|  RUMAH SAKIT UNHAS | | Nomor: 13530/UN4.24.1.1/PT.01.05/2023 (Perpanjangan 1) | Tanggal 13 November 2023 |
| FORMULIR 03 PENDIDIKAN DAN PENELITIAN | Kepada Yth Kepala Instalasi Radioterapi Kepala Instalasi Rawat Jalan Kepala Ruang Poli Onkologi | | |
| <p>Dengan hormat,</p> <p>Dengan ini menerangkan bahwa peneliti/ mahasiswa berikut ini:</p> <p>Nama : Nurnianingsih A. Yasin NIM / NIP : R012221003 Institusi/Universitas : Magister Keperawatan, Fakultas Keperawatan, Universitas Hasanuddin, Makassar Kode penelitian : 230911_6</p> <p>Akan melakukan pengambilan data/ analisa bahan hayati:</p> <p>Terhitung : 13 September 2023 s/d 13 Desember 2023 Jumlah Subjek/Sample : 75 Jenis Data : Data Primer : Quasi Experiment</p> <p>Untuk penelitian dengan judul:</p> <p>"Efektivitas Kombinasi Pro Self Pain Control dan Guided Imagery Terhadap Penurunan Nyeri Pada Pasien Kanker Payudara di Unit Rawat Jalan Rumah Sakit Universitas Hasanuddin"</p> <p>Harap dilakukan pembimbingan dan pendampingan seperlunya.</p> <p>sManager Pendidikan dan Penelitian,</p> <p> dr. Aslim Taslim, Sp.Onk.Rad, M.Kes NIP-198304252012121003</p> <p>Catatan: Lembaran ini diarsipkan oleh Admin Penelitian</p> | | | |

Lampiran 9

Contoh Pain Diary Pasien

| buku harian nyeri | | | | | | |
|--|--------------------|---|--|---|-----------------------------------|---|
| <p><i>"jangan lupa untuk mengisi aku yaaa"</i></p>  <p>*Gunakan skala ini untuk menggambarkan skala nyeri yang anda rasakan</p> | | | | | | |
| panduan untuk mengisi buku harian nyeri | | | | | | |
| <ol style="list-style-type: none"> Pengisian buku harian nyeri dilakukan pada malam hari setelah anda menjalani keseluruhan aktivitas dan melaksanakan terapi nonfarmakologis yang anda pilih Gunakan Skala nyeri yang terdapat dalam buku harian untuk menilai nyeri yang anda rasakan Slalikan tuliskan tanggal dan waktu anda mengisi buku harian nyeri (misalnya : 25 September 2023, 21.00 WIB) Slalikan mengisi skala nyeri menggunakan skala nyeri yang ada dalam buku harian nyeri (misalnya : Skala nyeri 4). Skala nyeri yang anda tuliskan adalah rata-rata skala nyeri yang anda rasakan atau yang sering muncul selama sejaran penutupan. Jelaskan nyeri yang anda rasakan termasuk lokasi nyeri, lamanya nyeri, yang menjalar hingga lengan atas, biasanya nyeri hilang timbul dan dirasakan selama kurang lebih 2 menit, rasanya seperti disayat-sayat). Jelaskan saat kapan anda merasakan nyeri bertambah berat saat bekerja atau mengangkat sesuatu barang yang berat) Tuliskan nama dan jumlah obat yang di minum hari ini. (Misalnya: Paracetamol 3x1 atau Gabapentin 2x1) Tuliskan aktivitas yang anda lakukan saat merasakan nyeri. (Misalnya: Sedang berolahraga, mendengarkan Al-Qur'an atau saya sering mendengarkan musik yang suka, dan lain-lain) Berikan tanda centang (✓) jika telah melaksanakan guided imagery, dan siapa yang mendampingi. Untuk kolom catatan lain anda diberi kebebasan atau tidak dibatasi. Anda dapat memulangkan masalah yang anda dapatkan terkait obat-obatan atau bagaimana rasa sakit ini mempengaruhi aktivitas atau keseharian anda. | | | | | | |
| Hari Ke - 1 | | | | | | |
| Tanggal dan waktu | Skala Nyeri (0-10) | Jelaskan nyeri yang anda rasakan (misalnya lokasi nyeri, lamanya nyeri dan rasanya seperti apa - tumpul, tajam, menusuk, dll) | saat kapan nyeri bertambah berat ? (misalnya saat bekerja, saat olahraga, dll) | Nama dan jumlah obat yang di minum hari ini | Melakukan guided imagery hari ini | Catatan lain (misalnya masalah dengan obat-obatan, bagaimana rasa sakit mempengaruhi keseharian anda) |
| 05/09/2023 | 5 | Pengobatan mengalir ke perunguan derrongkong hilang timbul seperti dibersihkan dari berasam | Saat belakang belenggu | Gabapentin 2x1 Pendidikan 2x1 | ✓ Pendamping : Suci Amaliyah | |
| buku harian nyeri | | | | | | |
| Hari Ke - 1 | | | | | | |
| Tanggal dan waktu | Skala Nyeri (0-10) | Jelaskan nyeri yang anda rasakan (misalnya lokasi nyeri, lamanya nyeri dan rasanya seperti apa - tumpul, tajam, menusuk, dll) | saat kapan nyeri bertambah berat ? (misalnya saat bekerja, saat olahraga, dll) | Nama dan jumlah obat yang di minum hari ini | Melakukan guided imagery hari ini | Catatan lain (misalnya masalah dengan obat-obatan, bagaimana rasa sakit mempengaruhi keseharian anda) |
| 05/09/23 20.00 | 4 | Pengobatan . saat ke tangan seperti dibersihkan hilang timbul | Saat bahan berat | Gabapentin 3x1 Amlodipin | ✓ Pendamping : Orak | |

Lampiran 10.

Lembar observasi pelaksanaan Guided Imagery kelompok intervensi

Lampiran 11.

Data kelompok kontrol, kelompok intervensi dan data *drop out*

| MASTER TABEL KELOMPOK INTERVENSI | | | | | | | | | | | |
|----------------------------------|----------------|----------------|------|---------------------|-------------------|-----------|---------|----------------|------------------|---------|----------|
| RESPONDEŃ | KODE RESPONDEŃ | JENIS KELOMPOK | USIA | PENDIDIKAN TERAKHIR | STATUS PERNIKAHAN | PEKERJAAN | STADIUM | LAMA MENDERITA | JENIS PENGOBATAN | NRS PRE | NRS POST |
| Ny. RL | R27 | 2 | 59 | 3 | 1 | 6 | 3 | 1 | 1 | 3 | 1 |
| Ny. RA | R28 | 2 | 54 | 2 | 1 | 4 | 3 | 1 | 1 | 4 | 2 |
| Ny. WA | R29 | 2 | 57 | 4 | 1 | 1 | 2 | 2 | 2 | 3 | 1 |
| Ny. NW | R30 | 2 | 53 | 3 | 1 | 4 | 2 | 3 | 2 | 3 | 2 |
| Ny. HI | R31 | 2 | 41 | 5 | 2 | 2 | 1 | 1 | 1 | 3 | 2 |
| Ny. MG | R32 | 2 | 52 | 4 | 1 | 4 | 3 | 1 | 1 | 3 | 3 |
| Ny. HS | R33 | 2 | 49 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 2 |
| Ny. SR | R34 | 2 | 46 | 4 | 1 | 1 | 3 | 1 | 1 | 3 | 2 |
| Ny. STS | R35 | 2 | 51 | 4 | 1 | 3 | 3 | 3 | 1 | 3 | 3 |
| Ny. HT | R36 | 2 | 46 | 3 | 1 | 4 | 3 | 1 | 1 | 3 | 2 |
| Ny. NR | R37 | 2 | 47 | 2 | 1 | 4 | 2 | 1 | 1 | 4 | 3 |
| Ny. HR | R38 | 2 | 45 | 3 | 1 | 4 | 3 | 3 | 1 | 4 | 3 |
| Ny. MI | R39 | 2 | 50 | 3 | 1 | 4 | 2 | 1 | 1 | 3 | 1 |
| Ny. IR | R40 | 2 | 49 | 4 | 1 | 1 | 2 | 3 | 1 | 3 | 2 |
| Ny. SU | R41 | 2 | 53 | 4 | 1 | 4 | 2 | 1 | 1 | 3 | 1 |
| Ny. RF | R42 | 2 | 42 | 4 | 1 | 4 | 1 | 1 | 2 | 4 | 2 |
| Ny. YR | R43 | 2 | 59 | 4 | 1 | 1 | 3 | 3 | 2 | 4 | 3 |
| Ny. HM | R44 | 2 | 39 | 2 | 1 | 4 | 3 | 1 | 1 | 3 | 2 |
| Ny. GU | R45 | 2 | 44 | 4 | 1 | 1 | 3 | 1 | 1 | 3 | 2 |
| Ny. WN | R46 | 2 | 58 | 1 | 1 | 4 | 2 | 1 | 1 | 4 | 4 |
| Ny. PH | R47 | 2 | 25 | 4 | 1 | 4 | 3 | 1 | 1 | 7 | 5 |
| Ny. MT | R48 | 2 | 59 | 2 | 1 | 4 | 1 | 1 | 1 | 3 | 1 |
| Ny. AS | R49 | 2 | 57 | 4 | 1 | 3 | 3 | 2 | 1 | 2 | 1 |
| Ny. HW | R50 | 2 | 59 | 4 | 1 | 1 | 3 | 2 | 1 | 7 | 6 |
| Ny. AN | R52 | 2 | 43 | 3 | 1 | 4 | 2 | 1 | 1 | 3 | 2 |

| MASTER TABEL KELOMPOK KONTROL | | | | | | | | | | | |
|-------------------------------|----------------|----------------|------|---------------------|-------------------|-----------|---------|----------------|------------------|---------|----------|
| RESPONDEŃ | KODE RESPONDEŃ | JENIS KELOMPOK | USIA | PENDIDIKAN TERAKHIR | STATUS PERNIKAHAN | PEKERJAAN | STADIUM | LAMA MENDERITA | JENIS PENGOBATAN | NRS PRE | NRS POST |
| Ny. YI | R1 | 1 | 51 | 4 | 1 | 1 | 1 | 1 | 1 | 3 | 3 |
| Ny. SR | R2 | 1 | 59 | 3 | 2 | 4 | 1 | 1 | 1 | 3 | 3 |
| Ny. SP | R3 | 1 | 37 | 4 | 1 | 4 | 1 | 1 | 1 | 2 | 2 |
| Ny. A | R4 | 1 | 59 | 4 | 2 | 4 | 2 | 3 | 1 | 4 | 3 |
| Ny. RR | R5 | 1 | 46 | 4 | 1 | 3 | 1 | 2 | 1 | 3 | 3 |
| Ny. SS | R6 | 1 | 54 | 4 | 1 | 1 | 3 | 3 | 1 | 5 | 6 |
| Ny. MN | R7 | 1 | 42 | 2 | 1 | 4 | 2 | 2 | 1 | 4 | 3 |
| Ny. H | R8 | 1 | 50 | 4 | 1 | 4 | 2 | 3 | 1 | 4 | 3 |
| Ny. BMS | R9 | 1 | 38 | 3 | 1 | 4 | 2 | 3 | 1 | 3 | 3 |
| Ny. NR | R10 | 1 | 59 | 4 | 2 | 4 | 1 | 2 | 1 | 3 | 3 |
| Ny. AR | R12 | 1 | 38 | 4 | 1 | 5 | 2 | 3 | 1 | 5 | 7 |
| Ny. YD | R13 | 1 | 48 | 3 | 1 | 4 | 1 | 1 | 1 | 3 | 3 |
| Ny. NR | R15 | 1 | 37 | 4 | 1 | 1 | 1 | 1 | 1 | 4 | 4 |
| Ny. SU | R16 | 1 | 52 | 3 | 2 | 4 | 1 | 1 | 1 | 3 | 2 |
| Ny. IS | R17 | 1 | 49 | 1 | 1 | 4 | 3 | 2 | 1 | 3 | 3 |
| Ny. AN | R18 | 1 | 59 | 3 | 1 | 4 | 2 | 2 | 1 | 3 | 3 |
| Ny. MR | R19 | 1 | 60 | 4 | 1 | 4 | 3 | 1 | 1 | 3 | 3 |
| Ny.NU | R20 | 1 | 52 | 3 | 1 | 4 | 2 | 3 | 1 | 3 | 3 |
| Ny. NY | R21 | 1 | 57 | 4 | 1 | 4 | 3 | 3 | 1 | 3 | 2 |
| Ny. SN | R22 | 1 | 48 | 2 | 1 | 4 | 2 | 1 | 1 | 4 | 3 |
| Ny. FR | R23 | 1 | 51 | 4 | 1 | 3 | 3 | 3 | 1 | 2 | 2 |
| Ny. HW | R24 | 1 | 45 | 2 | 1 | 4 | 1 | 1 | 1 | 3 | 3 |
| Ny. SY | R25 | 1 | 60 | 3 | 2 | 4 | 3 | 1 | 1 | 4 | 4 |
| Ny. KR | R26 | 1 | 56 | 3 | 1 | 4 | 2 | 1 | 1 | 3 | 1 |

| DROP OUT | | | | | | | | |
|----------|----------------|------|---------------------|----------------|------------------|---------|------------|---------------------------------------|
| NAMA | KODE RESPONDEN | UMUR | PENDIDIKAN TERAKHIR | LAMA MENDERITA | JENIS PENGOBATAN | NRS PRE | KELOMPOK | ALASAN DO |
| Ny.NH | R11 | 42 | 4 | 1 | 1 | 4 | Kontrol | Pasien menolak melanjutkan intervensi |
| Ny.FS | R14 | 58 | 4 | 1 | 1 | 3 | Intervensi | Pasien menolak melanjutkan intervensi |
| Ny.NE | R51 | 45 | 3 | 2 | 1 | 5 | Intervensi | Meninggal Dunia |

| Keterangan | Status pernikahan: | Pekerjaan | Lama Menderita |
|-------------------|---------------------------|--------------------|-------------------------|
| | 1 : Menikah | 1 : Guru | 1 : 0-1 Tahun |
| | 2 : Belum Menikah | 2 : Dosen | 2 : 1-2 Tahun |
| | | 3 : PNS | 3 : 2-3 Tahun |
| | | 4 : IRT | |
| Pendidikan | | 5 : Perawat | |
| | 1 : SD | 6 : Pensiunan | Jenis Pengobatan |
| | 2 : SMP | | 1 : Kemoterapi |
| | 3 : SMA | Stadium | 2 : Radiasi |
| | 4 : S1 | 1 : Stadium 1 | |
| | 5 : S2 | 2 : Stadium 2 | |
| | | 3 : Stadium 3 | |

Lampiran 12.
Dokumentasi

