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<https://doi.org/10.1152/ajplung.00330.2013>

LAMPIRAN

Lampiran 1 : Curriculum Vitae

Nama lengkap : Wynne Elysia Suriady
NIM : C011191206
Tempat, tanggal lahir : Makassar, 9 Juli 2002
Jenis kelamin : Perempuan
Alamat : Jl. Kijang no. 51 Makassar
No. Telp : 085823639339
Nama orang tua : Herdy Suriady / Fersy Lay
Fakultas / Angkatan : Kedokteran / 2019
Email : wynneelysia@gmail.com



Riwayat Pendidikan :

Jenjang Pendidikan	Nama Sekolah	Tahun
SD	SD Nusantara	2007 – 2013
SMP	SMP Katolik Rajawali	2013 – 2016
SMA	SMA Katolik Rajawali	2016 – 2019
S1	Universitas Hasanuddin	2019 - sekarang

Lampiran 2 : Surat Rekomendasi Persetujuan Etik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
 UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
 KOMITE ETIK PENELITIAN UNIVERSITAS HASANUDDIN
 RSPTN UNIVERSITAS HASANUDDIN
 RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
 Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
 JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
 Contact Person: dr. Agussalim Bukhari, M.Med,PhD, SpGK TELP. 051241850858, 0411 5780103, Fax : 0411-581431

REKOMENDASI PERSETUJUAN ETIK

Nomor : 714/UN4.6.4.5.31/ PP36/ 2022

Tanggal: 11 Nopember 2022

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

No Protokol	UH22380675	No Sponsor	
Peneliti Utama	Wynne Elysia Suriady	Sponsor	
Judul Peneliti	Gambaran Smoking Cessation pada Pasien Penyakit Paru di Balai Besar Kesehatan Paru Masyarakat Makassar		
No Versi Protokol	1	Tanggal Versi	8 Nopember 2022
No Versi PSP		Tanggal Versi	
Tempat Penelitian	Balai Besar Kesehatan Paru Masyarakat Makassar		
Jenis Review	<input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan	
Sekretaris KEP Universitas Hasanuddin	Nama dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)	Tanda tangan	

Kewajiban Peneliti Utama:

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

Lampiran 3 : Penjelasan sebelum penelitian

KUESIONER PENELITIAN

Selamat pagi / siang / sore / malam, Bapak / Ibu /Saudara(i), saya Wynne Elysia Suriady, bermaksud untuk melakukan penelitian *Smoking Cessation* pada Pasien Penyakit Paru di Balai Besar Kesehatan Paru Masyarakat Makassar.

Adapun tujuan penelitian ini adalah untuk mengetahui gambaran *smoking cessation* pada pasien penyakit paru di Balai Besar Kesehatan Paru Masyarakat Makassar. Dengan manfaat sebagai salah satu syarat kelulusan yaitu penyelesaian tugas akhir program sarjana S1 Pendidikan Dokter Umum Fakultas Kedokteran Universitas Hasanuddin dan diharapkan membawa manfaat bagi ilmu perkembangan kedokteran.

Penelitian ini mengambil populasi pasien paru di Balai Besar Kesehatan Paru Masyarakat Makassar. Populasi kemudian akan dipilih kembali yaitu yang memenuhi kriteria inklusi yaitu pasien PPOK, kanker paru, asma, tuberkulosis (TBC), dan pneumonia di Balai Besar Kesehatan Paru Masyarakat Makassar, Sulawesi Selatan periode Oktober - November 2022 dengan riwayat merokok atau pernah merokok dan tidak memiliki kriteria eksklusi yaitu pasien PPOK, kanker paru, asma, tuberkulosis (TBC), dan pneumonia di Balai Besar Kesehatan Paru Masyarakat Makassar, Sulawesi Selatan periode Oktober - November 2022 tanpa riwayat merokok, pasien dengan penyakit paru lain, atau pasien tidak bersedia diwawancarai atau mengisi kuesioner. Partisipasi dalam penelitian ini bersifat sukarela dan dapat mengundurkan diri kapan saja tanpa mengurangi hak mendapatkan pelayanan kesehatan. Data pribadi partisipan akan dirahasiakan dalam penelitian ini dan hanya akan digunakan murni untuk tujuan penelitian.

Jika ada hal yang ingin ditanyakan mengenai penelitian ini dapat menghubungi peneliti dengan alamat dan nomor kontak di bawah ini :

Identitas Peneliti

Nama : Wynne Elysia Suriady
Alamat : Jl. Kijang no. 51
No Hp : 085823639339

Lampiran 4 : Kuesioner Penelitian

A. Identitas Responden

Nama :
Tanggal lahir :
Jenis Kelamin : Laki-laki / Perempuan* (*coret yang tidak perlu*)
Status Pernikahan : Belum menikah / Sudah menikah* (*coret yang tidak perlu*)

B. Riwayat Medis

Diagnosis Penyakit * : (*centang salah satu*)
 Penyakit paru obstruktif kronik (PPOK) Pneumonia
 Kanker paru Tuberkulosis (TBC)
 Asma Lainnya :
Durasi sejak terdiagnosis sampai sekarang :

C. Riwayat kebiasaan merokok

Apakah Anda punya riwayat merokok? * (*centang salah satu*)
 Ya
 Tidak
Bagaimana kebiasaan merokok Anda saat ini? * (*centang salah satu*)
 Berhenti merokok
 Masih merokok

D. Berhenti merokok (**HANYA DIISI BILA MENJAWAB 'BERHENTI MEROKOK'**)

Kapan Anda memutuskan berhenti merokok?* (*centang salah satu*)
 Sebelum terdiagnosis
 Saat terdiagnosis
 Setelah terdiagnosis
Sudah berapa lama Anda berhenti merokok?
.....
Sudah berapa lama Anda merokok sebelum memutuskan untuk berhenti merokok?
.....

Terapi berhenti merokok apa yang Anda dapatkan? (*centang pilihan yang sesuai*)

- Nicotine replacement therapy (NRT)
Jika ya, apa bentuk NRT yang Anda dapat?
 Patch transdermal Semprot nasal (*nasal spray*)
 Inhaler Lainnya :
 Permen (*karet / isap*)
 Farmakoterapi (Obat – obatan)
Jika ya, apa bentuk obat yang Anda dapat?
 Varenicline N-asetilsistein (NAC)
 Bupropion Lainnya :
 Cytisine
 Rokok elektronik (*E-cigarette, vape, dll*)
 Hipnoterapi
 Obat tambahan (antidepresan, dll)
 Lainnya :

Apa alasan Anda berhenti merokok?* (*centang salah satu*)

- Program promosi kesehatan Konseling dan bimbingan
 Faktor finansial Faktor religius / budaya
 Faktor diri sendiri Lainnya :
 Faktor keluarga

E. Masih merokok (**HANYA DIISI BILA MENJAWAB 'MASIH MEROKOK'**)

Sudah berapa lama Anda merokok?
.....
Berapa batang rokok yang Anda konsumsi per hari?
.....
Jenis rokok yang Anda konsumsi?* (*centang salah satu*)
 Rokok elektrik Cerutu
 Rokok putih Lainnya :
 Rokok kretek
Apa alasan Anda masih merokok?* (*centang salah satu*)
 Faktor lingkungan Faktor teman
 Faktor diri sendiri Faktor iklan
 Faktor keluarga Lainnya :