**LEMBAR OBSERVASI**

Nama :………………..

Umur :………………..

Nadi :…………….

Suhu :…………….

Rr :……………….

|  |  |  |
| --- | --- | --- |
| No | Observasi keadaan Pasien  | Skala Nyeri |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | Sebelum Senam Hamil |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Sesudah senam Hamil |  |  |  |  |  |  |  |  |  |  |  |

Keterangan :

* : Ya

X : Tidak