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LAMPIRAN

KUISIONER ASTA

(Arrhythmia-Specific Questionnaire in Tachycardia and Arrhythmia)^{*}

Identitas

Nama :

No RM :

No HP :

Tanggal pengisian :

Terima kasih atas kesediaan Anda menjawab pertanyaan di bawah ini. Kuisioner ini bertujuan untuk memetakan simptom/gejala dari masalah irama jantung Anda dan efeknya terhadap kualitas kehidupan dan kesehatan Anda.

ASTA bagian I

1. Kapan terakhir kali Anda merasakan gejala gangguan irama jantung?

- Terus menerus
- Hitang timbul setiap hari
- Kurang dari 1 minggu yang lalu
- Kurang dari 1 bulan yang lalu
- 1 – 3 bulan yang lalu
- 3 – 6 bulan yang lalu
- 6 – 12 bulan yang lalu
- Lebih dari 1 tahun yang lalu

2. Apakah Anda saat ini dalam pengobatan terhadap gangguan irama jantung?

- Tidak
- Iya, sebutkan obat apa yang dikonsumsi
.....

ASTA Bagian II – Simptom spefisik aritmia

1. Berapa lama biasanya gangguan irama jantung Anda rasakan?
 Kurang dari 1 jam
 1 – 7 jam
 7 – 24 jam
 24 jam – 2 hari
 2 – 7 hari
 Lebih dari 7 hari

2. Berapa waktu paling lama gangguan irama jantung yang Anda rasakan?
 Kurang dari 1 jam
 1 – 7 jam
 7 – 24 jam
 24 jam – 2 hari
 2 – 7 hari
 Lebih dari 7 hari

3. Berapa kali Anda merasakan gangguan irama jantung dalam 3 bulan terakhir?
 Tidak pernah
 Kurang dari 5 kali
 5 – 15 kali
 16 – 30 kali
 Lebih dari 30 kali (namun tidak setiap hari)
 Hilang timbul setiap hari
 Terus menerus

4. Apakah Anda merasakan gejala berikut yang berkaitan dengan gangguan irama jantung? (*dapat dipilih lebih dari satu*)
 Detak jantung cepat
 Detak jantung teratur
 Detak jantung tidak teratur
 Detak jantung terasa lebih keras
 Sensasi detak jantung hilang beberapa kali
 Gangguan irama jantung yang timbul kurang dari 1 menit
 Tidak merasakan gejala apapun

5. Apakah gangguan irama jantung Anda timbul pada waktu-waktu tertentu?
 Tidak
 Iya, sebutkan kapan saja waktunya
.....

6. Apakah Anda merasakan keluhan berikut yang berkaitan dengan ganggaun irama jantung?
- a. Sesak nafas saat beraktifitas
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
 - b. Sesak nafas saat istirahat
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
 - c. Pusing
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
 - d. Keringat dingin
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
 - e. Lemas
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
 - f. Cepat lelah
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
 - g. Nyeri dada
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
 - h. Rasa tidak nyaman/tertekan di dada
 - Ya, sering

- Ya, beberapa kali
- Ya, kadang-kadang
- Tidak
- i. Cemas
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
- 7. Apakah Anda pernah merasakan hampir pingsan terkait dengan gangguan irama jantung?
 - Tidak
 - Iya
- 8. Apakah Anda mengalami pingsan terkait dengan gangguan irama jantung?
 - Tidak
 - Iya

ASTA Bagian III – Kualitas Kehidupan yang Berhubungan dengan Kesehatan

1. Apakah Anda merasa terganggu dalam melakukan pekerjaan atau kegiatan sehari-hari akibat gangguan irama jantung?
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
2. Apakah Anda jarang menghabiskan waktu dengan keluarga akibat gangguan irama jantung?
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
3. Apakah Anda jarang bertemu dengan orang-orang dilingkungan sekitar akibat gangguan irama jantung?
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang
 - Tidak
4. Apakah Anda terganggu dalam melakukan kegiatan bepergian akibat gangguan irama jantung?
 - Ya, sering
 - Ya, beberapa kali
 - Ya, kadang-kadang

Tidak

5. Apakah Anda merasakan penurunan tenaga fisik akibat gangguan irama jantung?
 Ya, sering
 Ya, beberapa kali
 Ya, kadang-kadang
 Tidak
6. Apakah Anda merasakan penurunan kemampuan berkonsentrasi akibat gangguan irama jantung?
 Ya, sering
 Ya, beberapa kali
 Ya, kadang-kadang
 Tidak
7. Apakah Anda merasa kurang bersemangat atau sedih akibat gangguan irama jantung?
 Ya, sering
 Ya, beberapa kali
 Ya, kadang-kadang
 Tidak
8. Apakah Anda merasa marah akibat gangguan irama jantung?
 Ya, sering
 Ya, beberapa kali
 Ya, kadang-kadang
 Tidak
9. Apakah Anda mengalami gangguan tidur akibat gangguan irama jantung?
 Ya, sering
 Ya, beberapa kali
 Ya, kadang-kadang
 Tidak
10. Apakah Anda mengalami gangguan kemampuan seksual akibat gangguan irama jantung?
 Ya, sering
 Ya, beberapa kali
 Ya, kadang-kadang
 Tidak
11. Apakah Anda merasakan perasaan ketakutan akan kematian akibat gangguan irama jantung?
 Ya, sering
 Ya, beberapa kali

- Ya, kadang-kadang
- Tidak

12. Apakah Anda merasakan gangguan suasana kehidupan akibat gangguan irama jantung?

- Ya, sering
- Ya, beberapa kali
- Ya, kadang-kadang
- Tidak

13. Apakah Anda merasa cemas gejala akibat gangguan irama jantung yang Anda rasakan akan timbul kembali?

- Ya, sering
- Ya, beberapa kali
- Ya, kadang-kadang
- Tidak

*diterjemahkan dari Ulla W, et al. Development and validation of an arrhythmia-specific scale in tachycardia and arrhythmia with focus on health-related quality of life. J Cardiovasc Nurs 2015;30:98-108.

**Penanggung Jawab Kuisioner
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PPDS Kardiologi dan Kedokteran Vaskular UNHAS
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REKOMENDASI PERSETUJUAN ETIK

Nomor : 153/UN4.6.4.5.31/ PP36/ 2020

Tanggal: 14 Februari 2020

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

No Protokol	UH20020106	No Sponsor Protokol	
Peneliti Utama	dr. Muchtar Nora Ismail Siregar	Sponsor	
Judul Peneliti	Luaran Jangka Panjang Pasca-Ablasi Pada Pasien Dengan Low Burden Kompleks Ventrikel Prematur Simptomatik		
No Versi Protokol	1	Tanggal Versi	13 Februari 2020
No Versi PSP		Tanggal Versi	
Tempat Penelitian	RSUP Dr.Wahidin Sudirohusodo Makassar		
Jenis Review	<input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku 14 Februari 2020 sampai 14 Februari 2021	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian Kesehatan FKUH	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan 	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH	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 Lapor 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 protokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan