

**APPENDIX**

***TEST I***

**Nama** : .....

**Pendidikan terakhir** : .....

**Lama bekerja** : .....

**Alamat** : .....

**Waktu** : 30 menit

**Pilihlah satu jawaban yang paling tepat sesuai bacaan !****Bacaan I**

Recent technological advances in manned and unmanned undersea vehicles have overcome some of the limitations of divers and diving equipment. Without a vehicle, divers often become sluggish and their mental concentration was limited. Because of undersea pressure that affected their speech organ, communication among divers was difficult of impossible. But today, most oceanographers make observations by means the instruments that are lowered into the ocean or from samples taken from the water. Direct observations of the ocean floor are made not only by divers but also by deep diving submarines. Some of these submarines can dive to depths of more than seven miles and cruise at depth of fifteen thousand feet. Radio equipped buoys can be operated by remote control in order to transmit information back to land based laboratories, including data about water temperature, currents and weather.

Some of mankind's most serious problems, especially those concerning energy and food may be solved with the help of observations made possible by these undersea vehicles.

1. The passage primarily concerned with .....
 

A. recent technological advances.	C. direct observation of the ocean floor.
B. communication among divers	D. undersea vehicles.
2. Divers have had problems in communicating underwater because.....
 

A. pressure affected their speech organs
B. the vehicles they used have not been perfected
C. they did not pronounce clearly
D. the water destroyed their speech organs.
3. This passage suggest that the successful exploration of the ocean depends upon
 

A. vehicles as well as divers	C. controlling currents and weather.
B. radios the divers use to communicate	D. the limitations of diving equipment.

4. Which one is correct data for undersea vehicle based on the information above ?
- A. are too small for a man to fit inside.
  - B. have the same limitations than divers.
  - C. are very slow to respond.
  - D. make direct observations of the ocean floor.
5. How is a radio equipped buoy operated ?
- A. by operators inside the vehicle in the part underwater.
  - B. By operators outside the vehicle on a ship.
  - C. By operators outside the vehicle on a diving platform.
  - D. By operators outside the vehicle in a laboratory on shore.
6. According to the author, what are some of the problems the underwater studies may eventually resolve ?
- A. weather and temperature control.
  - B. food and energy shortages.
  - C. transportation and communication
  - D. overcrowding and housing problem.

### **Bacaan II**

Although each baby has an individual schedule of development, general pattern of growth have been observed. Three periods of development have been identified, including early infancy, which extends from the first to the sixth month; middle infancy from the sixth to ninth month and late infancy from the ninth to fifteenth month. Whereas the newborn is concerned with his or her inner world and responds primarily to hunger and pain. In early infancy the baby is already aware of the surrounding world. During the second month, many infants are awake more and can raise their heads to look at things. They also begin to smile at people. By the fourth month, the baby is searching for things but not yet grasping them with its hands. It is also beginning to wary of strangers and may scream when a visiting relative tries to pick it up. By fifth month, the baby is grabbing objects and putting them into its mouth. Some babies are trying to feed themselves with their hands.

In middle infancy, the baby concentrates on practicing a great many speech sound. It loves to imitate actions and examine interesting objects. At about seven month, it begins to crawl, a skill that it masters at the end of middle infancy.

In late infancy, the baby takes an interest in games, songs, and even books. Progress toward walking moves through standing, balancing, bouncing in place, walking with others. As soon as the baby walks alone, it ha passed from infancy into the active toddler stage.

7. What is the main subject of this reading passage ?
  - A. growth in early infancy
  - B. the active toddler stage.
  - C. how a baby learns to walk.
  - D. the developmental stages of infancy.
8. When does a baby take an interest in books ?
  - A. after 9 months
  - B. at 2 months
  - C. after 5 months
  - D. in middle infancy.
9. According to this reading passage, what would a six old months baby like to do
  - A. a smile at people
  - B. crawl on the floor
  - C. imitate action
  - D. play simple games
10. What does 'grasp' mean in the context of this passage ?
  - A. watch
  - B. like
  - C. hold
  - D. fear
11. When does a baby becomes frightened of unfamiliar people ?
  - A. in early infancy
  - B. in middle infancy
  - C. in late infancy
  - D. in toddler stage
12. What is the main idea of the second paragraph ?
  - A. baby's ability in middle infancy
  - B. baby concentrates on practicing a speech sound
  - C. baby begins to crawl
  - D. baby's ability to imitate actions
13. What does "toddler stage" mean based on the context of this passage ?
  - A. late infancy stage
  - B. baby's progress
  - C. learning to walk stage
  - D. walking progress
14. 'It has passed from the infancy into the active toddler stage'. "It" refers to
  - A. baby
  - C. baby's development progress

B. the mother

D. baby's trial to walk

**Bacaan III**

The noble prizes awarded annually for distinguished work chemistry, physics, psychology or medicine, literature and international peace, were made available by a fund for that purpose by Swedish philanthropist, Albert Bernhard Nobel.

The prizes, awarded since 1901 are administered by the Nobel foundation in Stockholm. In 1969, a prize for economics endowed by the Central Bank of Sweden was added. Candidates for the prizes must be nominated in writing by a qualified authority in the field of competition. Candidates are judged by Swedish and Norwegian academies and institutes on the basis of their contribution to mankind. The award are usually presented in Stockholm on December 10, with the King of Sweden officiating, an appropriate tribute to Alfred Nobel on the anniversary of his death. Each prizes includes a gold medal, a diploma, and a cash award of about million dollars.

15. What does this passage mainly discuss ?

- |                         |                                   |
|-------------------------|-----------------------------------|
| A. Alfred Bernard Nobel | C. great contributions to mankind |
| B. the Nobel prizes     | D. Swedish philanthropy           |

16. How often are the Nobel prizes awarded ?

- |                      |                           |
|----------------------|---------------------------|
| A. five times a year | C. twice a year           |
| B. once a year       | D. once on every two year |

17. A Nobel prize would not be given to .....

- A. an author who wrote novel
- B. a compose who wrote a symphony
- C. a doctor who discovered vaccine
- D. a diplomat who negotiated for a peace settlement

18. Why were the prizes named for Alfred Bernard Nobel ?

- A. he left money in his will to establish a fund for prizes
- B. he won the first Nobel prize for his work in philanthropy
- C. he is now living in Sweden

- D. he serves a chairman of the committee to choose the recipients of the prize
19. Which individual or organization serves as administrator for the trust ?
- A. the King of Sweden                      C. the central bank of Sweden  
B. the Nobel foundation                    D. Swedish and Norwegian academies
20. Why are the awards presented on December, 10 ?
- A. because it is a tribute to the king of Sweden  
B. because Alfred Bernard Nobel died on that day  
C. because that date was established in Alfred Nobel's will  
D. because the central bank of Sweden administers the trust

***TERIMA KASIH***

***TEST II***

**Nama** : .....

**Pendidikan terakhir** : .....

**Lama bekerja** : .....

**Alamat** : .....

**Waktu** : 30 menit

**Pilihlah satu jawaban yang paling tepat sesuai bacaan !****Bacaan I**

Lamivudine is a nucleoside analog which is a potent reverse transcriptase inhibitor. The drug's administered in an oral solution which is intended for the treatment of HIV infection in symptomatic children and adults. This dosage form was developed primarily for pediatric use and also for adults with difficulties swallowing conventional solid dosage forms such as tablets.

***Indications***

3TC is combination with zidovudine is indicated for the treatment of :

- HIV infected adults with progressive immunodeficiency [CD4 count  $\leq$  500 cells/mm<sup>3</sup>] who have no prior antiretroviral therapy.
- HIV infected adults with progressive immunodeficiency who have been previously treated with zidovudine.
- HIV infected children [ $\geq$ 3 months] with progressive immunodeficiency who have had no prior therapy or who have been previously treated with zidovudine.

***Contra Indications***

The use of 3TC is contra indicated in patients with known hypersensitivity to Lamivudine or to any ingredient of the preparation. Zidovudine should not be given to patients with abnormally low neutrophil counts [ $<$ 7.5 g/dl or 4.65 mmol/L]. Additionally zidovudine should not be given to patients with known hypersensitivity to zidovudine or any ingredient of the preparation.

1. What is Lamivudine ?.....
  - A. oral solution
  - B. a potent reverse transcriptase inhibitor
  - C. an analog of nucleoside
  - D. an inhibitor
2. Oral solution is.....
 

A. the drug administration	C. the use of drug
B. an administrative drug	D. administration of drug
3. The dosage form was developed primarily for .....
  - A. pediatric use

- B.also for adult with difficulties swallowing conventional solid dosage forms  
 C.both A and B  
 D.neither A nor B
- 4.....is intended for the treatment of HIV infection in symptomatic and asymptomatic children and adults.  
 A. 3TC                      B.Retrovir                      C. Lamivudine                      D.solid dosage
5. Swallowing is equal to.....  
 A. eating                      B. breakfast                      C. taking up the drug                      D. drinking
6. For patients with known hypersensitivity to zidovudine, what is the best treatment to take ?  
 A. It is appropriate to give them additional retrovir  
 B. It is prohibited to give them retrovir  
 C. It will be better if we do not give retrovir  
 D. It is not prohibited to give them additional retrovir
7. "HIV infected adult", means :  
 A. HIV infects children                      C. children infected HIV  
 B. HIV infection for children                      D. children HIV infection
8. The synonym of "ingredient" is :  
 A. content                      B.liquid                      C. filter                      D. additive specimen
9. The drug's administered in an oral solution which is intended for the treatment of HIV infection in.....  
 A. either children or adults symptomatic  
 B. neither children nor adult symptomatic  
 C. symptomatic either children or adults  
 D. symptomatic neither children nor adults
10. Which one of the sentences is not true according to the text ?  
 A. Lamivudine was developed for pediatric patients  
 B. Oral solution of lamivudine was developed for adult with difficulties swallowing solid dosage  
 C. Retrovir should be given to patients with known hypersensitivity to zidovudine

#### D. 3TC is not contra indicated with lamivudine

### **Bacaan II**

#### **Presentation**

Zantac tablets 150 mg : white, round film coated tablet, engraved Zantac 150 on one face and Glaxo on the other. Each tablets contains ranitidine 150 mg (as hydrochloride).

Zantac tablets 300 mg : white capsule-shaped film coated tablet, engraved Zantac 300 on one face and Glaxo on the other. Each tablet contains ranitidine 300mg (as hydrochloride).

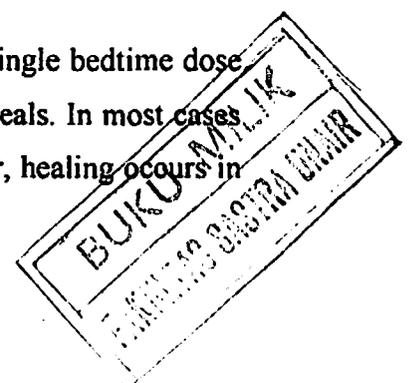
#### **Indications**

Zantac is indicated in :

1. Duodenal ulcer and benign gastric ulcer, including that associated with non-steroidal anti Inflammatory agents.  
Short term treatment of active doudenal ulcer. Most patients heal within 4 weeks. Studies available to date have not assessed the safety of ranitidine in uncomplicated doudenal uncer for periods of more than 8 weeks. Short-term treatment of benign gastric ulcer. Most patients heal within 6 weeks and the usefulness of further treatment has not been demonstrated.
2. The treatment of pathological hypersecretory conditions
3. Treatment of reflux oesophagitis
4. Maintenance therapy for duodenal ulcer patients at reduce dosage after healing of acute ulcers.
5. The treatment of chronic episodic dyspepsia
6. Post-operative ulcer.
7. Prophylaxis of stress uncertain in seriously ill.
8. Prophylaxis of recurrent haemorrhage from peptic ulcer.
9. Prophylaxis of Mendelson's syndrome.

#### **Dosage and Administration**

*Adults:* the standard dosage regimen 150 mg twice daily or a single bedtime dose of 300 mg. It is not necessary to time the dose in relation to meals. In most cases of duodenal ulcer, benign gastric ulcer and post operative ulcer, healing occurs in



four weeks. Healing usually occurs after a further four weeks of treatment in those patients whose ulcer have not fully healed after the initial course of therapy. In ulcer following non-steroidal anti inflammatory drug therapy or associated with continued non-steroidal anti inflammatory drugs, 8-12 weeks treatment may be necessary. In duodenal ulcer 300 mg twice daily for 4 weeks result healing rates which are higher than those at 4 weeks with ranitidine 150 mg twice daily or 300 mg nocte.

Maintenance treatment at a reduced dosage of 150 mg at bedtime is recommended for patients who have responded to short-term therapy, particularly those with a history of recurrent ulcer. In the management of reflux oesophagitis, the recommended course treatment is either 150 mg twice daily or 300 mg at bedtime for up to 8 weeks.

In patients with severe oesophagitis and those who fail to respond to standard doses of ranitidine, the dosage of ranitidine may be increased to 300 mg four times daily for up to 8 weeks.

11. In short term treatment of benign gastric ulcer, patient heal within .....
  - A. 14 days
  - B. 28 days
  - C. 35 days
  - D. 42 days
12. Normal dosage for adult is .....
  - A. 300 mg twice a day
  - B. 150 mg twice a day
  - C. 150 mg or 300 mg a day
  - D. 300 mg once in two days
13. 8-12 weeks treatment may be necessary for :
  - A. ulcers following non-steroidal anti inflammatory drug therapy
  - B. short term treatment of active duodenal ulcer
  - C. short term treatment of active gastric ulcer
  - D. benign gastric ulcer treatment
14. For patients with Reflux Oesophagitis, the proper dosage is .....
  - A. 300 mg a day
  - B. 150 mg twice a day given 2 hours after inductions of general anaesthesia
  - C. 150 mg twice a day given 2 hours before inductions of general anaesthesia
  - D. 150 mg a day
15. The synonym of 'heal' is .....

- A. release      B. recovery      C. get well      D. getting worse
16. "It .....to time the dose relation to meals". The appropriate words to fill in is.....
- A. has to      C. is not neglectful  
B. is disregard      D. ia unnecessary
17. "bedtime" means.....
- A. time for taking up the pills after breakfast  
B. time for taking up the pills before sleeping  
C. time for taking up the pills after sleeping  
D. time for taking up the pills before breakfast
18. "Zantac tablets 150 mg twice daily may be substituted for Zantac injection". Without changing its idea, the sentence can be stated :
- A. Zantac injection substitutes Zantac tablets 150 mg twice a day.  
B. Zantac injection converted by Zantac tablets 150 mg twice a day.  
C. Zantac injection changed into Zantac tablets 150 mg twice a day.  
D. Zantac injection replaced by Zantac tablets 150 mg twice a day.
19. 'reduced dosage' means .....
- A. increasing volume of the drug      C. decreasing drug's quantity  
B. decreasing drug's quality      D. increasing drug's quality
20. From the statements below which one does not belong to Zantac ?
- A. available in 150 mg and 300 mg dosage.  
B. Zantac always in white colour  
C. Both side written the word 'Glaxo'  
D. Both presentation are film coated tablet.

TERIMA KASIH

## STATISTICAL COMPUTATION

### Regression

Descriptive Statistics

	Mean	Std. Deviation	N
Y (DEGREE OF COMPREHENSION EMB)	50.5000	13.7934	30
X (ENGLISH COMPETENCE)	37.8333	12.5728	30

Correlations

		Y (DEGREE OF COMPREHENSION EMB)	X (ENGLISH COMPETENCE)
Pearson Correlation	Y (DEGREE OF COMPREHENSION EMB)	1.000	.484
	X (ENGLISH COMPETENCE)	.484	1.000
Sig. (1-tailed)	Y (DEGREE OF COMPREHENSION EMB)		.003
	X (ENGLISH COMPETENCE)	.003	
N	Y (DEGREE OF COMPREHENSION EMB)	30	30
	X (ENGLISH COMPETENCE)	30	30

Variables Entered/Removed<sup>a</sup>

Model	Variables Entered	Variables Removed	Method
1	X (ENGLISH COMPETENCE)	.	Enter

- a. All requested variables entered.  
 b. Dependent Variable: Y (DEGREE OF COMPREHENSION EMB)

Model Summary<sup>b</sup>

Model	R	R Square	Adjusted R Square	Change Statistics	
				df1	df2
1	.484 <sup>a</sup>	.234	.207	1	28

- a. Predictors: (Constant), X (ENGLISH COMPETENCE)  
 b. Dependent Variable: Y (DEGREE OF COMPREHENSION EMB)

ANOVA<sup>b</sup>

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1290.759	1	1290.759	8.551	.007 <sup>a</sup>
	Residual	4226.741	28	150.955		
	Total	5517.500	29			

- a. Predictors: (Constant), X (ENGLISH COMPETENCE)  
 b. Dependent Variable: Y (DEGREE OF COMPREHENSION EMB)

Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		t	Sig.	95% Confidence Interval for B		Correlations		
		B	Std. Error			Lower Bound	Upper Bound	Zero-order	Partial	Part
1	(Constant)	30.424	7.223	4.212	.000	15.630	45.219			
	X (ENGLISH COMPETENCE)	.531	.181	2.924	.007	.159	.902	.484	.484	.48

a. Dependent Variable: Y (DEGREE OF COMPREHENSION EMB)

Casewise Diagnostics<sup>a</sup>

Case Number	Std. Residual	Y (DEGREE OF COMPREHENSION EMB)	Predicted Value	Residual
1	.439	65.00	59.6092	5.3908
2	1.660	80.00	59.6092	20.3908
3	-2.410	30.00	59.6092	-29.6092
4	-.566	50.00	56.9560	-6.9560
5	.655	65.00	56.9560	8.0440
6	-.566	50.00	56.9560	-6.9560
7	-.159	55.00	56.9560	-1.9560
8	.464	60.00	54.3029	5.6971
9	.871	65.00	54.3029	10.6971
10	.464	60.00	54.3029	5.6971
11	-.757	45.00	54.3029	-9.3029
12	-.350	50.00	54.3029	-4.3029
13	.464	60.00	54.3029	5.6971
14	-.541	45.00	51.6497	-6.6497
15	1.901	75.00	51.6497	23.3503
16	-.134	50.00	51.6497	-1.6497
17	-.541	45.00	51.6497	-6.6497
18	.896	60.00	48.9985	11.0035
19	.896	60.00	48.9985	11.0035
20	.489	55.00	48.9985	6.0035
21	.489	55.00	48.9985	6.0035
22	-1.953	25.00	48.9985	-23.9985
23	.514	50.00	43.6902	6.3098
24	.107	45.00	43.6902	1.3098
25	-1.114	30.00	43.6902	-13.6902
26	-1.114	30.00	43.6902	-13.6902
27	-1.521	25.00	43.6902	-18.6902
28	.730	50.00	41.0371	8.9629
29	.132	40.00	38.3839	1.6161
30	.563	40.00	33.0776	6.9224

a. Dependent Variable: Y (DEGREE OF COMPREHENSION EMB)

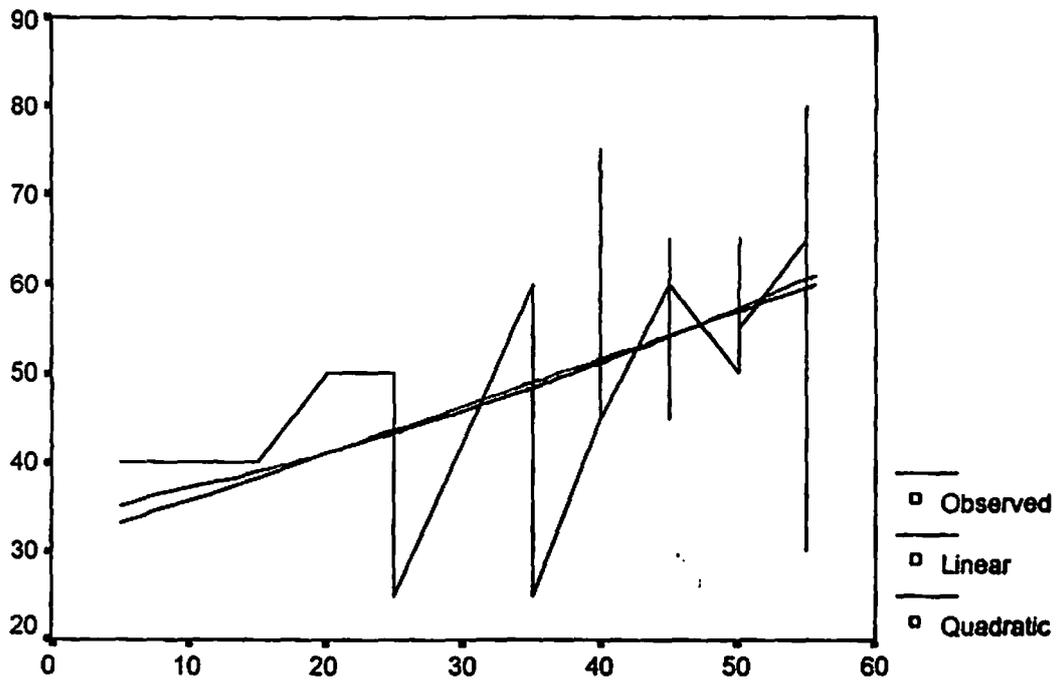
**Curve Fit**

MODEL: MOD\_1.

Independent: VAR00001

Dependent	Mth	Rsq	d.f.	F	Sigf	b0	b1	b2
VAR00002	LIN	.234	28	8.55	.007	30.4245	.5306	
VAR00002	QUA	.236	27	4.17	.026	33.6542	.3039	.0034

**Y (DEGREE OF COMPREHENSION EMB)**



**X (ENGLISH COMPETENCE)**





IR - PERPUSTAKAAN UNIVERSITAS AIRLANGGA  
DEPARTEMEN PENDIDIKAN DAN KEBUDAYAAN  
UNIVERSITAS AIRLANGGA

# FAKULTAS SASTRA

Jl. Dharmawangsa Dalam Selatan Telp. (031) 5035676 Surabaya 60286

Nomor : 204 /JOS.1.1/PP/2000  
Lamp. : --  
Hal : Permohonan ijin penelitian

Surabaya, 30 Maret 2000

✓ Kepada Yth.  
✓ Pemilik dan Pelaksana Apotik  
di  
Surabaya.

Dalam rangka meningkatkan efektivitas belajar mengajar di Fakultas Sastra Universitas Airlangga, mahasiswa kami selain menerima teori-teori di kelas, juga langsung pada obyek studi sesuai dengan mata ajaran yang mereka tekuni, yaitu :

"Seminar dan Thesis"

Sehubungan dengan hal tersebut di atas, kami mohon perkenan Saudara untuk memberi ijin kepada mahasiswa kami :

N a m a : Avy Luthfiana  
N I M : 079614998  
Program Studi : Sastra Inggris

yang akan mengadakan penelitian di :

Pemilik dan Pelaksana Apotik di Surabaya.

Demikian atas perhatian dan perkenan Saudara, kami sampaikan terima kasih.



A.n. Dekan,  
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30687383

