

DAFTAR PUSTAKA

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Lampiran 1. Kuesioner Penelitian

I. FORMULIR DATA UMUM

No. Identitas

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Nama responden :

Rumah Sakit :

No.	Deskripsi	Jawaban	Kode				
1.	Jenis kelamin	1. [] Laki-Laki 2. [] Perempuan	I.1				
2.	Tgl, bulan, tahun lahir	<table><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					I.2
3.	Umur (tahun)	<table><tr><td> </td><td> </td></tr></table>			I.3		
4.	Agama	1. [] Islam 2. [] Kristen 3. [] Katolik 4. [] Hindu 5. [] Budha	I.4				
5.	Status pernikahan	1. [] Belum Menikah 2. [] Sudah Menikah 3. [] Janda/Duda	I.5				
6.	Pendidikan terakhir	1. [] Tidak/ belum pernah sekolah 2. [] SD/MI 4. [] SLTP/MTS 5. [] SLTA/SMK/MA 6. [] D2/D3/D4/Sarjana 7. [] S2/S3	I.6				
7.	Pekerjaan	1. [] Tidak kerja 2. [] Mahasiswa 3. [] Ibu rumah tangga 4. [] PNS 5. [] Pegawai swasta 6. [] Wiraswasta/Pedagang 7. [] Petani 8. [] Lain-lain,	I.7				
8.	Riwayat Penyakit Keluarga	1. [] Diabetes Mellitus 2. [] Hipertensi 3. [] Jantung	I.8				

		4. ☐ Stroke 5. ☐ Lain-lain,	
9.	Riwayat Merokok	1. ☐ Ya 2. ☐ Tidak	I.9
10.	Tanggal masuk RS		I.10
11.	Tanggal keluar RS		I.11
	Status kepulangan	Membaik/rujuk/pindah bangsal khusus/.....	
12.	Lama rawat inap	hari	I.12
13.	Diagnosis medis	a. b. c. d. e. f. g. h. i. j.	I.13
14.	Komorbidity	1. ☐ <i>Metastatic solid tumor</i> 2. ☐ <i>AIDS</i> 3. ☐ <i>Moderate or severe liver disease</i> 4. ☐ <i>Hemiplegia</i> 5. ☐ <i>Moderate or severe renal failure</i> 6. ☐ <i>Diabetes with end organ damage</i> 7. ☐ <i>Neoplasia</i> 8. ☐ <i>Leukemia</i> 9. ☐ <i>Lymphoma</i> 10. ☐ <i>Myocardial infarct</i> 11. ☐ <i>Congestive Heart Failure</i> 12. ☐ <i>Peripheral vascular disease</i> 13. ☐ <i>Cerebrovascular disease</i> 14. ☐ <i>Dementia</i> 15. ☐ <i>Chronic pulmonary disease</i> 16. ☐ <i>Connective tissue disease</i> 17. ☐ <i>Ulcer disease</i> 18. ☐ <i>Mild liver disease</i> 19. ☐ <i>Diabetes</i> 20. ☐ 21. ☐ 22. ☐ 23. ☐ 24. ☐ 25. ☐	I.14
15.	Bangsal perawatan	1. ☐ Bedah 2. ☐ Penyakit dalam	I.15

		3. ☐ Obsgyn 4. ☐ Mata 5. ☐ Kulit Kelamin 6. ☐ lain-lain:	
16.	Kelas perawatan	1. ☐ Kelas I 2. ☐ Kelas II 3. ☐ Kelas III 4. ☐ VIP	I.16
17.	Apakah mendapat tindakan medis?	1. ☐ ya 2. ☐ tidak	I.17
18.	Jika ya, sebutkan jenis tindakannya	1. Hemodialisa 2. Fisioterapi 3. Oksigen 4.	I.18
19.	Riwayat rawat inap dalam 1 tahun terakhir	1.kali 2. Penyebab:	I.19
20.	Riwayat pembedahan dalam 1 tahun terakhir	1. Tidak 2. Ya, a. Jenis Operasi: b. Waktu:	I.20
21.	Riwayat rujukan	1. ☐ Iya 2. ☐ Tidak	I.21
22.	Jika Iya, dirujuk dari	1. ☐ RS Tipe B 2. ☐ RS Tipe C 3. ☐ RS Tipe D 4. ☐ Puskesmas 5. ☐ lain-lain:	I.22
23.	Lingkungan tempat tinggal	1. Tinggal sendiri 2. Tinggal bersama pasangan 3. Bersama anak dan keluarga	I.23
24.	Asuransi Kesehatan	1. ☐ Ya 2. ☐ Tidak	I.24

Enumerator:

Tanggal: / /

II. FORMULIR SKRINING GIZI

Hari ke:

No.	Pertanyaan	Jawaban	GLIM	MST	SNST	NRS-2002
1.	Apakah pasien terlihat kurus?	☐ Tidak ☐ Ya			v	
2.	Apakah pakaian Anda terasa longgar?	☐ Tidak ☐ Ya			v	
3.	Apakah Anda mengalami kehilangan berat badan secara tidak sengaja? (3-6 bulan terakhir)	☐ Tidak ☐ 1-5 kg ☐ 6-10 kg ☐ 11-15 kg ☐ >15 kg ☐ Tidak tahu turun berapa kg atau tidak yakin (ada tanda baju lebih longgar)	v	v	v	v
4.	Apakah Anda mengalami penurunan asupan makan dalam 1 minggu terakhir karena penurunan nafsu makan/karena kesulitan menerima makan?	☐ Tidak ☐ Ya ☐ Asupan makan 50-75% dari kebutuhan normal ☐ Asupan makan 25-50% dari kebutuhan normal ☐ Asupan 0-<25% dari kebutuhan normal		v	v	v
5.	Apakah Anda merasakan lemah, loyo dan tidak bertenaga?	☐ Tidak ☐ Ya			v	
6.	Apakah Anda menderita suatu penyakit yang mengakibatkan adanya perubahan jumlah atau jenis makanan yang Anda makan?	☐ Tidak ☐ Ya			v	
7.	☐ Tidak ☐ Ya	v			v	
8.	Apakah pasien menderita penyakit berat atau menjalani terapi intensif?	☐ Tidak ☐ Ya				v
9.	Kegawatan penyakit	☐ Kebutuhan gizi normal ☐ Fraktur pinggang*, sirosis*, COPD*, HD kronik, DM kandungan ☐ Bedah mayor abdomen*, stroke*, paru-paru berat, leukimia ☐ Luka kepala*, transplantasi sumsum tulang*, pasien ICU				v
10.	Usia >70 tahun	☐ Tidak				

		☐ Ya				
11.	Apakah IMT <18,5 jika <70 tahun, atau <20 jika >70 tahun	☐ Tidak ☐ Ya	v			
12.	Penyakit infeksi yang diderita selama 1 bulan terakhir	1. ☐ ISPA (flu, batuk, dan demam) 2. ☐ Diare 3. ☐ TBC 4. ☐ Campak 5. ☐ Tidak ada 6. ☐ (Covid-19, dll)	v			
13.	Masalah Kesehatan GI selama 1 minggu terakhir	1. ☐ Disfagia 2. ☐ Mual / muntah 3. ☐ Diare 4. ☐ Penyakit saluran pencernaan 5. ☐ Anoreksia 6. ☐ Lainnya... (Anoreksia, konstipasi) 7. ☐ Tidak ada	v			
14	Peradangan akut berat	1. ☐ Luka bakar 2. ☐ Cedera otak traumatis 3. ☐ Tidak ada	v			
15.	Peradangan kronis	1. ☐ PPOK 2. ☐ CHF (Gagal jantung kongestif) 3. ☐ Ginjal kronis 4. ☐ Hati kronis 5. ☐ Kanker 6. ☐ Diabetes 7. ☐ Atritis reumatoid 8. ☐ Alergi : asma 9. ☐ Tidak ada	v			

Skrining	Skor	Kesimpulan
GLIM		
SNST		
MST		
NRS-2002		

Enumerator:

Tanggal: / /

III. FORMULIR PENGUKURAN STATUS GIZI

Jenis Pengukuran		Tanggal pengukuran					
		Asal/Masuk RS			Akhir/Keluar RS		
A.	Antropometri	Tanggal:			Tanggal:		
		Hari ke:			Hari ke:		
1.	Tinggi Badan*						
2.	Panjang Ulna						
3.	Lingkar Lengan Atas (LILA)	I.	II.				
	Rata-rata LILA						
4.	Lingkar betis	I.	II.				
	Rata-rata lingkar betis						
5.	Berat Badan (jika pasien tidak ada edema atau ascites)						
6.	Berat Badan sebelumnya						
7.	%Penurunan BB						
8.	Indeks Massa Tubuh (IMT)						
9.	%Lemak tubuh (<i>Body fat</i>)						
10.	Total Body Water (TBW)						
11.	Massa otot (<i>muscle mass</i>) & <i>Physic rating</i>						
12.	BMR						
13.	Body age						
14.	Massa Tulang (<i>bone mass</i>)						
15.	<i>Visceral fat</i>						
16.	<i>Handgrip strength</i> (HGS)	I.	II.	III.	I.	II.	III.
	Rata-rata HGS						
B.	Biokimia						
1.	Hemoglobin (g/dl)						
2.	Hematokrit (%)						
3.	Eritrosit ($10^6/\mu\text{L}$)						
4.	MCV (fl)						
5.	MCH (pg)						
6.	MCHC (g/dL)						
7.	Leukosit ($10^3/\mu\text{L}$)						
8.	Limfosit (%)						
9.	Neutrofil						
10.	Albumin (mg/dL)						

*ditanyakan berapa tinggi badan (TB) pasien? (Subjektif), apakah saat ini bisa dilakukan pengukuran tinggi badan? Bila tidak bisa, menggunakan estimasi Panjang Ulna.

IV. FORMULIR FOOD RECALL 1X24 JAM

Hari/Tanggal Pengambilan Data:

Waktu	Nama Masakan	Bahan Makanan	Jumlah Konsumsi	
			URT	Gram
Sarapan				
Selingan pagi				
Makan siang				
Selingan sore				
Makan malam				
Enteral				
Parenteral				

Lampiran 2. Biodata

BIODATA**A. Identitas Diri**

1	Nama Lengkap	dr. Yanti Meilen Mewo
2	Jenis Kelamin	Perempuan
3	Tempat dan Tanggal Lahir	Sonder Minahasa, 18 Mei 1982
4	Status pernikahan	Menikah
5	Jabatan	Peserta PPDS Gizi Klinik FK UNHAS
6	Alamat saat ini	Rusunawa I UNHAS Tamalanrea ,Makassar
7	NIP	198205182008122001
8	NIDN	0018058201
9	Email	yanti.mewo@gmail.com
10	Nomor Telepon/HP	08114301050
11	Asal institusi	FK Universitas Sam Ratulangi Manado

B. Riwayat Pendidikan

SD GMIM Kolongan Atas Sonder	1988 -1994
SMP Negeri 1 Sonder	1994 - 1997
SMU Kristen 1 Tomohon	1997 - 2000
Fakultas Kedokteran Universitas Sam Ratulangi (Dokter Umum)	2000 - 2006
Fakultas Kedokteran Universitas Indonesia (Magister Pendidikan Kedokteran)	2009 - 2011
Fakultas Kedokteran Universitas Hasanuddin (PPDS Gizi Klinik)	2023 - 2026

C. Riwayat Pekerjaan

1	Dokter PTT Kementerian Kesehatan di Puskesmas Manalu dan PKM Salurang Kabupaten Sangihe Talaud Provinsi Sulawesi Utara	April 2007 – Desember 2008
2	Dosen PNS di Fakultas Kedokteran Universitas Sam Ratulangi Manado	Januari 2009 - sekarang