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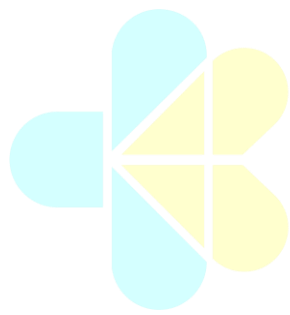
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Appendices 1 *Inform Consent*

**INFORMED CONSENT AND
RESEARCH EXPLANATION**

To Dear Prospective Respondents
On The Spot

Respectfully,
I am the undersigned:

Name : Febrian Sampirgo
Study Program : Master of Applied Nursing
NIM : P01720322015
No. HP : 081271470245

It is a student of the Bengkulu Ministry of Health Polytechnic who is carrying out a research entitled: **"The Relationship between *Self-Care Management and Sleep Quality* with the Quality of Life of Diabetic Mellitus Patients in the Working Area of the Sawah Lebar Health Center, Bengkulu City 2025"**. This study aims to determine the relationship between *Self-Care Management and Sleep Quality* with the Quality of Life of Diabetic Mellitus Patients in the community.

In this study, respondents will be asked to fill out a questionnaire. This study did not cause any harm, harm, or negative effects to respondents. All data provided will be kept confidential and only used for research purposes. Your participation is voluntary. You can resign at any time without any consequences. If there are things you want to ask or there is discomfort during the research process, you can contact the researcher through the number listed above. If you are willing to participate, please be willing to sign the respondent's consent form. For your attention and willingness to do so, I would like to thank you.

Bengkulu, 2025

(.....)

Appendices 2 Application Letter to Become a Respondent

**APPLICATION LETTER
RESPONDENTS**

Respectfully,

I am a student of the Applied Bachelor of Nursing Study Program of the
Ministry of Health of the Ministry of Health of Bengkulu:

Name : Febrian Sampirgo

NIM : P01720322015

Will conduct a study entitled: "**The Relationship between *Self-Care Management and Sleep Quality* with the Quality of Life of Patients with Diabetes Mellitus in the Working Area of the Sawah Lebar Health Center, Bengkulu City 2025**".

In this regard, I ask for your willingness to participate as a respondent to this research. The data obtained will be used solely for scientific purposes and will be kept confidential.

The results of the research are expected to provide benefits to the community in the prevention and control of non-communicable diseases, especially Diabetes Mellitus.

For your attention and participation, I would like to thank you.

Bengkulu, 2025Sincerely,

(Febrian Sampirgo)

Appendices 3 Respondent Consent Letter

**LETTER OF APPROVAL
RESPONDENTS**

I am the undersigned:

Name :

Age :

Gender:

Occupation :

Address :

I hereby declare that I am willing to be a respondent in a research conducted by Febrian Sampirgo, a student of the Applied Bachelor of Nursing Study Program of the Ministry of Health of the Ministry of Health of Bengkulu, with the title: **"The Relationship between *Self-Care Management and Sleep Quality* with the Quality of Life of Patients with Diabetes Mellitus in the Working Area of the Sawah Lebar Health Center, Bengkulu City 2025".**

I have received an explanation of the objectives, benefits, and procedures of this research. I understand that my participation is voluntary, and I can resign at any time without any consequences.

Thus, I made this letter of consent with full awareness and without coercion from any party.

Bengkulu, 2025

(.....)

Appendices 4 Instruments *SHORT STORY*

WHOQOL- SHORT

Respondent Demographic Data

Name (initial) :

Age :

Gender :

A. Quality of Life Questionnaire

Instructions:

Read each question carefully and choose **the one** that is most correct by marking it (✓).

		Very bad (0)	Bad (1)	Medium (2)	Good (3)	Excellent (4)
1.	What do you think is your quality of life?					

		Very unsatisfactory	Unsatisfactory	Ordinary	Satisfying	Very satisfying, right?
2.	How satisfied are you with your health now?					

The following question is about how often you have experienced the following in the past four weeks.

		Not at all	A little	In moderate amounts	Very often	In excess amount
3.	To what extent does the pain you experience interfere with your daily activities?					
4.	How often do you need medical services to be able to do activities in your daily life?					
5.	How far you enjoy your life					
6.	How far do you feel your life is meaningful?					

7.	How far are you able to concentrate?					
8.	In general, how safe do you feel in your daily life?					
9.	How healthy is the physical environment in which you live?					

The following question is about how full have you experienced the following in the last 4 weeks?

		Not at all	A little	Medium	Often	Fully experienced
10.	Do you have enough energy to do 2 day activities?					
11.	Are you able to accept the appearance of your body (e.g. decreased muscle mass)?					
12.	Do you have enough money to meet your needs?					
13.	How far is the availability of information for your life from day to day? (interaction to get information)					
14.	How often you have the opportunity to have fun /recreation?					

		Very bad	Bad	Ordinary	Good	Excellent
15.	How good are you at iteration?					

		Very unsatisfactory	Unsatisfactory	Ordinary	Satisfying	Very satisfying
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16.	How satisfied are you with your sleep?					
17.	How satisfied are you with your ability to carry out your daily life activities?					
18.	How satisfied are you with your ability to work?					
19	How satisfied are you with yourself?					
20	How satisfied are you with your personal/social relationships?					
21	How satisfied are you with your sex life?					
22	How satisfied are you with the support you get from your friends?					
23	How satisfied are you with the conditions you live in right now?					
24	How satisfied are you with the access you have to health services?					
25	How satisfied are you with the transportation you have to take?					

The following question refers to how often you have felt or experienced the following in the past four weeks.

		Never.	Rare	Quite often	Very often	Always
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26.	How often do you have negative feelings such as " <i>feeling blue</i> ", hopelessness, anxiety and depression?					
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The interpretation of the values of WHOQOL BREF is:

1. Very bad :0-52
2. Very good : 53-104



Appendices 5 Sleep Quality Questionnaire

PITTSBURGH SLEEP QUALITY INDEX (PSQI)

A. Respondent Identities

Instructions for filling

in the following data correctly and mark (✓).

1. Initials of Name :

2. Age

☐ < 40 years

☐ 40 – 50 years >

☐ 50 years old

3. Gender

☐ Male

☐ Female

4. Weight :

5. Height :

6. DM Type

☐ Type 1

☐ Type 2

7. Therapy

☐ Pharmacological

☐ Non Pharmacological

8. Long Held DM:

9. Family History

☐ There is

☐ none

B. Aspects of Sleep Quality Statement

Charging instructions:

The following questions relate to your sleep habits over the past month only.

Please answer this question correctly and correctly and then mark (✓) the column that best suits your choice!

1. When do you usually sleep?

☐ (0)= ≤ 21.59 ☐ (1)= 22.00 – 22.59 ☐ (2)= 23.00–23.59 ☐ (3)= ≥ 00.00

2. How many minutes does it take to fall asleep each night?

☐ (0)= ≤15minutes ☐ (1)= 16–30minutes ☐ (2)= 31–60minutes ☐ (3)= >60 minutes

3. What time do you usually wake up in the morning?

☐ (0)= ≤05.59 ☐ (1)= 06.00–06.59 ☐ (2)= 07.00 – 07.59 ☐ (3)= ≥ 08.00

4. How many hours do you usually sleep at night?

☐ (0)= ≥ 7 hours ☐ (1)= 6–7 hours ☐ (2)= 5 – 6 hours ☐ (3)= <5 hours

5. How many hours are you in bed?

☐ (0)= ≤ 6 hours ☐ (1)= 7–8 hours ☐ (2)= 9–10 hours ☐ (3)= >10 hours

6	Over the past month, how often have you experienced insomnia due to several causes including :	Never (0)	Once a week (1)	twice a week (2)	Three or more times a week (3)
	A. Can't sleep in 30 minutes B. Waking up in the middle of the night or early in the morning C. Have to get up to go to the bathroom D. Unable to breathe comfortably E. Coughing or snoring loudly F. Feeling too cold G. Feeling too hot H. Nightmares I. Pain felt				

	J. Other reasons				
7	Over the past month, how often have you taken your (prescribed/over-the-counter) medication to help you sleep?				
8	Over the past month, how often have you had trouble staying awake while driving, eating, or engaging in social activities?				
9	Over the past month, how many problems have occurred that keep you motivated to get things done?				
		Excellent (0)	Pretty good (1)	Pretty bad (2)	Very bad (3)
10	Over the past month, how have you rated your overall sleep quality?				

The interpretation of the values of PSQI is:

1. Good :0-28
2. Good :29-57

Appendices 6 Questionnaire *Diabetes Self Management (DSMQ)*

DIABETES SELF MANAGEMENT QUESTIONNAIRE (DSMQ)

A. Respondent Demographic Data

Name (initial) :

Age :

Gender :

Charging instructions

This questionnaire consists of several statements that may be in accordance with your experience in dealing with daily life situations, there are four answer options that have been provided for each Positive statement (No 1,2,3,4,5,6,7,8,9)

0 : doesn't suit me at all, or never

1: Suits me to a certain degree or sometimes

2 : Suits me to the extent that can be considered or quite often

3 : Suits me perfectly, or often

And there are four answer options that have been provided for each Negative statement (No 10,11,12,13,14,15,16)

3 : doesn't suit me at all, or never

2: Conforms to me to a certain degree or sometimes

1 : Suits me to the extent that can be considered or quite often

0 : it suits me perfectly, or very often

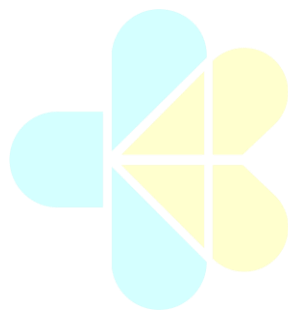
Next, you are asked to answer by checking one of the columns that best suits your experience over the past eight weeks. There is no right or wrong answer, therefore fill it in according to your actual situation, which is based on the first answer that comes to your mind.

Yes	STATEMENT	Highly Approp riate 3	Conform 2	Almost Fit 1	Inappro priate 0
1	I checked my blood sugar levels carefully and attentively				
2	The foods I choose help me achieve normal sugar levels				
3	I always come in for regular check-ups on the schedule of my practice doctor or hospital/polyclinic where my diabetes is treated				
4	I use all diabetes medications (injections or dirty tablet medications)				
5	Sometimes I eat a lot of sweets or eat high carbs				
6	I record my blood sugar levels regularly from the results of my self-monitoring				
7	I often don't come during my regular check-up schedule either at my doctor's practice, hospital/polyclinic for my diabetes treatment				
8	I do physical activity (exercise) regularly to achieve optimal blood sugar levels				
9	I follow a diet as recommended by my doctor or diabetes specialist strictly				
		0	1	2	3
10	I didn't check the sugar level				
11	I often avoid physical activities such as exercise even though it can lower my blood sugar levels				
12	I often forget or tend to miss medication schedules or insulin injection schedules				

13	Sometimes I overeat (even when my blood sugar levels are high)				
14	I need to visit the doctor more often or my diabetes care hospital				
15	I tend to skip physical activities that I have planned				
16	Self-care related to diabetes that I suffer from is bad				

Interpretation of DSMQ Scores

- **0-24** = very poor self-management
- **25-48** = excellent self-management



Kemenkes
Poltekkes Bengkulu

Appendices 7 Research Permit

	Kemenkes Poltekkes Bengkulu	Kementerian Kesehatan Direktorat Jenderal Sumber Daya Manusia Kesehatan Politeknik Kesehatan Bengkulu Jalan Indragiri No.3 Padang Harapan Bengkulu 38225 (0736) 341212 https://www.poltekkesbengkulu.ac.id	25 Januari 2026
Nomor :	: PP. 01.01/F.XXIII.1/563 /2026		
Perihal	: Izin Penelitian		
Yth,			
Kepala Puskesmas Sawah Lebar			
di			
Tempat			
Sehubungan penyusunan tugas akhir mahasiswa dalam bentuk Skripsi Program Studi Keperawatan Program Sarjana Terapan Jurusan Keperawatan Politeknik Kesehatan Kemenkes Bengkulu Tahun Akademik 2025/2026 , dengan ini kami mohon Bapak/Ibu dapat memberikan izin pengambilan data untuk penelitian kepada:			
Nama	: FEBRIAN SAMPIRGO		
NIM	: P01720322015		
Tempat Penelitian	: Wilayah Kerja Puskesmas Sawah Lebar		
Waktu Penelitian	: 1-28 Februari 2026		
Judul	: Hubungan Self-Care Management Dan Sleep Quality Dengan Kualitas Hidup Pada Pasien Diabetes Melitus Di Wilayah Kerja Puskesmas Sawah Lebar Kota Bengkulu		
No Handphone	: 081271470245		
Demikianlah, atas perhatian dan kesediaan Bapak/Ibu diucapkan terimakasih.			
a.n. Direktur Poltekkes Kemenkes Bengkulu			
Wakil Direktur I Bidang Akademik			
			
Septiyanti, S.Kep, Ners, M.Pd			
			



PEMERINTAH KOTA BENGKULU
DINAS KESEHATAN
UPTD PUSKESMAS SAWAH LEBAR
Jl. Sepakat RT 18 Kelurahan Sawah Lebar Baru Telp. (0736) 28360
Email : pkmsawahlebar@gmail.com



LEMBAR DISPOSISI

Surat dari : Dinkes Kota	Diterima Tgl : 04 Februari 2016
No. Surat : 000-9-L/ST/P.K.0/2016	No. Agenda :
Tgl. Surat : Februari 2016	Sifat : ☐ Sangat segera ☒ Segera ☐ Rahasia
Perihal : Rekomendasi Izin Penelitian An. Febrina Sampitgo Prodi Profesi Keperawatan Mahasiswa Poltekkes Kematika	
Diteruskan kepada sdr : ☒ Ns. Anah-Idris s.k.n. s.k.p. ☐ ☐	Dengan hormat harap : ☐ Tanggapan dan saran ☐ Proses lebih lanjut ☐ Koordinasi / Konfirmasi ☐
Dan seterusnya	
Catatan : Diberikan izin untuk proses penelitian tentang Dm. di WILKES Pkms. Sawah Lebar	Kepala UPTD Puskesmas Sawah Lebar Kota Bengkulu dr. Fatimah, ST NIP. 197309162008032001

25 Januari 2026

Nomor : PP. 01.01/F.XXIII.1/565/2026
Perihal : Izin Penelitian

Yth,

Kepala Badan Kesatuan Bangsa dan Politik (Kesbangpol) Kota Bengkulu
di

Tempat

Sehubungan penyusunan tugas akhir mahasiswa dalam bentuk Skripsi Progam Studi Keperawatan Program Sarjana Terapan Jurusan Keperawatan Politeknik Kesehatan Kemenkes Bengkulu Tahun Akademik 2025/2026 , dengan ini kami mohon Bapak/Ibu dapat memberikan izin pengambilan data untuk penelitian kepada:

Nama : FEBRIAN SAMPIRGO
NIM : P01720322015
Tempat Penelitian : Wilayah Kerja Puskesmas Sawah Lebar
Waktu Penelitian : 1-28 Februari 2026
Judul : Hubungan Self-Care Management Dan Sleep Quality Dengan Kualitas Hidup Pada Pasien Diabetes Melitus Di Wilayah Kerja Puskesmas Sawah Lebar Kota Bengkulu
No Handphone : 081271470245

Demikianlah, atas perhatian dan kesediaan Bapak/Ibu diucapkan terimakasih.

a.n. Direktur Poltekkes Kemenkes Bengkulu

Wakil Direktur I Bidang Akademik



Septiyanti, S.Kep, Ners, M.Pd

Appendices 8 DINKES Recommendation Letter

**PEMERINTAH KOTA BENGKULU**
DINAS KESEHATAN
Jl. Letjen Basuki Rahmat No. 8 Kel. Belakang Pondok Kec. Ratu Samban Kota Bengkulu Email
dinkeskotabengkulu1@gmail.com / www.dinkes.bengkulkota.go.id Kode Pos 34223

REKOMENDASI
Nomor : 000.9.2 / 516 / D.Kes / 2026

Dasar Surat

1. Wakil Direktur Bidang Akademik Poltekkes Kemenkes Bengkulu Nomor : PP.01.01/F.XXIII.1/564/2026 Tanggal 25 Januari 2026
2. Kepala Badan Kesatuan Bangsa dan Politik Bengkulu Nomor : 000.9.2/262/KESBANGPOL-REK/2026 Tanggal 29 Januari 2026, Perihal : Penelitian untuk penyusunan tugas akhir mahasiswa Atas nama :

Nama : Febrian Sampirgo
NIM : P01720322015
Program Studi : Sarjana Terapan Keperawatan/Pendidikan Profesi Ners
Judul : Hubungan Self-Care Management Dan Sleep Quality Dengan Kualitas Hidup Pada Pasien Diabetes Melitus Di Wilayah Kerja Puskesmas Sawah Lebar Kota Bengkulu
Lokasi Penelitian : Puskesmas Sawah Lebar Kota Bengkulu
Lama Kegiatan : 01 Februari S/D 28 Februari 2026
No Hp / Email : 081271470245

Pada prinsipnya Dinas Kesehatan Kota Bengkulu tidak berkeberatan diadakan penelitian/kegiatan yang dimaksud dengan catatan ketentuan :

- a. Tidak dibenarkan mengadakan kegiatan yang tidak sesuai dengan penelitian yang dimaksud.
- b. Harap mentaati semua ketentuan yang berlaku serta mengindahkan adat istiadat setempat.
- c. Apabila masa berlaku Rekomendasi Penelitian ini sudah berakhir, sedangkan pelaksanaan belum selesai maka yang bersangkutan harus mengajukan surat perpanjangan Rekomendasi Penelitian.
- d. Setelah selesai mengadakan kegiatan diatas agar melapor kepada Kepala Dinas Kesehatan Kota Bengkulu (tembusan).
- e. Surat Rekomendasi Penelitian ini akan dicabut kembali dan dinyatakan tidak berlaku apabila ternyata pemegang surat ini tidak mentaati ketentuan seperti tersebut diatas.

Demikianlah Rekomendasi ini dikeluarkan untuk dapat dipergunakan sebagaimana mestinya.

Bengkulu, Februari 2026
Plt. Kepala Dinas Kesehatan
Kota Bengkulu

Nelli Hartuti, SKM, MM
Pembina, IV/a
Nip. 197204191991012001

Tembusan :

1. Yth.Sdr.Ka.UPTD Pukesmas Sawah Lebar Kota Bengkulu
2. Yang Bersangkutan

Appendix 9 Ethics Sheet



Kementerian Kesehatan
Poltekkes Bengkulu

Jalan Indragiri No. 3 Padang Harapan
Bengkulu 38225
(0736) 341212
<https://poltekkesbengkulu.ac.id>

KETERANGAN LAYAK ETIK
DESCRIPTION OF ETHICAL EXEMPTION
"ETHICAL EXEMPTION"

No.KEPK.BKL/067/01/2026

Protokol penelitian versi 1 yang diusulkan oleh :
The research protocol proposed by

Peneliti utama : FEBRIAN SAMPIRGO
Principal In Investigator

Nama Institusi : Poltekkes Kemenkes Bengkulu
Name of the Institution

Dengan judul:
Title

"HUBUNGAN SELF-CARE MANAGEMENT DAN SLEEP QUALITY DENGAN KUALITAS HIDUP PADA PASIEN DIABETES MELITUS WILAYAH KERJA PUSKESMAS SAWAH LEBAR KOTA BENGKULU 2026"

"The Relationship Between Self-Care Management and Sleep Quality and Quality of Life in Diabetes Mellitus Patients in the Sawah Community Health Center Work Area Lebar, Bengkulu City, 2026"

Dinyatakan layak etik sesuai 7 (tujuh) Standar WHO 2011, yaitu 1) Nilai Sosial, 2) Nilai Ilmiah, 3) Pemerataan Beban dan Manfaat, 4) Risiko, 5) Bujukan/Eksploitasi, 6) Kerahasiaan dan Privacy, dan 7) Persetujuan Setelah Penjelasan, yang merujuk pada Pedoman CIOMS 2016. Hal ini seperti yang ditunjukkan oleh terpenuhinya indikator setiap standar.

Declared to be ethically appropriate in accordance to 7 (seven) WHO 2011 Standards, 1) Social Values, 2) Scientific Values, 3) Equitable Assessment and Benefits, 4) Risks, 5) Persuasion/Exploitation, 6) Confidentiality and Privacy, and 7) Informed Consent, referring to the 2016 CIOMS Guidelines. This is as indicated by the fulfillment of the indicators of each standard.

Pernyataan Laik Etik ini berlaku selama kurun waktu tanggal 14 Januari 2026 sampai dengan tanggal 14 Januari 2027.

This declaration of ethics applies during the period January 14, 2026 until January 14, 2027.



January 14, 2026
Chairperson.



apt. Zamharira Muslim, M.Farm

Appendix 10 Kesbangpol Letter



PEMERINTAH KOTA BENGKULU BADAN KESATUAN BANGSA DAN POLITIK

Alamat : Jl. Melur No.1 Kelurahan Nusa Indah
Email : bkesbangpolkotabengkulu@gmail.com

REKOMENDASI PENELITIAN

Nomor : 000.9.2/262/KESBANGPOL-REK/2026

- Dasar : Peraturan Menteri Dalam Negeri Republik Indonesia Nomor 7 Tahun 2014 tentang Perubahan Atas Peraturan Menteri Dalam Negeri Republik Indonesia Nomor 64 Tahun 2011 tentang Pedoman Penerbitan Rekomendasi Penelitian
- Memperhatikan : Surat dari Wakil Direktur I Bidang Akademik Poltekkes Kemenkes Bengkulu Nomor : PP.01.01/F.XXIII.1/565/2026 Tanggal 25 Januari 2026 perihal Izin Penelitian

DENGAN INI MENYATAKAN BAHWA

Nama : Febrian Sampirgo
NIM : P01720322015
Pekerjaan : Mahasiswa/i
Prodi/ Fakultas : Sarjana Terapan Keperawatan/Pendidikan Profesi Ners
Judul Penelitian : Hubungan Self-Care Management dan Sleep Quality Dengan Kualitas Hidup Pada Pasien Diabetes Melitus di Wilayah Kerja Puskesmas
Tempat Penelitian : Puskesmas Sawah Lebar Kota Bengkulu
Waktu Penelitian : 01 Februari 2026 s.d 28 Februari 2026
Penanggung Jawab : Wakil Direktur I Bidang Akademik Poltekkes Kemenkes Bengkulu

- Dengan Ketentuan :
- 1 Tidak dibenarkan mengadakan kegiatan yang tidak sesuai dengan penelitian yang dimaksud.
 - 2 Harus mentaati peraturan perundang-undangan yang berlaku serta mengindahkan adat istiadat setempat.
 - 3 Apabila masa berlaku Rekomendasi Penelitian ini sudah berakhir, sedangkan pelaksanaan belum selesai maka yang bersangkutan harus mengajukan surat perpanjangan Rekomendasi Penelitian.
 - 4 Surat Rekomendasi Penelitian ini akan dicabut kembali dan dinyatakan tidak berlaku apabila ternyata pemegang surat ini tidak mentaati ketentuan seperti tersebut diatas.

Demikianlah Rekomendasi Penelitian ini dikeluarkan untuk dapat dipergunakan sebagaimana mestinya.

Bengkulu, 29 Januari 2026

a.n. WALI KOTA BENGKULU

Kepala Badan Kesatuan Bangsa dan Politik Kota Bengkulu,



Syofyan Tosoni, SE, MM
Pembina Utama Muda (IVc)
NIP. 197009021993031006

Appendix 11 Research Documentation





Kemenkes
Poltekkes Bengkulu

Appendix 12 Research Completion Letter

 **PEMERINTAH KOTA BENGKULU**
DINAS KESEHATAN
UPTD PUSKESMAS SAWAH LEBAR
{Badan Layanan Umum Daerah}
Alamat : Jln. Sepakat RT 18 Kelurahan Sawah Lebar Baru TELP. (0736) 28360
Email: pkmsawahlebar@gmail.com



SURAT KETERANGAN
Nomor : 445/147/PPKM-SL/VI/2026

Berdasarkan surat rekomendasi dari Dinas Kesehatan Kota Bengkulu Nomor: 000.9.2/616/D.Kes/2026 tanggal Februari 2026 tentang: Rekomendasi izin penelitian

Yang bertanda tangan dibawah ini Plt. Kepala UPTD Puskesmas Sawah Lebar Kota Bengkulu :

Nama : Erna Yulista, S.Tr.Keb
N I P : 198802152011012001
Pangkat/Gol. : Penata / III c
Jabatan : Plt. Kepala UPTD Puskesmas Sawah Lebar Kota Bengkulu

Dengan ini menerangkan :

Nama : Febrian Sampirgo
NPM/ NIM : P01720322015
Program Studi : Sarjana Terapan Keperawatan/Pendidikan Profesi Ners

Benar telah melaksanakan penelitian di UPTD Puskesmas Sawah Lebar Kota Bengkulu dari tanggal 01 Februari s/d 28 Februari 2026, dengan judul "Hubungan Self-Care Management Dan Sleep Quality Dengan Kualitas Hidup Pada Pasien Diabetes Mellitus Di Wilayah Kerja Puskesmas Sawah Lebar Kota Bengkulu".
Demikianlah keterangan ini dibuat untuk dapat dipergunakan sebagai mana mestinya.

Dikeluarkan di : Bengkulu
Pada Tanggal : 08 Juni 2026
Plt Kepala UPTD Puskesmas Sawah Lebar
Kota Bengkulu


Erna Yulista S.Tr.Keb
NIP : 198802152011012001

Tembusan :

1. Dinas Kesehatan Kota Bengkulu
2. Arsip

Appendix 13 Title Approval Sheet

HALAMAN PERSETUJUAN JUDUL
SKRIPSI MAHASISWA PRODI SARJANA TERAPAN KEPERAWATAN JURUSAN
KEPERAWATAN POLTEKKES KEMENKES BENGKULU

Nama : Febrian Sampirgo
Tempat, Tanggal Lahir : Aur Gading, 29 Februari 2004
Nomor Induk Mahasiswa : P01720322015
Judul Skripsi yang Diajukan : Hubungan Self-Care Management dan Sleep Quality
terhadap Kualitas Hidup pada Pasien Diabetes
Melitus Di Wilayah Kerja Puskesmas
Disetujui Pada Tanggal :

Bengkulu, 30 Juli 2025

Pembimbing 1	Pembimbing 2
	
(Ns. Hermansyah, M.Kep) NIP. 197507161997031002	(Ns. Mercy Nafratilofa, S.Kep., M.Kep.Sp.An) NIP. 198512182009032001

Mengetahui
Ketua Program Studi Sarjana Terapan Keperawatan
Jurusan Keperawatan Poltekkes Kemenkes Bengkulu


(Ns. Hendri Heriyanto, S.Kep., M.Kep)
NIP. 198205152002121004

Appendix 14 Thesis Guidance Sheets

Lampiran 9

LEMBAR BIMBINGAN SKRIPSI

PEMBIMBING I : Ns. Hermansyah, M.Kep.

MAHASISWA : Febrian Sampirgo

NIM : P01720322015

JUDUL SKRIPSI : Hubungan *Self-Care Management* dan *Sleep Quality* dengan Kualitas Hidup pada Pasien Diabetes Melitus Di Wilayah Kerja Puskesmas Sawah Lebar Kota Bengkulu

NO	HARI / TANGGAL	TOPIK	SARAN	PARAF PEMBIMBING
1	Senin, 28 Juli 2025	Konsul judul	• Perbaiki judul dan mengganti variabel • Alasan mengenai judul	
2	Kamis, 31 Juli 2025	Konsul judul	• ACC judul • Mencari referensi jurnal dari variabel judul • Mulai membuat BAB I,II,III,IV	
3	Kamis, 21 Agustus 2025	Konsul BAB I	• Perhatikan isi BAB I • Perbaiki penulisan • Tambah sumber pendukung lebih banyak	
4	Kamis, 25 Agustus 2025	Konsul perbaikan BAB I	• Perbaiki rumusan masalah • Perbaiki tujuan penelitian • Penambahan sumber	
5	Senin, 8 September 2025	Konsul BAB II BAB III BAB IV	• Tambahkan jurnal yang mendukung di BAB II • Perbaiki Definisi Operasional • Perbaiki Variabel Perancu • Sistematika penulisan • Perbaiki rumus perhitungan sampel	

6	Jumat, 19 September 2025	Konsul perbaikan BAB I, BAB II, BAB III, dan BAB IV	• Perbaikan penulisan • Tambahkan rencana kegiatan • Perbaiki variabel "Independen dan dependen" pada Definisi Operasional" • Perbaiki Daftar Pustaka	Hr
7	Senin, 22 September 2025	Konsul perbaikan BAB I, BAB II, BAB III, dan BAB IV	• Perbaikan penulisan • Perbaikan kerangka variabel • Perbaiki variabel "Perancu, usia, lama menyandang DM" pada Definisi Operasional" • Perbaiki Daftar Pustaka	Hr
8	Kamis, 16 oktober 2025	Konsul perbaikan BAB I, BAB II, BAB III, dan BAB IV	• Perbaikan definisi operasional • Perbaikan alat uji instrumen	Hr
9	Selasa, 21 oktober 2025	Konsul perbaikan BAB I, BAB II, BAB III, dan BAB IV	• Perbaikan penulisan yang typo • Perbaikan definisi operasional	Hr
10	Selasa, 11 november 2025	Konsul perbaikan BAB I, BAB II, BAB III, dan BAB IV	• Acc proposal • Siap ujian	Hr
11	Selasa, 28 april 2026	Konsul hasil penelitian	• Belajar SPSS • Cek data hasil penelitian • Mengolah data hasil penelitian	Hr
12	Jumat, 29 mei 2026	Konsul BAB V	• Belajar mengolah data • Konsul bab V • Mengolah data hasil	Hr
13	Sabtu, 30 mei 2026	Konsul BAB V, BAB VI	• Perbaikan hasil penelitian • Lanjut mengolah data • Konsul pembahasan	Hr
14	Senin, 8 juni 2026	Konsul BAB V, BAB VI, BAB VII	• Konsul bab pembahasan • Konsul seluruh hasil • Konsul kesimpulan dan saran • Cek semua lampiran	Hr
15	Rabu, 10 juni 2026	Konsul BAB V, BAB VI, BAB VII	• Perbaikan Bab V • Perbaikan Kalimat	Hr

16	Revisi , 10 juni 2026, Revisi	Konsul BAB V, BAB VI, BAB VII	• Acc skripsi • Siap ujian	
----	--	-------------------------------------	---	---

Lampiran 10

LEMBAR BIMBINGAN SKRIPSI

PEMBIMBING II : Ns. Mercy Nafratilova.S.Kep.,M.Kep.Sp.An

MAHASISWA : Febrian Sampirgo

NIM : P01720322015

JUDUL SKRIPSI : Hubungan *Self-Care Management* dan *Sleep Quality* dengan Kualitas Hidup pada Pasien Diabetes Melitus Di Wilayah Kerja Puskesmas Sawah Lebar Kota Bengkulu

NO	HARI / TANGGAL	TOPIK	SARAN	PARAF PEMBIMBING
1	Senin, 28 Juli 2025	Konsul judul	• Perbaikan judul dan mengganti variabel • Alasan mengenai judul	f
2	Kamis, 31 Juli 2025	Konsul judul	• ACC judul • Mencari referensi jurnal dari variabel judul • Mulai membuat BAB I,II,III,IV	f
3	Kamis, 21 Agustus 2025	Konsul BAB I	• Perhatikan isi BAB I • Perbaikan penulisan • Tambah sumber pendukung lebih banyak	f
4	Rabu, 10 September 2025	Konsul perbaikan BAB I	• Perbaiki rumusan masalah • Perbaikan tujuan penelitian • Penambahan data untuk sumber	f
5	Kamis, 18 September 2025	Konsul BAB II BAB III BAB IV	• Tambahkan jurnal yang mendukung di BAB II • Tambah materi di BAB II • Perbaikan penulisan • Sistematika penulisan	f
6	Senin, 13 Oktober 2025	Konsul perbaikan BAB I, BAB II, BAB III, dan BAB IV	• Perbaikan tata penulisan • Perbaikan kalimat • Perbaikan data BAB II • Penambahan materi dari sumber	f

7	Jum'at, 7 November 2025	Konsul perbaikan BAB I, BAB II, BAB III, dan BAB IV	• Perbaikan BAB I • Perbaikan kalimat • Penambahan sumber dan perbaikan kriteria inklusi	4
8	Senin, 17 November 2025	Konsul perbaikan BAB I, BAB II, BAB III, dan BAB IV	• Acc Proposal • Siap ujian	4
9	Jumat, 29 mei 2026	Konsul BAB V, BAB VI, BAB VII	• Konsul bab pembahasan • Konsul seluruh hasil • Konsul kesimpulan dan saran • Cek semua lampiran	4
10	Selasa, 2 juni 2026	Konsul BAB V, BAB VI, BAB VII	• Perbaikan bab pembahasan • Perbaikan seluruh hasil • Perbaikan kesimpulan dan saran • Cek semua lampiran	4
11	Kamis, 4 juni 2026	Konsul BAB V, BAB VI, BAB VII	• Perbaikan bab pembahasan • Perbaikan seluruh hasil • Perbaikan kesimpulan dan saran • Cek semua lampiran	4
12	Jumat, 5 juni 2026	Konsul BAB V, BAB VI, BAB VII	• Perbaikan bab pembahasan • Perbaikan seluruh hasil • Perbaikan kesimpulan dan saran • Cek semua lampiran	4
13	Rabu, 10 juni 2026	Konsul BAB V, BAB VI, BAB VII	• Perbaikan Kata • Perbaikan Bab V • Perbaikan Dafus dan lain-lain	4
14	Jumat, 12 juni 2026	Konsul BAB V, BAB VI, BAB VII	• Acc Skripsi • Siap Ujian	4