

ATTACHMENT

Attachment 1 Preliminary Study Cover Letter



Kementerian Kesehatan
Poltekkes Malang

Jalan Besar Ijen 77C
Malang, Jawa Timur 65112
(0341) 566075
<https://poltekkes-malang.ac.id>

Nomor : PP.06.02/F.XXI.15/111/2025 17 Januari 2025
Perihal : Permohonan Ijin Studi Pendahuluan untuk Penyusunan Proposal Skripsi Mahasiswa Jurusan Keperawatan Poltekkes Kemenkes Malang

Kepada Yth:
Bapak/Ibu Kelurahan Samaan Kecamatan Klojen Kota Malang
di – Tempat

Bersama ini kami mohon bantuan demi terlaksananya kegiatan Studi Pendahuluan untuk bahan penyusunan Proposal Skripsi bagi Mahasiswa Sarjana Terapan Keperawatan Malang Jurusan Keperawatan Poltekkes Kemenkes Malang di wilayah kerja RW. 04 Kel. Samaan, Klojen Malang.

Adapun mahasiswa yang akan melaksanakan Studi Pendahuluan adalah:

Nama : Laila Habibatus Solihah
NIM/Semester : P17211217151 / VIII
Asal Program Studi : Sarjana Terapan Keperawatan Malang
Judul Skripsi : Hubungan Dukungan Keluarga Dengan Pemenuhan *Activity Daily Living* Lansia Penderita Osteoarthritis di Wilayah RW. 04 Kelurahan Samaan
No. HP : 082120054011

Demikian atas perhatian dan kerjasamanya disampaikan terima kasih.

Ketua Jurusan Keperawatan Poltekkes Kemenkes Malang,



Dr. Erlina Suci Astuti, S.Kep, Ns, M.Kep

Kementerian Kesehatan tidak menerima suap dan/atau gratifikasi dalam bentuk apapun. Jika terdapat potensi suap atau gratifikasi silahkan laporkan melalui HALO KEMENKES 1500567 dan <https://wbs.kemkes.go.id>. Untuk verifikasi keaslian tanda tangan elektronik, silahkan unggah dokumen pada laman <https://tte.kominfo.go.id/verifyPDF>.



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Appendix 2 Certificate of Ethical Suitability



Kementerian Kesehatan

Direktorat Jenderal
Sumber Daya Manusia Kesehatan
Politeknik Kesehatan Malang
Komisi Etik Penelitian Kesehatan
Jalan Besar Ijen Nomor 77 C Malang
(0341) 566075
komisietik@poltekkes-malang.ac.id

KETERANGAN LAYAK ETIK
DESCRIPTION OF ETHICAL APPROVAL
"ETHICAL APPROVAL"

No.DP.04.03/E.XXI.30/00675/2025

Protokol penelitian versi 2 yang diusulkan oleh :
The research protocol proposed by

Peneliti utama : Laila Habibatus Solihah
Principal In Investigator

Nama Institusi : Politeknik Kesehatan Kemenkes Malang
Name of the Institution

Dengan judul:
Title

"Hubungan Dukungan Keluarga Dengan Kemampuan Pemenuhan Activity Daily Living Lansia Penderita Osteoarthritis Di Wilayah RW 04 Kelurahan Samaan"

"Relationship Between Family Support And The Ability To Fulfil Daily Living Activites Of Elderly Osteoarthritis Patients In Rw 04, Samaan"

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 30 Juni 2025 sampai dengan tanggal 30 Juni 2026.

This declaration of ethics applies during the period June 30, 2025 until June 30, 2026.



June 30, 2025
Chairperson,



Dr. Susi Milwati, S.Kp., M.Pd.

Attachment 2 Data Collection Approval Certificate



**PEMERINTAH KOTA MALANG
KECAMATAN KLOJEN
KELURAHAN SAMAAAN**

Jl. Kuliurang Barat 121 Telp. 0341-352134 Faks. 0341-352134
https://kelsamaan.malangkota.go.id e-mail : kel-samaan@malangkota.go.id

MALANG

Kodepos 65112

SURAT KETERANGAN

Nomor : 474/27/35.73.02.1003/2025

Yang bertanda tangan dibawah ini Lurah Kelurahan Samaan, Kecamatan Klojen, menerangkan bahwa:

Nama	: LAILA HABIBATUS SOLIHAH
Nomor KK	: 3207240809070183
NIK	: 3207245803020001
Tempat dan Tgl. Lahir	: CIAMIS, 18 MARET 2002
Jenis Kelamin	: PEREMPUAN
Agama	: ISLAM
Status Perkawinan	: BELUM KAWIN
Pekerjaan	: BELUM/TIDAK BEKERJA
Alamat	: Dusun SIDIKKARYA RT 03 RW 06 Desa CINTAKARYA Kec Parigi Kab. Pangandaran Prov. Jawa Barat
Pendidikan	: TDK/BELUM SEKOLAH
Keperluan	: Penyusunan Skripsi Mahasiswa Jurusan Keperawatan Poltekkes Kemenkes Malang
Tujuan	: Poltekkes Kemenkes Malang
Berlaku Tanggal	: 26 Juni 2025 s/d 26 Juli 2025
Berdasarkan Keterangan RT/RW	: Surat dari Poltekkes Kemenkes Malang no: PP.06.02/F.XIII/3080/2025 dan surat pernyataan penelitian dari Kecamatan Klojen tanggal 12 Juni 2025

1. Yang bersangkutan akan melaksanakan kegiatan Pengambilan Data dari tanggal 12 – 18 Juni 2025 untuk bahan penyusunan Skripsi bagi Mahasiswa Jurusan Keperawatan Poltekkes Kemenkes Malang di wilayah RW. 04 Kelurahan Samaan Kecamatan Klojen Kota Malang.
2. ~

Demikian untuk menjadikan periksa dan dipergunakan seperlunya.

Malang, 26 Juni 2025
a.n. LURAH SAMAAAN
SEKRETARIS



ERIK MAULANA SUTIKNO, S.Sn.
Penata Tingkat I
NIP. 198006302010011016

Dokumen ini telah ditandatangani secara elektronik menggunakan Sertifikat Elektronik yang diterbitkan oleh Badan Besar Sertifikasi Elektronik, BSSN

Attachment 3 Certificate of Data Collection



**PEMERINTAH KOTA MALANG
KECAMATAN KLOJEN
KELURAHAN SAMAAN**

Jl. Kalfurang Barat 121 Telp. 0341-352134 Faks. 0341-352134
<https://kelsamaan.malangkota.go.id> e-mail : kel-samaan@malangkota.go.id

MALANG

Kodepos 65112

SURAT KETERANGAN

Nomor : 474/27/35.73.02.1003/2025

Yang bertanda tangan dibawah ini Lurah Kelurahan Samaan, Kecamatan Klojen, menerangkan bahwa:

Nama	:	LAILA HABIBATUS SOLIHAH
Nomor KK	:	3207240809070183
NIK	:	3207245803020001
Tempat dan Tgl. Lahir	:	CIAMIS, 18 MARET 2002
Jenis Kelamin	:	PEREMPUAN
Agama	:	ISLAM
Status Perkawinan	:	BELUM KAWIN
Pekerjaan	:	BELUM/TIDAK BEKERJA
Alamat	:	Dusun SIDIKKARYA RT 03 RW 06 Desa CINTAKARYA Kec Parigi Kab. Pangandaran Prov. Jawa Barat
Pendidikan	:	TDK/BELUM SEKOLAH
Keperluan	:	Penyusunan Skripsi Mahasiswa Jurusan Keperawatan Poltekkes Kemenkes Malang
Tujuan	:	Poltekkes Kemenkes Malang
Berlaku Tanggal	:	26 Juni 2025 s/d 26 Juli 2025
Berdasarkan Keterangan RT/RW	:	Surat dari Poltekkes Kemenkes Malang no: PP.06.02/F.XIII/3080/2025 dan surat pernyataan penelitian dari Kecamatan Klojen tanggal 12 Juni 2025

1. Yang bersangkutan benar-benar melaksanakan kegiatan Pengambilan Data dari tanggal 12 – 18 Juni 2025 untuk bahan penyusunan Skripsi bagi Mahasiswa Jurusan Keperawatan Poltekkes Kemenkes Malang di wilayah RW. 04 Kelurahan Samaan Kecamatan Klojen Kota Malang.
2. -.

Demikian untuk menjadikan periksa dan dipergunakan seperlunya.

Malang, 26 Juni 2025
a.n. LURAH SAMAAN
SEKRETARIS



ERIK MAULANA SUTIKNO, S.Sn
Penata Tingkat I
NIP. 198006302010011016

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Attachment 4 Explanation Before Approval

EXPLANATION BEFORE AGREEMENT (PSP)

Research Title: The Relationship Between Family Support and the Ability to Fulfill Daily Living Activities of Elderly People with Osteoarthritis in RW 04, Samaan Village

General purpose

The aim of the research to be conducted is to determine the relationship between family support and the ability to fulfill daily living activities of elderly people with osteoarthritis in the RW 04 area of Samaan sub-district.

Treatment Applied to the Subject

Families, as respondents in this study, were asked to be interviewed and complete a questionnaire. Researchers conducted brief interviews to obtain data including name, age, gender, highest level of education, occupation, and the names of family members and their relationships to the elderly. In addition, both families and elderly individuals were asked to complete a questionnaire about the support they provide to the elderly and about their ability to perform ADLs. The researchers spent approximately 15 minutes conducting the brief interviews and completing the questionnaires.

Benefits for Subjects

It is hoped that it can be used as material for understanding and providing support to families, especially elderly people with osteoarthritis who experience limitations in fulfilling ADL Confidentiality

The data collected will be published on a limited basis without mentioning names or other important identities considered confidential. Therefore, respondent confidentiality will be strictly maintained throughout this research process.

Potential Danger

There are no potential dangers resulting from the involvement of respondents as subjects in this study, therefore in this study no intervention was carried out but only interviews and filling out questionnaires.

Right to Withdraw

Participation of subjects in this research is voluntary and respondents have the right to withdraw at any time, without causing any detrimental consequences to the respondents.

*) If there are things that require explanation, you can contact the researcher.

Name : Laila Habibatus Solihah

Phone : 082120054011

Attachment 5 Letter of Approval to Become a Respondent

LETTER OF CONSENT TO BECOME A RESPONDENT
(INFORMED CONSENT)

I sign below:

Name :

Age :

Education :

Work :

After receiving an explanation of the research regarding the purpose and objectives, benefits and procedures of implementing the research entitled "The Relationship between Family Support and the Ability to Fulfill Daily Living Activities of Elderly People with Osteoarthritis in the RW 04 Area, Samaan Subdistrict", I declare:

1. Have understood and comprehended the explanation given by the researcher
2. Willing to be a respondent with full awareness and without any coercion from any party and voluntarily willing to be a respondent in this research

Malang, 2025

Respondents

Attachment 6 Family Support Questionnaire

RESEARCH QUESTIONNAIRE**The Relationship Between Family Support and ADL Fulfillment in Elderly People with Osteoarthritis in RW 04, Samaan Village****A. Respondent Identity**(Seniors filling in)

1. Name (initials) :
2. Age : year
3. Gender : L/P
4. Last education :
5. Work :
6. Family member data (who live in the same house as the respondent)

No	Name	Age	Last education	Work
1.				
2.				
3.				
4.				
5.				

B. Family Support

Answer the following questions by ticking (√)

- Always : If the question is asked 4x a day/week by the family
 Often : If the question is asked 3-4 times a day/week by the family
 Seldom : If the question is asked 2x a day/week by the family
 Once : If the question is asked once a day/week by the family
 Never: If the question is answered 0 times by the family

No	Statement	Always	Often	Seldom	Once	Never
Emotional Support						
1.	Does your family care for you with love and affection?					
2.	Does your family help you sincerely and wholeheartedly in fulfilling your daily activities?					
3.	Does your family often ask about joint pain/osteoarthritis that you are experiencing?					
4.	Does your family leave you alone when facing Osteoarthritis/joint pain?					
Award Support						
5.	Does the family not involve the father/mother in family discussions, such as treatment for joint pain/osteoarthritis?					
6.	Does your family listen to the advice you give them? For example, regarding treatment for joint pain/osteoarthritis?					
7.	Does the family include you in every treatment?					
8.	Does your family ask you to do all the housework?					
Instrumental Support						
9.	Does your family prepare special funds for your medical expenses?					
10.	Does your family accompany you in fulfilling your daily activities?					
11.	Does your family listen to your complaints about the joint pain you are feeling?					
12.	Does your family provide a calm and comfortable atmosphere for you at home?					
Informational Support						

No	Statement	Always	Often	Seldom	Once	Never
13.	Did the family explain to you about Osteoarthritis/joint pain?					
14.	Family explains about the importance of exercising regularly?					
15.	Does the family explain the importance of healthy and nutritious eating for your health?					
16.	The family explains the importance of regular monthly health checks at health facilities?					

Attachment 7 ADL Fulfillment Ability Questionnaire

RESEARCH QUESTIONNAIRE SHEET**The Relationship Between Family Support and ADL Fulfillment in Elderly People with Osteoarthritis in RW 04, Samaan Village****A. Respondent General Data**

Name : (No.)
 Age :
 Gender :
 last education :
 Marital status :
 Long time suffering from osteoarthritis:

B. Daily living activity fulfillment ability questionnaire (Barthel Index)

Information :

20 = Independent
 12 – 19 = Mild Dependence
 9 – 11 = Moderate Dependence
 5 – 8 = Heavy Dependence
 0 - 4 = Total Dependence

No	Activity	Evaluation	Mark
1.	Eat	0 = unable 1 = requires assistance, such as cutting food, spreading butter or requires a special diet 2 = independent/without assistance	
2.	Bathe	0 = dependent/needs help from others 1 = independent	
3.	Self-care	0 = need help with personal appearance 1 = able to work independently	
4.	Get dressed	0 = dependent/unable 1 = needs help but can do some of it	

No	Activity	Evaluation	Mark
		2 = independent (able to button clothes, close zippers, tidy up, etc.)	
5.	Defecate	0 = incontinent or dependent on enema 1 = occasional incontinence (once a week) 2 = normal	
6.	Urination	0 = incontinence or catheterized or unable to control urination independently 1 = occasional incontinence 2 = normal	
7.	Use of the bathroom	0 = dependent/unable 1 = needs help but not completely dependent 2 = independent	
8.	Moving places	0 = unable/experiencing balance disorders 1 = requires a lot of help (one or two people to sit) 2 = needs some help (verbally directed only) 3 = independent	
9.	Mobility	0 = unable to walk 1 = can only move with a wheelchair 2 = walking with the help of another person 3 = independent (even though using aids such as a cane)	
10.	Climb or descend stairs	0 = unable 1 = need help 2 = independent	
Total			

Attachment 8 Plagiarism Results

HUBUNGAN DUKUNGAN KELUARGA DENGAN KEMAMPUAN PEMENUHAN
ACTIVITY DAILY LIVING LANSIA PENDERITA OSTEOARTHRITIS DI
WILAYAH RW 04 KELURAHAN SAMAAAN

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LEMBAR BIMBINGAN SKRIPSI
PRODI SARJANA TERAPAN KEPERAWATAN MALANG
JURUSAN KEPERAWATAN POLTEKKES KEMENKES MALANG

Nama Mahasiswa : Laila Habibatus Solihah
 NIM : P17211217151
 Nama Pembimbing : Sulastyawati, S.Kep., Ns., M.Kep
 Judul Skripsi : Hubungan Dukungan Keluarga Dengan Kemampuan Pemenuhan Activity Daily Living Lansia Penderita Osteoarthritis Di Wilayah RW 04 Kelurahan Samaan

NO	TANGGAL	REKOMENDASI PEMBIMBING	TANDA TANGAN	
			PEMBIMBING	MAHASISWA
1.	1 Januari 2025	Konsultasi judul Cari fenomena atau masalah yang akan diambil di tempat penelitian		
2.	9 Januari 2025	Konsultasi judul, ACC judul dan lanjut penulisan bab 1		
3.	13 Januari 2025	Konsultasi bab 1 Pelajari isi latar belakang, dan tujuan penelitian		
4.	23 Januari 2025	Konsultasi revisi bab 1, lanjut penulisan bab 2 dan bab 3		
5.	31 Januari 2025	Konsultasi bab 2 dan 3 Sesuaikan kerangka konsep, pelajari patofisiologi, penulisan kutipan, melengkapi sumber penulisan		
6.	26 februari 2025	Konsultasi bab 2 dan 3 revisian mengenai kuisioner dukungan keluarga		
7.	2 Mei 2025	Konsultasi bab 2 dan 3, sesuaikan kembali kerangka konsep, definisi dukungan keluarga dan kemampuan ADL.		
8.	8 Mei 2025	Konsultasi bab 2 dan 3, klasifikasi OA, menentukan observasi atau kuisioner penelitian, sumber penulisan, pelajari macam - macam skala data.		

	TANGGAL	REKOMENDASI PEMBIMBING	TANDA TANGAN	
			PEMBIMBING	MAHASISWA
9.	15 Mei 2025	Konsultasi bab 3 mengenai kuisioner ADL, dan kutipan	<i>JA</i>	<i>Ad</i>
10.	16 Mei 2025	ACC sempro	<i>JA</i>	<i>Ad</i>
11.	26 Juni 2025	Konsultasi bab 4 dan 5, revisi menambahkan gambaran umum, menambahkan lampiran dan menambahkan opini	<i>JA</i>	<i>Ad</i>
12.	01 Juli 2025	Revisi abstrak dan melengkapi lampiran	<i>JA</i>	<i>Ad</i>
13.	02 Juli 2025	ACC Seminar hasil	<i>JA</i>	<i>Ad</i>

Mengetahui,
Ketua
Prodi Sarjana Terapan Keperawatan Malang


Dr. Anef Bachriar, S.Kep., Ns., M.Kep.
NIP. 197407281998031002

Malang, 02 July 2025
Pembimbing

JA
Sulastyawati, S.Kep., Ns., M.Kep.
NIP. 197811302005012002

Attachment 9 Tabulation Table

Respondents	Age	Gender	Level of education	Type of work	Family support	Ability to Fulfill ADL
R1	1	2	5	1	2	4
R2	2	1	1	1	1	4
R3	2	2	2	1	2	5
R4	1	2	3	2	2	5
R5	2	2	2	2	2	5
R6	1	2	1	1	1	4
R7	1	2	5	1	1	4
R8	1	1	1	1	1	4
R9	1	2	2	1	2	4
R10	2	2	1	1	1	4
R11	2	1	4	1	2	5
R12	1	1	1	1	2	5
R13	2	2	1	1	1	4
R14	1	2	2	2	2	4
R15	2	2	1	1	1	4
R16	1	2	3	1	2	5
R17	1	2	3	1	1	4
R18	1	1	1	1	2	5
R19	1	2	2	2	2	5
R20	2	1	1	1	1	4
R21	1	1	3	1	1	5
R22	1	2	5	1	2	5
R23	1	2	5	1	2	5
R24	2	1	3	1	1	4

Respondents	Age	Gender	Level of education	Type of work	Family support	Ability to Fulfill ADL
R25	1	2	2	2	2	5
R26	1	1	5	1	2	5
R27	2	2	3	1	1	3
R28	2	2	2	1	1	5
R29	1	2	5	1	2	4
R30	1	1	3	1	1	5

Information :

Age

1. 60 – 69 Years

2. 70 – 79 Years

Gender

1. Male

2. Women

Level of education

1. Elementary School

2. Junior High School

3. High School

4. D3

5. S1

Type of work

1. Not Working
2. Work

Family Support

1. Less
2. Good

Ability to Fulfill ADL

1. Total Dependence
2. Heavy Dependence
3. Moderate Dependence
4. Mild Dependence
5. Independent

Attachment 10 Family Support Questionnaire Tabulation Table

Respondents	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	Total Value	Category
R1	5	5	3	1	1	3	3	1	4	3	4	5	5	3	4	4	54	Good
R2	4	4	3	1	2	3	4	1	3	4	2	5	3	1	2	3	45	Not enough
R3	5	5	4	1	1	4	4	1	5	3	4	5	3	2	3	3	53	Good
R4	5	5	4	1	1	4	4	1	4	4	4	5	3	2	5	4	56	Good
R5	5	5	3	1	1	3	5	1	5	3	4	5	3	3	4	4	55	Good
R6	5	5	3	1	1	3	4	2	3	3	3	4	2	2	3	3	47	Not enough
R7	4	4	2	2	1	3	3	2	5	3	4	4	2	2	2	3	46	Not enough
R8	5	5	2	1	1	3	4	2	3	2	3	4	2	2	3	3	45	Not enough
R9	5	5	3	1	1	5	5	1	5	3	4	5	4	4	4	5	60	Good
R10	5	5	2	1	1	3	3	1	3	4	3	4	2	2	3	2	44	Not enough
R11	5	5	4	1	1	3	4	1	4	2	3	5	4	4	5	4	55	Good
R12	5	5	4	1	1	4	4	1	5	4	5	5	4	4	4	5	61	Good
R13	4	4	2	3	2	3	3	3	2	3	3	4	2	2	2	2	44	Not enough
R14	5	5	4	1	1	4	4	1	4	5	4	5	5	4	5	5	62	Good
R15	5	5	2	2	2	3	4	1	3	3	3	3	3	3	3	2	47	Not enough
R16	5	5	4	1	1	4	4	1	5	3	4	5	4	4	4	5	59	Good
R17	4	4	3	2	3	3	3	1	3	3	3	4	2	3	3	3	47	Not enough
R18	5	5	4	1	1	4	4	1	4	4	4	5	4	3	4	4	57	Good
R19	5	5	5	1	1	4	5	1	4	4	4	5	4	4	5	5	62	Good
R20	5	5	2	1	1	3	3	1	3	4	4	5	2	2	3	3	47	Not enough
R21	5	4	3	2	1	3	4	2	4	2	3	4	2	1	3	3	46	Not enough
R22	5	5	4	1	1	5	5	1	4	4	4	5	4	4	5	5	62	Good
R23	5	5	5	1	1	5	5	1	5	4	5	5	4	4	5	5	65	Good
R24	5	4	4	1	1	3	3	1	3	4	3	4	2	2	3	3	46	Not enough

Respondents	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	Total Value	Category
R25	5	5	5	1	1	4	4	1	4	3	4	5	4	3	5	5	59	Good
R26	5	5	3	1	1	5	5	1	5	3	5	5	4	3	5	5	61	Good
R27	5	4	3	1	1	4	4	1	4	3	3	4	2	2	3	3	47	Not enough
R28	5	5	3	1	1	3	3	1	3	4	3	4	2	2	2	3	45	Not enough
R29	5	5	4	1	1	5	5	1	4	4	5	5	4	5	5	5	64	Good
R30	4	4	3	2	1	3	4	1	4	3	3	4	2	2	3	3	46	Not enough

Attachment 11 Tabulation Table of ADL Fulfillment Ability Questionnaire

Respondents	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	Total value	Category
R1	2	1	1	2	2	2	2	3	3	1	19	Mild Dependence
R2	2	1	1	2	2	2	2	2	3	1	18	Mild Dependence
R3	2	1	1	2	2	2	2	3	3	2	20	Independent
R4	2	1	1	2	2	2	2	3	3	2	20	Independent
R5	2	1	1	2	2	2	2	3	3	2	20	Independent
R6	2	1	1	2	2	2	2	3	3	1	19	Mild Dependence
R7	2	1	1	2	2	2	2	2	3	1	18	Mild Dependence
R8	2	1	1	2	2	2	2	3	3	1	19	Mild Dependence
R9	2	1	1	2	2	2	2	2	2	0	16	Mild Dependence
R10	2	1	1	2	2	2	2	3	3	1	19	Mild Dependence
R11	2	1	1	2	2	2	2	3	3	2	20	Independent
R12	2	1	1	2	2	2	2	3	3	2	20	Independent
R13	2	1	1	2	2	2	2	2	2	0	16	Mild Dependence
R14	2	1	1	2	2	2	2	3	3	1	19	Mild Dependence
R15	2	1	1	2	2	2	2	3	3	0	18	Mild Dependence
R16	2	1	1	2	2	2	2	3	3	2	20	Independent
R17	2	1	1	2	2	2	2	3	3	0	18	Mild Dependence
R18	2	1	1	2	2	2	2	3	3	2	20	Independent
R19	2	1	1	2	2	2	2	3	3	2	20	Independent
R20	2	1	1	2	2	2	2	3	3	0	18	Mild Dependence
R21	2	1	1	2	2	2	2	3	3	2	20	Independent
R22	2	1	1	2	2	2	2	3	3	2	20	Independent
R23	2	1	1	2	2	2	2	3	3	2	20	Independent
R24	2	1	1	2	2	2	2	3	3	1	19	Mild Dependence

Respondents	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	Total value	Category
R25	2	1	1	2	2	2	2	3	3	2	20	Independent
R26	2	1	1	2	2	2	2	3	3	2	20	Independent
R27	2	1	1	2	2	1	1	1	1	0	12	Moderate Dependence
R28	2	1	1	2	2	2	2	3	3	2	20	Independent
R29	2	1	1	2	2	2	2	3	3	1	19	Mild Dependence
R30	2	1	1	2	2	2	2	3	3	2	20	Independent

Attachment 12 Family Member Tabulation Table

Respondents	Age	Level of education	Type of work
R1	3	4	4
R2	4	3	2
R3	3	3	2
R4	2	3	2
R5	3	3	3
R6	4	2	2
R7	4	4	3
R8	2	3	2
R9	3	4	4
R10	4	1	2
R11	3	3	3
R12	3	3	2
R13	4	2	1
R14	4	3	2
R15	4	3	2
R16	3	3	3
R17	2	3	3
R18	3	3	2
R19	3	4	2
R20	4	1	2
R21	2	3	3
R22	3	4	2
R23	3	4	2
R24	4	2	2

Respondents	Age	Level of education	Type of work
R25	3	2	3
R26	2	4	4
R27	2	3	3
R28	3	3	2
R29	3	4	2
R30	3	3	3

Information :

Age

1. 12 – 25 Years
2. 26 – 45 Years
3. 46 – 65 Years

Level of education

1. Elementary School
2. Junior High School
3. High School
4. College

Type of work

1. Not/Not Working
2. Housewife
3. Self-employed
4. Civil servants

Attachment 13 Bivariate Analysis Results

		Family Support	Fulfillment of ADL
Spearman's rho	Family Support	Correlation Coefficient	1,000
		Sig. (2-tailed)	.544**
		N	.002
		30	30
	Fulfillment of ADL	Correlation Coefficient	.544**
		Sig. (2-tailed)	1,000
		N	.002
		30	30

** . Correlation is significant at the 0.01 level (2-tailed).

Attachment 14 Research documentation



BIODATA

Name : Laila Habibatus Solihah
Place and date of birth : Ciamis, March 18, 2002
Address : Sidikkarya , Parigi, Kab.
Pangandaran, West Java
Religion : Islam
Parents' Names :
 Father : Yusuf Sulaeman Taofiq
 Mother : Ai Siti Rohimah
Number of siblings : 3
What order do you come in your family : First
Educational background :
 1. SDN 1 Cintakarya
 2. Al-Azhar Middle School
 3. SMAT Riyadlul Ulum Wada'wah

