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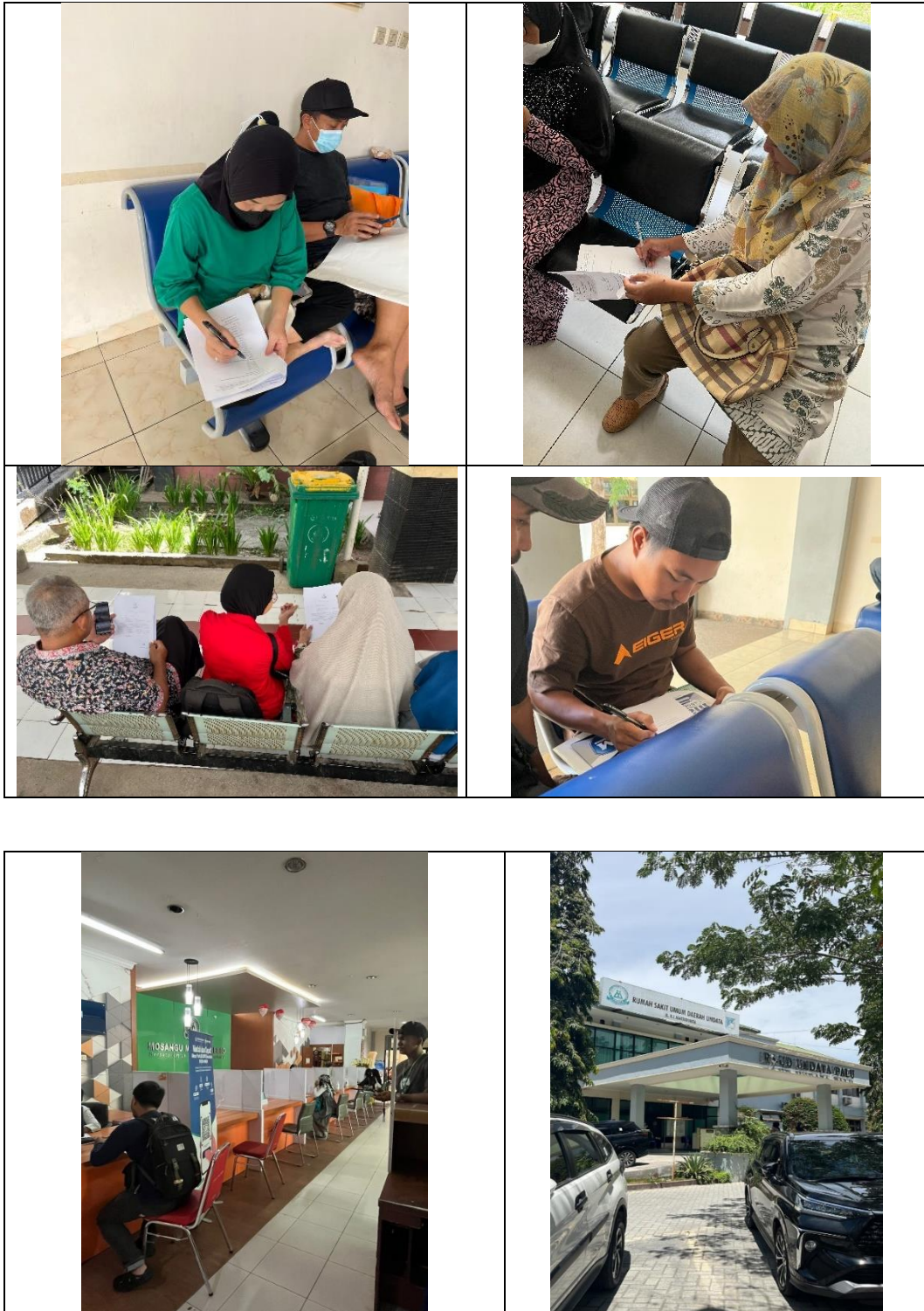
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## LAMPIRAN

### LAMPIRAN 1

### DOKUMENTASI PENELITIAN







**LAMPIRAN II****KUISIONER PENELITIAN**

PENGARUH WAKTU TUNGGU TERHADAP KEPUASAN PASIEN PERAWATAN GIGI DAN MULUT RSUD UNDATA PROVINSI SULAWESI TENGAH

**A. Identitas Responden**

Isikan jawaban Anda pada tempat yang sudah disediakan dan beri tanda (√) pada jawaban yang Anda pilih.

1. Nama :

2. Jenis Kelamin :

3. Umur/usia :

**4. Pendidikan terakhir Anda (ijazah terakhir yang dimiliki) :**

SD

SMP/Sederajat

SMU/Sederajat

Akademi/Diploma

Sarjana

**5. Pekerjaan Anda saat ini :**

Pelajar/Mahasiswa

Karyawan Swasta

Wiraswasta

PNS/TNI / POLRI

DII

**6. Pengguna Asuransi:**

Mandiri/Umum

BPJS/Inhealth

### A. Kuisisioner Waktu Tunggu

Isikan jawaban Anda pada tempat yang sudah disediakan dan beri tanda(√) pada jawaban yang Anda pilih

#### Jam Buka Pelayanan

1. Berapa menit anda menunggu sejak mengambil nomor antrian loket sampai selesai registrasi?  
 10-15 menit    16-30 menit    31-45 menit    46-60 menit    >60menit

#### Waktu tunggu di depan Poli

2. Berapa menit waktu menunggu Anda sampai masuk ke dalam ruang poli pemeriksaan bertemu dokter?  
 10-15 menit    16-30 menit    31-45 menit    46-60 menit    >60menit

#### Waktu Tunggu di dalam ruang Poli dokter

3. Berapa menit waktu anda yang terpakai selama dilayani sampai selesai dilakukan pemeriksaan dan tindakan oleh dokter?  
 10-15 menit    16-30 menit    31-45 menit    46-60 menit    >60menit

#### Lama waktu pelayanan di loket pembayaran

4. Berapa menit yang Anda butuhkan untuk melakukan transaksi pengembalian berkas atau pembayaran di loket?  
 10-15 menit    16-30 menit    31-45 menit    46-60 menit    >60menit

#### Lama Waktu pengambilan obat

5. Pernahkah Anda mendapatkan resep obat dari Poli perawatan Gigi Mulut ?  
 Jika Pernah, Berapa menit Anda menunggu di loket pengambilan obat?  
 10-15 menit    16-30 menit    31-45 menit    46-60 menit    >60menit

#### Lama Pelayanan Radiologi

6. Pernahkah Anda melakukan perawatan foto ronsen gigi? Jika Pernah, Berapa lama waktu yang Anda butuhkan saat menunggu proses sampai hasil ronsen diberikan kepada Anda ?  
 10-15 menit    16-30 menit    31-45 menit    46-60 menit    >60menit

## B. Kuisioner Kepuasan Pasien

Petunjuk tanda silang (X) pada kotak jawaban di bawah ini yanb sesuai pendapat anda

SS : Sangat Setuju

S : Setuju

R : Ragu-ragu

TS : Tidak Setuju

STS : Sangat Tidak Setuju

### Bukti Fisik (*Tangibles*)

No	Pernyataan	SS	S	R	TS	STS
1.	Ruang tunggu pasien bersih dan rapi					
2.	Tempat duduk di ruang tunggu memadai					
3.	Penataan jalur pelayanan antrian dan loket teratur					
4.	Petugas kesehatan berpenampilan rapi					
5.	Penerangan di ruang pemeriksaan pasien cukup baik					
6.	Jarak ruang dokter dengan loket obat dan pembayaran dekat					

### Daya Tanggap (*Responsivness*)

No	Pernyataan	SS	S	R	TS	STS
1.	Proses pendaftaran cepat					
2.	Dokter/ petugas kesehatan cepat tanggap menangani keluhan anda					
3.	Dokter/ petugas kesehatan memberikan informasi yang jelas dan mudah dimengerti					
4.	Petugas pelayanan kesehatan sudah mempersiapkan segalanya dengan baik					
5.	Petugas obat dan kasir cepat tanggap dalam melayani anda					

### Kehandalan (*Reliability*)

No	Pernyataan	SS	S	R	TS	STS
1.	Proses dan tata cara pendaftaran mudah dan jelas					
2.	Pelayanan pemeriksaan, pengobatan, dan perawatan yang diberikan cepat dan tepat					
3.	Petugas kesehatan menjelaskan dan mengarahkan pelayanan dengan terampil dan dapat anda mengerti					
4.	Dokter/petugas kesehatan menjelaskan setiap tindakan yang akan di lakukan dan bersikap hati-hati dalam melakukan setiap tindakan					
5.	Pemeriksaan pasien dilakukan sesuai nomor antrian					

**Jaminan (*Assurance*)**

No	Pernyataan	SS	S	R	TS	STS
1.	Jadwal pelayanan poli dijalankan tepat waktu					
2.	Dokter/petugas kesehatan melayani anda dengan sopan dan ramah					
3.	Dokter/petugas kesehatan menjawab pertanyaan anda dengan jelas dan penuh keyakinan					
4.	Dokter/petugas kesehatan menggunakan alat pelindung (masker, sarung tangan, dll)					
5.	Dokter/petugas kesehatan bersikap hati-hati dalam melakukan setiap tindakan perawatan					
6.	Dokter/petugas kesehatan jujur menyampaikan informasi termasuk biaya perawatan					

**Penuh Perhatian (*Emphaty*)**

No	Bagaimana pendapat anda mengenai	SS	S	R	TS	STS
1.	Petugas pendaftaran dan kesehatan memberi pelayanan tanpa membedakan pasien					
2.	Dokter/petugas kesehatan memberikan perhatian, gaya bahasa dan mimik wajah baik terhadap setiap keluhan Anda					
3.	Dokter/petugas kesehatan bersedia mendengarkan keluhan Anda dengan seksama					
4.	Petugas memberi salam dan doa "semoga lekas sembuh" sebelum berpisah dengan anda					

No	Pertanyaan	Jawaban
	Poli Gigi yang akan Anda tujui ?	<ul style="list-style-type: none"> <li>○ Endodontik</li> <li>○ Bedah Mulut</li> <li>○ Periodonti</li> <li>○ Prostodonti</li> <li>○ Klinik Gigi Umum</li> </ul>
	Berapa lama waktu perawatan Anda (Menit) dilayani di dalam poli?	



**LAMPIRAN III**  
**INFORM CONSENT**

NO RM : .....



**SURAT PENOLAKAN MENJADI RESPONDEN PENELITIAN**  
**INFORMED CONSENT**

Saya yang bertanda tangan dibawah sebagai responden,

Nama :

Jenis Kelamin :

Umur :

Alamat :

Menyatakan menolak menjadi responden atas peneliti,

Nama : DHIYAAN ANNISAH M.N.ABDUH

NIM/NIP : J012221001

Asal institusi/Instansi : UNIVERSITAS HASANUDDIN, MAKASSAR

Judul : PENGARUH WAKTU TUNGGU TERHADAP KEPUASAN PASIEN PERAWATAN GIGI DAN MULUT  
RSUD UNDATA PROVINSI SULAWESI TENGAH

Alasan :

Surat pernyataan ini saya buat dengan kesadaran saya sendiri tanpa tekanan maupun paksaan

Palu, ..... 2024

Peneliti

Responden

(.....)

(.....)