

## DAFTAR PUSTAKA

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## Lampiran 1

### SANS Versi Bahasa Indonesia

Terjemahan Final *Scale for the Assessment of Negative Symptoms* (SANS) Versi Bahasa Indonesia

**Departemen Psikiatri, Fakultas Kedokteran, Universitas Hasanuddin**

**Skala Penilaian Gejala Negatif**

**S A N S**

**Nancy C. Andreasen**

Nama :

Umur :

Tanggal :

Penilai :

**0. Terjemahan Final** [ \_ \_ ]

**1. Pendataran atau Penumpulan afek**

- 1 Ekspresi wajah tidak berubah** [ \_ ]  
Ekspresi wajah pasien tampak kaku, perubahan tidak sesuai harapan sebagaimana perubahan isi dan wacana.
- 2 Gerakan spontan berkurang** [ \_ ]  
Pasien menunjukkan sedikit atau tidak ada gerakan spontan, tidak berpindah posisi, tidak bergerak, dan lain lain
- 3 Perilaku ekspresif yang jarang** [ \_ ]  
Pasien tidak menggunakan gerakan tangan, posisi badan dan lainnya untuk membantu menyampaikan idenya
- 4 Kontak mata kurang** [ \_ ]  
Pasien menghindari kontak mata atau memberikan tatapan kosong saat berbicara kepada pewawancara
- 5 Ketidakmampuan respon afektif** [ \_ ]  
Pasien tidak mampu tertawa atau tersenyum saat distimulasi
- 6 Afek yang tidak sesuai** [ \_ ]  
Afek pasien tidak sesuai atau tidak tepat, tidak hanya datar atau tumpul
- 7 Berkurangnya naik turun nada suara** [ \_ ]  
Pasien tidak mampu menunjukkan pola penekanan nada suara yang normal, seringkali monoton.

- 8 Penilaian pendataran afek global** [ \_ ]  
Penilaian ini seharusnya berfokus pada keseluruhan tingkat keparahan gejala umum, khususnya terhadap ketidak tanggapan, kontak mata, ekspresi wajah dan perubahan nada suara.

## 2. ALOGIA

- 9 Kemiskinan Pembicaraan** [ \_ ]  
Jawaban pasien terhadap sebuah pertanyaan sangat terbatas, cenderung singkat, padat dan tidak berkembang.
- 10 Kemiskinan isi pembicaraan** [ \_ ]  
Jawaban pasien memadai tetapi cenderung tidak jelas, terlalu padat atau terlalu umum dan sedikit informasi.
- 11 Terputus jalan pikiran (bloking)** [ \_ ]  
Pasien menunjukkan jalan pikiran yang terganggu baik secara spontan atau dengan dorongan.
- 12 Peningkatan respon laten** [ \_ ]  
Pasien memerlukan waktu lama untuk menjawab pertanyaan; dengan menggunakan dorongan pasien mengetahui apa yang ditanyakan.
- 13 Penilaian alogia global** [ \_ ]  
Gambaran utama dari alogia adalah kemiskinan pembicaraan dan isi pembicaraan.

## 3. Avolisia – apatis

- 14 Perawatan dan kebersihan** [ \_ ]  
Pakaian pasien mungkin tidak rapi atau kotor, dan rambutnya mungkin berminyak, memiliki bau badan tak sedap, dan lain lain
- 15 Ketidaktekunan di tempat kerja atau sekolah** [ \_ ]  
Pasien mengalami kesulitan untuk mendapatkan atau mempertahankan pekerjaannya, menyelesaikan tugas sekolah, merawat rumah, dan lainnya. Jika sedang dirawat, mereka tidak dapat mengikuti kegiatan-kegiatan bangsal rumah sakit seperti terapi okupasi, permainan kartu dan lainnya
- 16 Kurangnya energi fisik (anergia fisik)**  
Pasien cenderung berdiam diri. Pasien dapat duduk berjam-jam dan tidak memiliki inisiatif spontan untuk beraktivitas.
- 17 Penilaian avolisia – apati secara global** [ \_ ]  
Penilaian yang tinggi dapat diberikan kepada satu atau beberapa gejala yang menonjol, terutama jika sangat mencolok.

[ \_ ]

## 4. Anhedonia – Asosial

- 18 Minat dan aktivitas rekreasi** [ \_ ]  
 Pasien menunjukkan sedikit atau tidak ada minat. Perlu dipertimbangkan kualitas dan kuantitas minat pasien.
- 19 Aktivitas seksual** [ \_ ]  
 Pasien menunjukkan penurunan minat dan aktivitas seksual atau penurunan kenikmatan aktivitas seksual.
- 20 Kemampuan untuk merasakan keintiman dan kedekatan** [ \_ ]  
 Pasien menunjukkan ketidakmampuan untuk membangun hubungan dekat atau intim, khususnya dengan lawan jenis dan keluarga.
- 21 Hubungan dengan teman dan sesama** [ \_ ]  
 Pasien memiliki sedikit atau tidak ada teman sama sekali, dan mungkin cenderung menghabiskan waktu mengisolasi dirinya.
- 22 Penilaian Anhedonia – Asosial secara Global** [ \_ ]  
 Penilaian ini haruslah mencerminkan keseluruhan tingkat keparahan, dengan mempertimbangkan umur pasien, status keluarga, dan lainnya.

### 5. Kepedulian

- 23 Ketidakpedulian Sosial** [ \_ ]  
 Pasien tampak tidak terlibat atau tidak terikat. Dia mungkin terlihat “lalai”.
- 24 Ketidakpedulian selama pemeriksaan status mental** [ \_ ]  
 pemeriksaan “serial 7” (setidaknya 5 pengurangan) dan pengejaan kata “wahyu” secara terbalik. Skor 2=1 jawaban salah, skor 3=2 jawaban salah, skor 4=3 jawaban salah.
- 25 Penilaian kepedulian secara global** [ \_ ]  
 Penilaian ini haruslah menilai keseluruhan konsentrasi pasien secara pemeriksaan klinis dan pengujian

#### Scoring scale

- 0** : Tidak ada  
**1** : Meragukan  
**2** : Ringan  
**3** : Sedang  
**4** : Signifikan  
**5** : Berat

## Lampiran 2 Skala PANSS

### THE POSITIVE AND NEGATIVE SYNDROME SCALE ( PANSS )

Nama :  
Umur :  
Tanggal :  
Penilai :

#### Keterangan :

- Nilai 1 : Tidak ada gejala.  
Nilai 2 : Gejala Minimal, gejalanya masih diragukan keberadaannya, atau masih cenderung tampak normal.  
Nilai 3 : Gejala Ringan, keberadaan gejala yang jelas, tetapi tidak terlalu berpengaruh pada fungsi keseharian.  
Nilai 4 : Gejala Sedang, adanya gejala yang menimbulkan masalah serius sehingga kadang-kadang cukup mengganggu aktivitas keseharian.  
Nilai 5 : Gejala Agak Berat, manifestasi gejala bermakna yang mempengaruhi fungsi seseorang, tetapi tidak keseluruhan hidup, dan masih dapat diatasi.  
Nilai 6 : Gejala Berat, psikopatologi yang berat dan frekuensinya sering, sangat mengganggu kehidupan seseorang dan selalu membutuhkan pengawasan langsung.  
Nilai 7 : Gejala Sangat Berat, merujuk pada psikopatologi dengan level serius, sangat mempengaruhi hampir seluruh fungsi kehidupan sehingga membutuhkan pengawasan ketat

#### Gejala Positif (P)

Gejala	1	2	3	4	5	6	7
P1. Waham							
P2. Kekacauan proses pikir							
P3. Halusinasi							
P4. Gaduh gelisah							
P5. Waham kebesaran							
P6. Kecurigaan atau kejaran							
P7. Permusuhan							

#### Gejala Negatif (N)

Gejala	1	2	3	4	5	6	7
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N1. Afek tumpul							
N2. Penarikan emosi							
N3. Kemiskinan rapport							
N4. Penarikan diri							
N5. Pemikiran abstrak							
N6. Spontanitas dan arus percakapan							
N7. Pemikiran stereotipik							

### Skala Psikopatologi Umum (G)

Gejala	1	2	3	4	5	6	7
G1. Kekhawatiran somatik							
G2. Ansietas							
G3. Rasa bersalah							
G4. Ketegangan							
G5. Manerisme dan sikap tubuh							
G6. Depresi							
G7. Retardasi motorik							
G8. Ketidakkoooperatipan							
G9. Isi pikiran yang tidak biasa							
G10. Disorientasi							
G11. Perhatian buruk							
G12. Kurangnya daya nilai dan tilikan							
G13. Gangguan dorongan kehendak							
G14. Pengendalian impuls yg buruk							
G15. Preokupasi							
G16. Penghindaran sosial secara aktif							



### Lampiran 3: Formulir *Informed Consent*

#### FORMULIR PERSETUJUAN MENGIKUTI PENELITIAN SETELAH MENDAPAT PENJELASAN

Setelah membaca informasi penelitian dan menyadari pentingnya penelitian :  
“Pengaruh pemberian terapi musik terhadap gejala negatif dan kadar IL-1 $\beta$  serum pada pasien skizofrenia yang mendapatkan terapi risperidone”

Maka saya yang bertanda tangan dibawah ini:

Nama :  
Umur :  
Jenis Kelamin :  
Pekerjaan :  
Alamat :  
Status Pernikahan :  
Pendidikan terakhir :

Saya bersedia untuk melakukan **pengisian kuesioner** dengan data yang sebenar-benarnya dan **berpartisipasi** dalam penelitian. Saya mengerti sepenuhnya data yang diambil tidak akan mempengaruhi kondisi kesehatan saya dan hal ini semata – mata dilakukan untuk kepentingan penelitian serta tidak akan disalahgunakan. Saya mengetahui bahwa saya berhak untuk menolak ikut serta dalam penelitian ini. Semua efek samping yang terjadi sehubungan dengan penelitian ini, biaya kompensasi perawatannya akan ditanggung oleh peneliti.

Demikian persetujuan ini saya buat dengan penuh kesadaran tanpa paksaan.

Makassar,.....2023

Pelaksana Penelitian

Responden

(dr. Arman)

(.....)

## Lampiran 4 : Persetujuan Etik Penelitian



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, MMed, PhD, SpCk TELP. 081241850858, 0411 5780103, Fax : 0411-581431



### REKOMENDASI PERSETUJUAN ETIK

Nomor : 224/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 11 April 2023

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

No Protokol	UH23020120	No Sponsor Protokol	
Peneliti Utama	<b>dr. Arman</b>	Sponsor	
Judul Peneliti	Pengaruh Terapi Musik terhadap Perbaikan Gejala Negatif dan Kadar Interleukin 1 $\beta$ (IL-1 $\beta$ ) Plasma Pasien Skizofrenia yang Mendapatkan Terapi Risperidone		
No Versi Protokol	2	Tanggal Versi	<b>10 April 2023</b>
No Versi PSP	2	Tanggal Versi	<b>10 April 2023</b>
Tempat Penelitian	RS Universitas Hasanuddin dan RS Jejaring di Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input checked="" type="checkbox"/> Fullboard Tanggal <b>5 April 2023</b>	Masa Berlaku <b>11 April 2023</b> sampai <b>11 April 2024</b>	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama <b>Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)</b>	Tanda tangan 	
Sekretaris KEP Universitas Hasanuddin	Nama <b>dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)</b>	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 5 : Izin Melakukan Penelitian



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET, DAN TEKNOLOGI  
UNIVERSITAS HASANUDDIN  
FAKULTAS KEDOKTERAN  
**PROGRAM STUDI SPESIALIS KEDOKTERAN JIWA**  
Rumah Sakit Pendidikan Unhas Gedung A Lantai V, Jl. Perintis Kemerdekaan Km. 11, Makassar  
Email : [psychiatry.fkrah@email.com](mailto:psychiatry.fkrah@email.com)

### SURAT PERSETUJUAN ATASAN

No : 4276/UN4.6.8/PT.01.04/2023

Yang bertanda tangan di bawah ini

Nama Lengkap : Dr. dr. Saidah Syamsuddin, SpKJ  
NIP : 19700114 200112 2 001  
Jabatan : Ketua Program Studi Departemen Ilmu Kedokteran Jiwa  
Fakultas Kedokteran Universitas Hasanuddin

Sebagai atasan dari :

Nama : dr. Arman  
NIM : C065201002  
Pekerjaan : Mahasiswa PPDS Departemen Ilmu Kedokteran Jiwa  
Fakultas Kedokteran Universitas Hasanuddin

Menyatakan menyetujui yang bersangkutan melakukan penelitian dengan judul :

**“Pengaruh Terapi Musik terhadap Perbaikan Gejala Negatif dan Kadar Interleukin 1 $\beta$  (IL-1 $\beta$ ) Plasma Pasien Skizofrenia yang Mendapatkan Terapi Risperidone”**

Makassar, 15 Februari 2023



Ketua Program Studi

**Dr. dr. Saidah Syamsuddin, Sp.KJ**  
NIP. 19700114 200112 2 001

## Lampiran 6 : Izin Melakukan Penelitian RSKD Dadi



**PEMERINTAH PROVINSI SULAWESI SELATAN**  
**DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU**

Jl. Bougenville No.5 Telp. (0411) 441077 Fax. (0411) 448936  
Website : <http://simap-new.sulselprov.go.id> Email : [ptsp@sulselprov.go.id](mailto:ptsp@sulselprov.go.id)  
Makassar 90231

Nomor : **16813/S.01/PTSP/2023** Kepada Yth.  
Lampiran : - Walikota Makassar  
Perihal : **Izin penelitian**

di-  
Tempat

Berdasarkan surat Ketua Prog. Studi Spesialis Kedokteran Jiwa Fak. Kedokteran UNHAS Makassar Nomor : 4279/UN4.6.8/PT.01.04/2023 tanggal 15 Februari 2023 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

N a m a : **ARMAN**  
Nomor Pokok : **C065201002**  
Program Studi : **Ilmu Kedokteran Jiwa**  
Pekerjaan/Lembaga : **Mahasiswa (S2)**  
Alamat : **Jl. P. Kemerdekaan Km. 10 Makassar**

**PROVINSI SULAWESI SELATAN**

Bermaksud untuk melakukan penelitian di daerah/kantor saudara dalam rangka menyusun Tesis, dengan judul :

**" PENGARUH TERAPI MUSIK TERHADAP PERBAIKAN GEJALA NEGATIF DAN KADAR INTERLEUKIN-1? (IL- 1?) PLASMA PASIEN SKIZOFRENIA YANG MENDAPATKAN TERAPI RISPERIDONE "**

Yang akan dilaksanakan dari : Tgl. **16 mei s/d 15 Agustus 2023**

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami **menyetujui** kegiatan dimaksud dengan ketentuan yang tertera di belakang surat izin penelitian.

Demikian Surat Keterangan ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar  
Pada Tanggal 16 Mei 2023

A.n. GUBERNUR SULAWESI SELATAN  
PLT. KEPALA DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU  
SATU PINTU PROVINSI SULAWESI SELATAN



**Drs. MUH SALEH, M.Si.**  
Pangkat : **PEMBINA UTAMA MUDA**  
Nip : **19690717 199112 1002**

Tembusan Yth

1. Ketua Prog. Studi Spesialis Kedokteran Jiwa Fak. Kedokteran UNHAS Makassar di Makassar;
2. *Pertinggal.*

## Lampiran 7 : Izin Penelitian Laboratorium Mikrobiologi FK Unhas



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN,  
RISET, DAN TEKNOLOGI  
UNIVERSITAS HASANUDDIN  
FAKULTAS KEDOKTERAN  
DEPARTEMEN MIKROBIOLOGI

Jl. Perintis Kemerdekaan Km.10 Tamalanrea Makassar 90245 Tlp/Fax. (0411)586010  
email: mikrobiologi@med.unhas.ac.id

### SURAT KETERANGAN SELESAI PENELITIAN

No : 25598/UN4.6.7.1/PT.01.05/2023

Dengan ini menerangkan bahwa peneliti/mahasiswa berikut ini :

Nama : dr. Arman  
NIM : C065201002  
Program Studi : Kedokteran Jiwa  
Judul Penelitian : Pengaruh Terapi Musik Terhadap Perbaikan Gejala Negatif dan Kadar Interleukin.1 Beta ( IL.1B ) Serum Pasien Skizofrenia Yang Mendapatkan Terapi Risperidone

Telah selesai melakukan penelitian

Pada tanggal : 16 Oktober 2023  
Jumlah subjek : 88  
Jenis data : Data Primer

Dengan staf Laboran pendamping

Nama : Syafri S.AMAK

Surat keterangan ini juga merupakan penjelasan bahwa peneliti/mahasiswa diatas tidak mempunyai sangkutan lagi pada unit/laboratorium kami.

Demikian surat ini dibuat untuk dipergunakan sebagaimana mestinya.

Makassar , 30 Oktober 2023

Mengetahui,  
Sekretaris Departemen Mikrobiologi  
Fakultas Kedokteran Unhas  
  
Lisa Tennessee M., M.Med., Sc., Sp.MK  
NIP. 199303042012122003



## Lampiran 8 : Dokumentasi Penelitian



