ASSEESSMENT OF HEALTH RELATED QUALITY OF LIFE AND ASSOCIATION WITH SELF CARE PRACTICE AMONG PEOPLE LIVING WITH HIV /AIDS FOLLOWING ART CLINIC IN JIMMA UNIVERSITY SPECIALIZED HOSPITAL, SOUTH -WEST ETHIOPIA

BY

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A RESEARCH THESIS TO BE SUBMITTED TO DEPARTMENT OF NURSING, COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES, JIMMA UNIVERSITY; IN PARTIAL FULFILLMENT FOR THE REQUIREMENT OF MASTERS OF SCIENCE IN ADULT HEALTH NURSING

JUNE, 2014

JIMMA, ETHIOPIA

JIMMA UNIVERSITY

COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES

DEPARTMENT OF NURSING

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ABSTRACT

Background: Globally, 35.3 million people are living with HIV/AIDS at the end of 2012, Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV/ADIS,Ethiopia is among the countries most affected by the HIV epidemic. A large number of people living with HIV and about 1 million HIV/AIDS orphans. HIV care is crucial for successful HIV prevention , treatment and to provide Quality of life .HIV/AIDS is chronic disease with advances in treatment to receive benefits of current HIV treatments, patients must be adherent to care.

Objectives: To asseess the Health Related Quality of Life and its association with self care practice Among People Living with HIV /AIDS following ART Clinic in Jimma University Specialized Hospital, South -West Ethiopia, 2014.

Methods: Institution based retrospective cohort study design that employed with systematic random sampling technique was used.From 351 participants Data were collected using pre tested structured questionnaires from March 1-30 Jimma University Specialized hospital ART clinic.The dimensions of HRQoL were compared using internal cohort analysis, Chi-square, independent t-tests for both low and high exposed to self care. Univariate linear regression technique was done to see the association between the independent variables and the dependent variable. Multivariable analysis using forward stepwise multiple leaner regressions was done to evaluate independent effect of each variable on dependant variables. The results were summarized and presented by tables, charts and graphs.

Result: Overall; Those 36% High exposed to self care had high health related qoulity of life(HRQOL) in domain; general health, Vitality /Energy and mental health scels; For a unit increase in perceived self care practice index, the quality of life increased by an average of 0.33 at (p=0.001,CI=.135, .533) as compaired to those 63% less self care exposed.As number of ART dose refilling increases by 0.65 quality of life decreased at (p=0.001,CI=-1.012, -.283) as compaired to those refill sing dose.In the presence of co morbid disease increases by an average of 0.32 the quality of life decreased at (p=0.006,CI=-.545, -.092) when compaired to those has no co morbid disease. For one month increase by 0.33 in follow up duration, quality of life increased at (p=0.04,CI=.019,.636) when compaired to less duration on follow up.

Conclusion and recommendation: Early initiation of HIV/AIDS care should focus on addressing patient's concerns such as; better quality of life among those;high self care practice, increase duration of care.Low quality of life among those Increased number of dose refill, presence of co morbid desease were found. The study recommend that clinicians caring for HIV infected persons should make an effort to measure HRQoL as this would help identify persons in need of self care perception, psychosocial support, thereby promoting holistic HIV care.

Key words: Health related Quality of life, self Care; People live with HIV/ADIS, JUSH, ON ART.

Acknowledgment

First and for most I want to thank Almighty GOD who gives me strength, health and everything he has done for me.

Next I would like to express my deepest gratitude to my advisors Professor Tefera Belachew and Mr. Abebe Abera for their passionate effort in guiding me throughout proposal research papare work and in shaping the thesis to hold this version. Thank you for your time, guidance, critique and encouragement.

Again, I would like to sincerely thank and gratefully acknowledge my classmates whose empathy served as inspiration as we shared our experience and colleagues for all their support and encouragement.

For all PLWHA, on ART follow up for cooperation giving their golden time during interview

I would like to thank JUSH, for permission of all facility during study time,

I would like to give heavy debt of gratitude to my wife Fasika Amberbir and my mother for their support in anything possible.

In addition, heartfelt thanks go to S/r.Tarikwa Tamene, and also HIV care clinic staff for their all rounded and unforgettable support.The data collectors for their patience during data collection.

Finally, I would like to acknowledge Jimma University for finical support, all other facilities.

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Acronmys

AIDS Acquired Immune Deficiency Syndrome

ART Antiretroviral Treatment

ARV Antiretroviral

FMOH Federal Ministry of Health

JU Jimma University

JUSH Jimma University specialize hospital

HAART Highly Active Antiretroviral Therapy

HIV Human Immune-deficiency Virus

HRQL Health-related quality of life

MOS Medical Outcomes Study

MOS-HIV Medical Outcomes Study HIV Health Survey

OIs Opportunistic infections

PLWHA People Living with HIV/AIDS

QOL Quality of life

SNNPR Southern Nations, Nationalities and Peoples Region

STI Sexually transmitted infections

S-F short form of quality of life questionnaires

SPM strategic plan of monitoring

TB Tuberculosis

UNAIDS United Nations Joint Programme on HIV/AIDS

WHO World Health Organization

CHAPTER ONE: INTRODUCTION

1.1. Back ground

Globally, 35.3 million people are living with HIV/AIDS at the end of 2012. An estimated 32.1 million of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions(1). HIV/AIDS, pandemic continuous to spread worldwide and one of serious health challenges; global solidarity in the AIDS response during the past decade continues to generate extraordinary health gains. Historic success in bringing HIV programmes to scale – combined with the emergence of powerful new tools to prevent people from becoming infected and from dying from AIDS-related causes(2).Although much of the news on AIDS is encouraging, challenges continue. The number of people newly infected globally is continuing to decline, but national epidemics continue to expand in many parts of the world. Further, declines in the numbers of children dying from AIDS-related causes and acquiring HIV infection, although substantial, need to be accelerated to achieve global AIDS targets(3).

The part of the world most impacted by HIV, Sub-Saharan Africa, has cut the number of people dying of AIDS-related causes by 32% between 2005 and 2011. The largest drop in AIDS-related deaths was in some of those countries where HIV has the strongest grip. In South Africa, 100 000 fewer deaths occurred, followed by nearly 90 000 in Zimbabwe, 71 000 in Kenya, 59 000 in Ethiopia and 48 000 in the United Republic of Tanzania(4). Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide(5). Ethiopia is among the countries most affected by the HIV epidemic. With an estimated adult prevalence of 1.5%, it has a large number of people living with HIV (approximately 800,000); and about 1 million AIDS orphans(5).

To overcome the problem of HIV/AIDS Medical Care Service are categorizes to provide routine care, non-emergency care, outpatient medical care, case consultation, patient education, and OB/GYN services. The overall objectives of Medical Care Standards are to: Ensure programs are licensed and accredited; have policies that respond to the needs of incapacitated clients and that address advance directives; and Provide high quality services with licensed staff. The service specific standards of care for Medical Care provide additional requirements (6).HIV counseling and testing and linkage to care are crucial for successful HIV prevention and treatment. Abbreviated counseling could save time(7).Health-Related

Quality of Life (HRQoL) and functional exercise capacity are important area of therapeutic interventions needed to improve the general health of People Living with HIV/AIDS (PLWHA) (8).Generally, the ART policy is to reducing mother to child transmissions, prolonging and improving the quality of lives of PLWHA and reducing accidental HIV infection within health institutions(9). Measures of quality of life (QoL) present an opportunity to evaluate interventions from the perspective of the patient. (10) According to the World Health Organization (WHO), QOL is defined as an individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. This definition considers individuals' satisfaction on their physical, psychological, social relationships, environment, and spiritual aspects of their life. HIV has increasingly become recognized as a chronic disease with advances in treatment to receive benefits of current HIV treatments, patients must be adherent to care which decrease in HIV- related morbidity, mortality and health care costs and increases HRQOL(11).

1.2. Statement of the problem

The major challenge in Ethiopia and other resource-limited settings in Africa is lack of information on HRQOL of populations affected by HIV/AIDS, despite the abundance of information on there was significant improvement in the mean HRQOL scores of participants which was not associated with significant improvement in the CD4 cells status after six months of ART. The evaluation of HRQOL alongside the clinical and immunological parameters when monitoring treatment outcomes is recommended (12). Self-care is used to describe a process in which people actively function on their own behalf in health promotion and prevention, and in disease detection and treatment. Self-care practices included elements such as prevention of infection; nutritional care; respite; exercising; care seeking; and psychological care

Patients newly diagnosed with HIV contrast show disparities in access to HIV care favoring. Overall, the proportion of patients who linked to appropriate HIV care was very low given the availability of effective treatment(13).With the increased availability of antiretroviral treatment (ART), HIV is no longer a death sentence in developing countries. Consequently, the responses of health are systems is changing from acute to chronic disease management. Treatment outcomes other than CD4 and viral load are therefore needed. The Quality of life,

Short Form 36, Version 2 (SF-36) will be used to evaluate functional status and HRQOL. The SF-36 is widely used and has been found to have acceptable psychometric properties across different illness and age populations. The SF-36 has been utilized in monitoring health outcomes in patients with a variety of illnesses including HIV as well as a wide range of diseases and chronic conditions (14)

Despite these mounting challenges, the global response has been a reason for hope and optimizing fighting the epidemic. Application of effective and feasible preventive interventions to avert infection, use of Highly Active Antiretroviral Therapy (HAART) and sustained global and national commitment continue to register success in the response to the epidemic(3). In 2001, the Ethiopia Strategic Framework for National Response to HIV/AIDS was launched.

In 2002 antiretroviral therapy (ART) and on prevention of Mother-to-Child Transmission of HIV, as a road map for accelerated access to HIV prevention, treatment and care in Ethiopia was started. 2007- 2010, Plan of action for universal access to HIV prevention, treatment, care and support were also developed.

The first five-year strategic plan was implemented from 2004-2008. Evaluation of its implementation has shown remarkable progress in expanding access to HIV services. The number of health facilities providing HIV prevention, care and support services has substantially expanded. The second five year strategic plan (SPM II 2010/11-2014/15) was developed based on lessons and experiences from implementation of SPM I, and gives due consideration of the current state of the epidemic. The SPM II has five thematic areas: creating an enabling environment; intensifying HIV prevention; increasing access to and improving quality of chronic care and treatment; intensifying mitigation efforts against the epidemic; and strengthening the generation and utilization of strategic information(5).

Caregivers are very important in the care of PLWHAs due to the devastating and increasing number of PLWHAs; therefore, there is an increasing need for care. The load of care in addition to other responsibilities that the caregiver has a profound effect on the health of the caregiver .Care giving in itself makes them more vulnerable to physical, emotional and psychological ailments and therefore there is a critical need for them to be able to cope with the care giving stress to prevent burnout and exposure to infection(15).

Globally, scaling up antiretroviral treatment (ART) has considerably relieved the socioeconomic and health burden of HIV/AIDS epidemics. HIV/AIDS patients who are receiving ART could achieve suppressed viral loads, improved immune and physical functions, and reduced opportunistic infections and co-morbidities. In addition, they might continue to be productive, more socially inclusive, and have better quality of life (16).

There is a relationship between ART and quality of life of people living with HIV and AIDS, and a strong positive association between ART and improved quality of life in different domains among people living with HIV and AIDS in both developed and developing countries(17).

CHAPTER TWO: LITERATURE REVIEW

A systematic review of Thirty-four studies showed that in low income settings, epidemiological research on access to HIV/AIDS services focused on socio-economic and health system factors while in high income countries the focus was on medical and psychosocial factors. These differences depict the perceived different barriers in the two regions. Common factors between the two regions were also found to affect HIV testing, including stigma, high risk sexual behaviors such as multiple sexual partners and not using condoms, and alcohol abuse(18).

Study in USA showed that, relatively high rates of depression, overall QoL mental health was not the major QoL variable that was influenced by the presence of additional chronic illnesses. When looked at QoL variables, it was physical functioning that was most impacted by the addition of other chronic health problems, followed by social functioning and finally mental health functioning. Results demonstrated a moderate level of overall stress for the sample which significantly increased with addition of other chronic health problems(14).

Survival study in USA showed that, With HIV were interviewed at baseline, physical HRQOL those alive at follow-up, versus among those who had died a highly significant difference. Similarly, the baseline mental HRQOL summary score was significantly higher among those who went on to survive the follow-up period versus those who did not. In addition, those who died during the follow-up period were more likely to be older, and have less education, low income, public insurance, other mode of HIV infection, CD4 counts less than 50, and an advanced stage of HIV infection, compared to those still alive at follow-up(19).

Study in Australia showed that, negatively impacting on HRQL across many of the subscale scores were clinical factors: suffering from depression, another comorbidity, sexual dysfunction and frequency of experienced symptoms. The number of symptoms, in particular, was highly predictive of reduced HRQL across all domains except stigma. Symptoms were more prevalent amongst patients receiving PI regimens compared with those on NNRTI regimens but were not confined to patients receiving ART(20).

AIDS is associated with many social consequences such as stigma and discrimination which have negative impacts on Qol (21).Risk factors of low-adherence, in both rich and poor countries, were stigma and discrimination, alcohol and drug abuse, depression and low self-

efficacy. Social support was the only factor that showed. This comparative nature yielded valuable information about the differences and similarities of social and cultural processes that affect access to treatment in each context.(18).

Study in Vietnam showed that, those patients who had higher education reported significantly higher scores in Performance, Environment, Physical and Social domains; and who had stable jobs reported in higher scores in Physical and Morbidity domains. Moreover, HIV/AIDS stage, immunological status, and the duration of ART remained in the reduced model in predicting HRQOL domains. Compared to asymptomatic patients, those at more advanced staged reported significant decreases in all HRQOL domains. Significant improvements in Physical and Morbidity were found in patients who had CD4 cell count of [350–500] compared to those had [<=200] cells/mL. As for duration of ART, patients in the 1st year ART reported significantly lower scores compared to those yet not treated(16).In South Africa Study shows that, higher educational, lower psychological distress, having fewer chronic conditions and being HIV negative were significantly positively associated with physical health QoL, and low poverty, low psychological distress and being HIV positive were positively significantly associated with mental health QoL. Other low psychological distress (depression) was associated with higher QoL in TB patients. Being diagnosed with several chronic conditions and scoring high on the psychological distress scale, may further increase levels of anxiety and depression given the rigorous treatment regimen. The finding that indicators of higher socio-economic status in study were associated with better QoL in TB patients is in agreement with a number of studies did not find age and gender differences in relation to health-related QoL in TB patients(22).

Study in Nigeria showed that, the psychosocial constructs such as HRQoL does not influence functional exercise capacity in clinical stage I PLWHA. It is implied that HRQoL and functional exercise capacity performance in PLWHA are not interdependent. Therefore, therapeutic interventions targeted at improving functional exercise capacity in PLWHA may not adequately address psychosocial impairment resulting from HIV/AIDS infection(8).

Study showed that in Malawi that, Women had lower risk of program attrition compared to men, and the risk of attrition increased in patients with more advanced HIV disease at ART start for clinical stage 2 and for stage 4, compared to stage 1. The risk of program attrition decreased with higher BMI at the start of ART compared with longer duration of ART follow-up from for the 3-6 month period, to 6-24 month period, compared to ≤3 months). It

was lower in patients with higher baseline CD4 cell counts and higher in patients with lower adherence(23).

Study conducted in Zambia shows that, PHIV used therapeutic and physical health maintenance, psychological well-being and healthy lifestyle self-care practices to maintain physical health and mitigate HIV-related symptoms. Herbal remedies, faith healing and self-prescription of antibiotics and other conventional medicines to treat HIV-related ailments were used for therapeutic and physical health maintenance purposes. Psychological well-being self-care practices used were religiosity/spirituality and positive attitudes towards HIV infection. These practices were modulated by close social network relationships with other PLHIV, family members and peers, who acted as sources of emotional, material and financial support. Cessations of sexual relationships, adoption of safe sex to avoid re-infections and uptake of nutritional supplements were the commonly used risk reduction and healthy lifestyle practices respectively(24).

Study in Uganda showed that, Physical and mental health summary scores improved substantially between ART initiation and 12-month follow- up. After 12 months on ART, PHS and MHS scores improved by Effect sizes were large and positive, indicating a substantial positive effect of ART on PHS Clinical markers also changed dramatically between ART initiation and 12-month follow-up, with increases in CD4 cell count and decreases in viral load. (25).

Study showed in Uganda that, ART experienced patients had higher HRQoL than ART-naïve patients in the physical and mental health respectively. Low HRQoL scores were associated with low education level, unemployment and presence of symptoms(26).The same study in Uganda showed that, there were no significant differences in other HRQoL dimensions like pain, physical functioning, role functioning, social functioning, mental functioning, vitality, health distress, and cognitive functioning in both ART experienced and ART naive adults attending an urban HIV treatment clinic in Kampala(26).Study in Ethiopia showed that, absence of a source of income and poor adherence to ART had a negative effect on the physical dimension of QoL of all patients. A severe form of CMD was strongly associated with poorer physical QoL among TB/HIV co-infected individuals and HIV infected patients without TB (27).

2.1 Conceptual Framework of associatin of Self Care on HRQOL

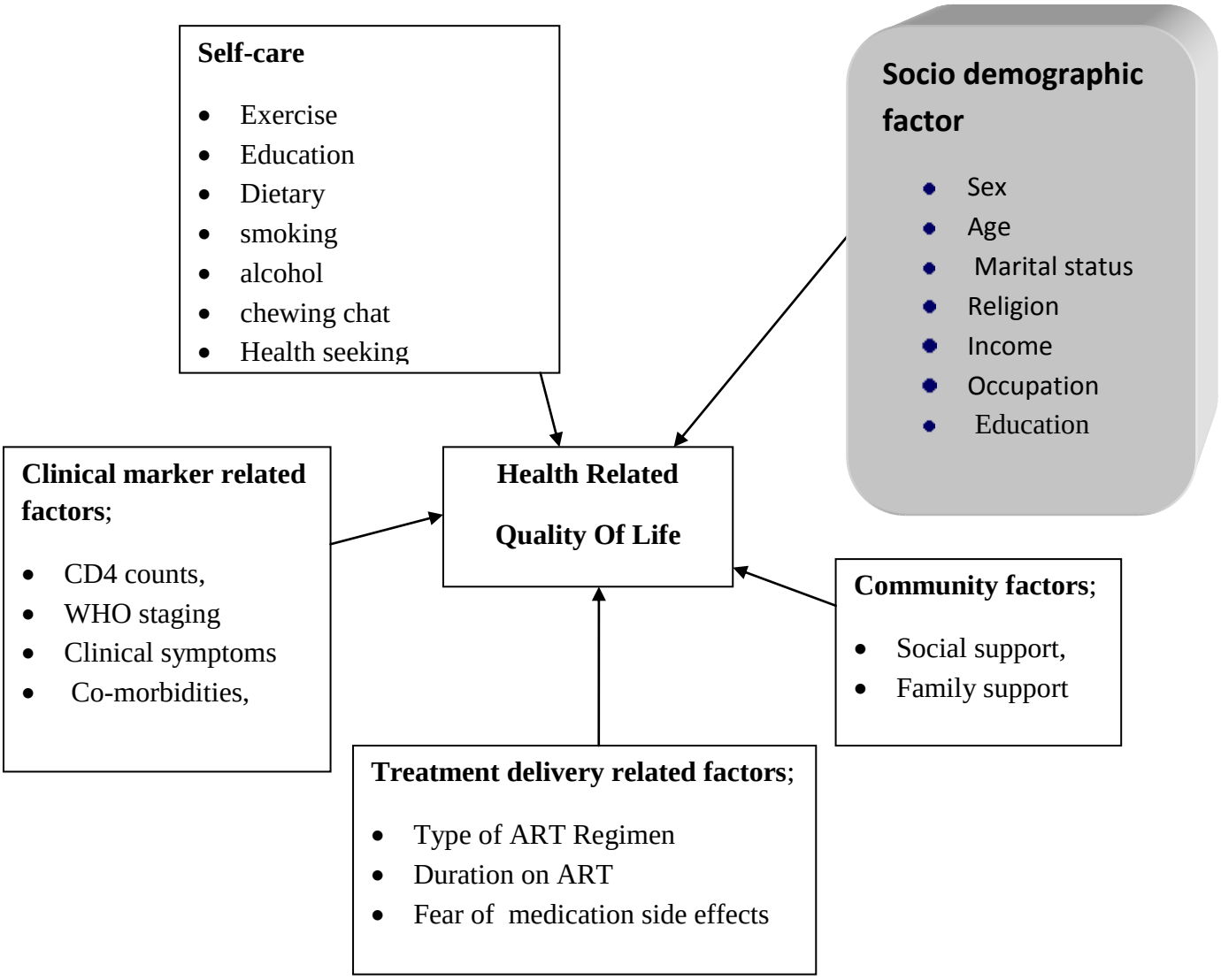

Figure 1: conceptual frame work on Health Related Quality of Life and its association with self care practice Among People Living With HIV /AIDS following ART Clinic In Jimma University Specialized Hospital, South -West Ethiopia, 2014

Conceptual frame work has been developed after reviewing different literature based on the objectives of the study (26),(Horberg et al. 2010),(29).

2.2. Significance of the Study

This study was conducted to show the gaps in the existing body of knowledge and how this information influence public health and practice. Assessment of quality of life has become an important outcome measure in the management of chronic afflictions such as HIV and AIDS. It sheds light on what really is considered to be important to PLWHA, and not what the medical profile depicts. This assessment help clinicians to make judgments about areas of need of PLWHA and will be of assistance in planning interventions to address these needs with the overall aim of improving quality of life (30). Conducting this typical research do have significance by providing information to decision makers and health care providers to develop time relevant intervention strategies targeted to increase HRQOL of PLWHA from care after initiation ART follow up.

Furthermore, understanding where, when and why patients become to low self care during ART follow up period helps for monitoring and measuring individual HRQOL, since no previous study attempts to address the association of self care and HRQOL follow ups given to HIV positive patients during follow up period in JUSH ART clinic.

Finally since there is a limited research at country and lower level this study can be used as resource for other studies to be conducted on association of self care related on health related quality of life in PLWHA.

CHAPTER THREE: OBJECTIVES OF THE STUDY

3.1 General objective

To asseess the health related quality of Life and association with self care practice Among People Living with HIV /AIDS following ART Clinic in Jimma University Specialized Hospital, South -West Ethiopia, 2014**.**

3.2 Specific objectives

1. To determine the quality of life among people living with HIV AIDS in JUSH ART clinic.
2. To determine the association factors between self-care and health related quality of life among PLWHA attending ART clinic in JUSH.

CHAPTER FOUR: METHODS MATERIALS

4.1. Study area and periods

The data were collected in JUSH ART clinic from March 1 to 30, 2014 Jimma University Specialized Hospital (JUSH) which is one of the oldest public hospitals in the country. It was established in 1930 E.C by Italian invaders for the service of their soldiers. Geographically, it is located in Jimma city which is located at 357 km from Addis Ababa. JUSH is the only teaching and referral hospital in the southwestern part of the country, with the bed capacity of 450 and a total of more than 750 staffs of both supportive and professional. It provides services for approximately 9000 inpatient and 80000 outpatient attendances a year(31). The hospital gives both inpatient and outpatient services. As one of the outpatient services, the hospital has specialty clinics where patients with specific chronic disease are referred for follow-up. ART clinic is one of those clinics which give service for patients with HIV/AIDS. The clinic currently gives follow up service for about 6260 HIV/AIDS patients. On average 50 -100 patients was visiting the clinic on a day the follow up appointmentsi given for every one to two months. The clinic is staffed with internist, senior health officer and nurses who are trained in specific HIV/AIDS disease patient follow-up.

JUSH ART clinic pioneered the use of antiretroviral drugs in Ethiopia in -2002 and JUSH ART clinic since 2005 provides care to over 6260 adults and children's of mixed heritage, some on first line therapy and others on second line therapy.

Medical cares were free of charge but adults are expected to meet their transportation costs to the clinic. It also has a fully functional laboratory network and provides adherence counseling and peer support group though not all patients fully utilize these services, some decide to ignore them claiming to have limited time. This centre also provides a few drugs to treat opportunistic infection to its patients.

4.2. Study design

Institutional based retrospective cohort study design using quantitative methods of data collection were used.

4.3. Population

4.3.1. Source population

All PLWHA clients who were in follow up in JUSH ART clinic.

4.3.2. Study population

The sampled patients who were currently on ART clinic in follow up in JUSH during the study period.

4.3. Inclusion and exclusion criteria

4.3.1. Inclusion criteria

All patients living with HIV whose aged ≥18 years and who has been on ART follow up clinic for ≥ 6 months in JUSH ART clinic.

4.3.2. Exclusion criteria

Clients those were critically sick to be interviewed.

4.4. Sample size determinations

The required sample size were determined by using two population proportion formula using EPI Info 7.1.0.6 version were applied.

Assumptions

Population proportion = 76% (study done in urban HIV clinic in Kampala, Uganda)(Rogers S,et al Uganda).

- Two sided Confidence interval level = 95%
- power =80%,
- Ratio (unexposed :exposed)=1.3,
- %out come in exposed group = 76,
- % out come in exposed = 88.2

Therefore, sample size was obtained **351**.

4.5. Sampling technique and procedure

The respondents sample was obtained by using systematic sampling technique from the sampling frame of their Unique ID ART number. The sampling interval (K) was determined by K= N/n.
N= total number of population served in one-two months
n= sample size

K= N/n = 6220/351=18

Then k=18. The first study participant was selected by lottery method from their Unique ID ART number. Then data were collected from every 18^{th} PLWHA on ART who were eligible to participate in ART care.

4.6. Study variables

4.6.1 Dependent Variables

Health related quality of life (HRQOL).

4.6.2. Independent Variables

- ✓ **Socio demographic factor**: Sex, Age, marital status ,religion, ethincety, education, Income, occupation,
- ✓ **Self-care**: Exercise, Education, Dietary, chewing chat, smoking, alcohol, Health seeking
- ✓ **Clinical marker related factors**: CD4 counts, WHO stage, clinical symptoms and co-morbidities,
- ✓ **Treatment delivery related factors**: type of ART Regimen, Duration on ART, and fear of medication side effects
- ✓ **Community factors;** social support, family support

4.7. Data collection tools and procedures

4.7.1 .Data collection tools

The data were collected from PLWHA patients by reviewing relevant clinical data such as CD4+ coun and WHO stages from their medical charts and using structured questionnaires patient chart which were pre-tested in Shanan Gibe Hospital before the actual data collection were done and then modified based on the result of pretest. The questioners were culturally adapted from validated S-F 36 tools items which were previously used to measure HRQOL (32). A few of additional items questionnaires were from different literature have been included after reviewing. The questioners were translated into two local languages (Ahmaric and Afan Oromo) by four experts of languages masters' students and then back to English to make sure the consistence of the questioner then correction were done.The reliability (Cronbatch's, alpha) of the sf-36 questioner items, had 0.79.other items such as Self care, community factor, clinical marker, with HIV/AIDS were associated with quality of life ($P > 0.05$). The questioners were likert scale, dichotomy item which grouped under six questionnaires grouped under main sections namely (socio demographic data, Self-care, disease related care factors, community factors, and treatment delivery related factors.

Table 1: The structure of the questioners used to collect data among PLWHA in ART clinc of JUSH, 2014.

	Variable	**Number of items**
1	Socio demography	8
2	Self-care	7
4	Community factors	6
3	Clinical markers factors	7
5	Treatment delivery related factors	7
6	Health related quality of life	36
Total		71

SCORING RULES FOR THE SF- 36 ITEM HEALTH SURVEY (VERSION 1.0)

A widely used, valid, and standardized questionnaire used to measure an individual's overall subjective health status. The eight concepts measured by the survey were body pain, general mental health, perception of general health, physical functioning, role limitations caused by mental condition, role limitations caused by a physical condition, social functioning, and vitality. Physical Functioning, role limits due to physical health, bodily Pain, and general health scales are constitutes of physical health summary component. Vitality, Mental health, role emotional and social functioning constituents of mental health summary component The SF-36 version 1 was a generic measure of health-related quality of life. Contained 36 items .It takes 5-10 minutes to complete and is self-administered. Responses to the items comprise 'yes/no' or a six-point Likert scale from 'none' to 'very severe. By using sf-36 scoring soft ware resultant 36 scores were then summed and transformed into norm-based scoring. Thus each scale were scored to have same average (50) and the same standard deviation (10 points).Scoring below 50 said poor health related quality of life. Recommend that responses be scored as described below. The scoring method described here (a simpler and more straightforward procedure).This scoring method as RAND 36-Item Health Survey 1.0.were done.Scoring the RAND 36-Item Health Survey is a two-step process. First, recoded numeric values are recoded per the scoring key given in Table 1. Note that all items were scored so that a high score defines more favorable health

state. In addition, each item were scored on a 0 to 100 range so that the lowest and highest possible scores was 0 and 100, respectively. Scores represent the percentage of total possible score achieved. In step 2, items in the same scale were averaged together to create the 8 scale scores. Table 2 lists the items averaged together to create each scale. Items that were left blank (missing data) were not taken into account when calculated the scale scores. Hence, scale scores represent the average for all items in the scale that the respondent answered further showed on the step 1 and 2.

Step 1: Recoding Items

Item numbers	Changed original response category	To recoded value of
1, 2, 20, 22, 34, 36	1 →	100
	2 →	75
	3 →	50
	4 →	25
	5 →	0
3, 4, 5, 6, 7, 8, 9, 10, 11, 12	1 →	0
	2 →	50
	3 →	100
13, 14, 15, 16, 17, 18, 19	1 →	0
	2 →	100
21, 23, 26, 27, 30	1 →	100
	2 →	80
	3 →	60
	4 →	40
	5 →	20
	6 →	0
24, 25, 28, 29, 31	1 →	0
	2 →	20
	3 →	40
	4 →	60
	5 →	80
	6 →	100
32, 33, 35	1 →	0
	2 →	25
	3 →	50
	4 →	75
	5 →	100

Step 2: Averaging Items to Form Scales

Scale	Number of After recorded per table1

	items	average the following items
Physical functioning(PF)	10	3 4 5 6 7 8 9 10 11 12
Role limitations due to physical health(RP)	4	13 14 15 16
Role limitations due to emotional problems(RE)	3	17 18 19
Energy/fatigue(VT)	4	23 27 29 31
Emotional well-being(MH)	5	24 25 26 28 30
Social functioning(SF)	2	20 32
Bodily Pain(BP)	2	21 22
General health(GH)	5	1 33 34 35 36

4.7.2. Data collection procedure

The data were collected by 5 nurses working in other than JUSH ART clinic who could speak both Amharic and Afan Oromo through face to face interview. One supervisor was assigned at the time of data collection. The data was collected every days Monday to Saturday; those days are patients comes to follow up .instruments were checked by using a pre tested structured questionnaire, and by reviewing patient chart. The patient was interviewed after they got the service they required from the ART clinic. Also Patient chart was reviewed by using structured instrument. The items are formulated in a manner that elicits the required data such as laboratory results during starting time and current CD4, viral load etc. based on structured questioners from the chart.

4.7.3. Data Collection techunique

Data were collected using structured questionnaire through face to face interview and recored reviewed.

4.7.4. Personnel for data collection:

Five diploma Nurses data collector and one BSc Nurse Supervisor were recruited for data collections.

4.8. Operational definitions

Self care index: the aggregation of self care variable settled as one variable through factor analysis method used to compare the cohort group.

Self care: which when data analysis of self care divided into tertile; the lowest and middile combined were define as poor self care whereas, the high score were named as high self care.

Bodily Pain: Subjective feeling of bodily distress or discomfort.

Physical Functioning: Limitation in performing physical activities including self-care.

Role Functioning: Performance of usual role activities such as working at a job, housework, childcare, community activity and volunteer work.

Vitality: Personal evaluation of one's energy to do things that one wants to do

Social Functioning: Functioning normal Social activities with family, friends, neighbors, marital functioning and social problems.

Mental Health: Positive and negative psychological states including anxiety, depression, loneliness, positive affect and feeling of belonging.

Health Transition: Patient's current perception of mental and physical health condition.

Item: Specific questions that make up a dimention

Health Related Quality of Life (HRQoL): Considered as part of the individual's quality of life that is primarily determined by two dimension measure which is represented by scales that aggregate physical heath summary measures which are from eight domain four components are categorized into (physical Functioning(PF), Role-physical(RP), Body pain(BP), General health (GH)) and scales that aggregate mental health summary measures contains four components which are Vitality(VT), social functioning(SF), Role emotional(RE),And mental health(ME) rating score 0-100**.**

SF-36 (Short Form-36 Health Survey): contains 36 items which measure eight Health concepts: physical activity, role-physical, body pain, general health perceptions, vitality,Social, functioning, role-emotional, and mental health. Responses to the items comprise 'yes/no' or a six-point Likert scale from 'none' to 'very severe'. Resultant 36 scores are then summed and transformed into a scale from 0 -50(poor health) 51-75 intermediate health 76 to 100 per cent (good health).

Antiretroviral Therapy: A treatment combination with two or more antiretroviral drugs to effectively suppress the Human immune deficient virus resulting into a marked drop in the viral load.

Dimension: A practical & meaningful set of related actions, tasks or areas of life. It relies on standard self report scales that ask about different aspects of life, including physical symptoms, pain and fatigue, ability to carry out chores and care for oneself, mental health, work performance, social activities and general health and well-being.

4.9. Ethical considerations

Before the data collection, Ethical clearance and approval to conduct this research were obtained from the Ethical review Committee of College of Public Health and Medical Sciences, Jimma University, Permission were obtained from JUSH to implement the study. Prior to administering the questionnaires, the aims and objectives of the study were clearly explained to the participants and orally informed consent was obtained. Confidentiality and anonymity was ensured throughout the execution of the study as participants were not requiring disclosing personal information on the questionnaire number was used instead of name. Participants have been informed that their participation was voluntary and that they can with draw from the study at any time if they wish to do so.

4.10. Data processing and analysis procedures

The data were edited, entered into EpiData 3.0 version for cleaning then, exported to SPSS version 20.0 for checked completeness and missing values and further analysis. Percentage, Frequency and mean were calculated. Bivariate analysis using linear regression technique was done to see the independent association between the independent variables and the dependent variable. All independent variables which had significant association in bivariate analysis with p value less than 0.25 were included in multiple leaner regression model. Multivariable analysis using forward stepwise multiple linear regression method was done to evaluate independent effect of each variable on dependant variables. P-value of less than 0.05 was considered as statistical significance. Finally the results were summarized and presented by tables and graphs. The cohort division was based on the prepared self care variable scores. Then in internal cohort analysis through using SPSS software program compute to rank cases assigned to ties statistical, mean, low and high percentiles based on practice of the respondents to self care activities those had both low and mean groups named as ; low exposed to self care cohort group whereas ;the high percent were grouped under high exposed to self care cohort group. . Descriptive methods of statistical analysis were used, which included: frequencies and percentages. The findings were presented in the form of cross-tabulations, tables, and graphs. Significant statistical tests were carried out using Pearson chi-square.

4.11. Data quality management

The quality of data was assured by pre-testing the instruments on out of the study population in shanan Gibe Hospital, Proper training of the data collectors and supervisors on the data collection procedures, Proper categorization and coding of the questionnaire and rechecking completeness of the questionnaire immediately after data collection were done.

CHAPTER FIVE: RESULTS

5.1: Characteristics of the Study Participants

A total of 351 study participants were enrolled in the study with the response rate of 100 %. From all population female respondents were the greater parts whose accounting of 252(72%), and male were 99 (28%).The age ranges from 18-67 those in age group between 26-35 lead with 49.3 %, Whereas those never married dominant regarding marital status accounts 43%,regareding to educational level pre-secondary were the dominant that accounting 41%, regareding to Ethnicity 42.7% were Oromo largest number with among religion Muslims followers were the largest number accounts 29%,amang occupation unemployed lead with 70.2% others further explained on table 2.

Table 2: socio demographic characteristics of PLWHA on follow up in Jimma University Specialized hospital in ART clinic, southwest Ethiopia, 2014

variables	Low exposed to self care		High exposed to self care
Age	Category	No (%)	No (%)
	18-25	*11(8.5)*	28(12.6)
	26-35	*68 (52.7)*	105(47.3)
	36-45	*39(30.2)*	59(26.6)
	46+	*11(8.5)*	30(13.5)
Sex	Female	91(70.5)	154(69.4)
	Male	38 (29.5)	68(30.6)
Ethnicity	Oromo	47(36.4)	103(46.6)
	Amhara	36(27.9)	60(27.0)
	Tigre	8(6.2)	10(4.5)
	Daworo	15(11.6)	19(8.6)
	Kefa,yem	23(17.8)	30(13.5)
Educational level	No education	22(17)	48(21.6)
	Primary education	46(35.7)	98(44)
	Secondary education	61(47.3)	76(34.2)
Marital status	Never married	24(18.6)	77(34.7)
	Married	65(50.4)	86(38.7)
	Widowed	40(31)	59(26.6)
Monthly income	0-500	93(72.1)	160(72)
	501-1000	17(13.2)	31(14)
	1000+	19(14.7)	31(14)
employment	Not employed	30(23.3)	74(33.3)

	Employed	99(76.7)	148(66.7)

5.2 Clinical marker characteristics of the participants

The respondent with CD4 >250 cell/ml value were 96(62.5%), similarly, 165 (64%) of cd4 <250 cell/ml were, among the low self care cohort group; WHO stage II accounts 97(60.2%), having clinical symptoms 148(63%), co morbidity161(62%) and hypertension 29 (64.4) responded regarding the low self care cohort group. On the other hand, the description of low self care exposed group of these categories showed for notably significance as showed in table 3.

Table 3: Clinical marker of the study participants comparing low and high exposed to self care using a chi square test, JUSH, south west Ethiopia, 2014.

Variables	Response items	Low self care 222(63.75%)		High self care 129 (63.25%)		P
CD4 count when ART started	CD4>250	96	62.3%	58	37.7%	.42
	CD4 < 250	126	64.0%	71	36.0%	
CD4 count current	CD4 > 250	165	62.5%	99	37.5%	.36
	CD4 < 250	57	65.5%	30	34.5%	
WHO stage at initiation	I	97	60.2%	64	39.8%	.52
	II	80	63.5%	46	36.5%	
	III	38	71.7%	15	28.3%	
	IV	7	63.6%	4	36.4%	
WHO stage current	I	33	63.5%	19	36.5%	.45
	II	49	69.0%	22	31.0%	
	III	14	77.8%	4	22.2%	
	IV	1	50.0%	1	50.0%	
	Treatment one	125	60.1%	83	39.9%	
Clinical symptoms for HIV	Yes	148	63.2%	86	36.8%	.54
	No	74	63.2%	43	36.8%	
Co morbid Conditions	No	61	66.3%	31	33.7%	.20
	Yes	161	62.2%	98	37.8%	
Types of Co morbid Conditions	Hypertensive	29	64.4%	16	35.6%	.18
	Asthma	20	76.9%	6	23.1%	
	Heart disease	9	69.2%	4	30.8%	
	TB	2	100.0%	0	0%	
	diabetes	0	0.0%	1	100%	
	others	1	25.0%	3	75.0%	

**Pearson chi-square ($p<0.05$)

***** Fisher test

5.3. Community related factor for the participants between low and high exposed to self

Of the low self care respondnts those live with their family were accunts 88(66.7%) ,whereas from high self care respondents the large number were among those live their children accounts 49 (41.2%) on the other among the response of the drug reminder time of the respondents of low & high self carerespondents large number were 163 (59.3%), 112(40.7%) self dose time reminder respectively.The other reminder character were showed on the table 4 below.

Table 4: Community related characteristics of the participants between low and high exposed to self care of PLWHA attending ART clinic in JUSH, Jimma, 2014.

Variable	Response	Low to self care		High to self care		
		N=222	%	N=129	%	p.v
With whom you live	Family	88	66.7%	44	33.3%	.30
	Children	70	58.8%	49	41.2%	
	Alone	28	57.1%	21	42.9%	
	Spouse	36	70.6%	15	29.4%	
	Friend	8	88.9%	1	11.1%	.01**
who reminding the time of dose	Self	163	59.3%	112	40.7%	
	Family	51	76.1%	16	23.9%	
Disclosed living with HIV Virus	Yes	138	61.1%	88	38.9%	1.5
	No	84	67.2%	41	32.8%	
What you think of the community towards	Friendly	139	58.9%	97	41.1%	.02
	Un friendly	75	74.3%	26	25.7%	
	Discriminatory	8	57.1%	6	42.9%	
Perceived HIV related stigma	High	68	77.3%	20	22.7%	.00*
	Low	152	59.6%	103	40.4%	
negative consequence of lack of care and support among the Community	Yes	51	63.8%	29	36.2%	.54
	No	170	63.9%	96	36.1%	

Pearson chi-square ($p<0.05$), * Fisher test***

5.3. Quality of life of the participants

Table 5 presented the average mean scores of HRQOL in 8 domain of quality of life in both low exposed and high exposed groups and their significance value. Both recorded the medium mean score .As showed the variation in the HRQoL dimensions between low and high exposed to self care ART follow up adults those scored to high self care cohort group had higher HRQoL scores. In the domain of general health (GH) 80.85, large difference between low exposed to self

care. In low self care group the highest scores of HRQOL were observed in social function (SF) with mean score of 75.20, and lowest score were observed in the bodily pain(BP) with mean score of 27.20.and also in high exposed to self care were observed in the bodily pain(BP) domain mean score of (29.94). There were insignificant (P= <.05) in the domain: (BP) bodily pain,(GH) general health, (VT) vitality / energy, (MH) mental health.other illustrated on the table 5 below.

Table 5**: mean score of the dimensions in the scale for quality of life in comparison between low and high exposed to self care of PLWHA attending ART clinic in JUSH, Jimma, 2014**

Mean score of HRQOL					
	low exposed to self care 222(63.25%)		**High Exposed to self care 129(36.75%)**		
Domain of HQOL	**Mean**	**SD**	**Mean**	**SD**	**P. value**
(PF)physical function	66.07	14.20	66.16	14.36	.903
(BP)bodily pain	27.42	14.41	29.94	16.67	.004*
(GH)general health	73.09**	15.53	80.85**	12.75	.000*
(RP) roll limitation physical	69.37	35.38	71.51**	37.21	.347
(VT) vitality / energy	59.12	25.88	59.84	20.23	.001*
(MH) mental health	51.55	28.58	52.09	22.19	.000*
(SF) social function	75.20**	17.41	76.43**	15.57	.325
(RE) roll limitation emotional	68.24	30.67	70.54**	32.09	.148

*P= < 0.05 significance level, ** Direct scale, higher scores indicate better quality of life

Health related quality of life domain in, General health (GH),mental health (MH) ,roll limitation due to physical health (RP) were siginficat stastical association with with self care index at (p=0.05).

Table 6: Coefficients of self care index with eight HRQOL domain of PLWHA on follow up in Jimma University Specialized hospital in ART clinic, southwest Ethiopia, 2014.

self care index	Unstandardized Coefficients		Standardized Coefficients	P.V	95% Confidence Interval for B	
	B	Std. Error	Beta		Lower Bound	Upper Bound
PF	2.880	1.521	.101	**.059**	-.112	5.87
BP	-1.139	1.640	-.037	.49	-4.36	2.09
GH	-4.595	1.592	-.153	**.004***	-7.73	-1.47
RP	-7.566	3.840	-.105	.040*	-15.12	-.01
VT	5.611	2.548	.117	.028	.60	10.62
MH	9.906	2.778	.188	.000*	4.44	15.37
SF	1.297	1.794	.039	.47	-2.23	4.82
RE	-5.094	3.330	-.08	.13	-11.64	1.46

*P<.05

5.4. Bi variable analysis factors associated with quality of life

Table 8 In the bivariable analysis 25 factors were entered independently to see the independent effect of each on quality of life.Eight variables were found to be significant and 5 variables were found to have $p \leq 0.25$ which were candidate for multivariable analysis. The maximum variability explained in the bivariable model was by 80 (%).

Table 7: Bivariable analysis of factors associated with quality of life among PLWHA in JUSH ART follow up clinic, Jimma town, 2014.

Model	Unstandardized Coeff		Standardized Coef	Adjusted R2	Sig.	95.0% Cl for B	
	B	S.E	Beta			L	U
Socio demography							
age	.011	.006	.097		.070*	-.001	.023
Sex	-.313	.185	-.149	-1.697	.092*	-.678	.052
Religion	.119	.060	.105	1.978	.049	.001	.237
Educational level	.146	.093	.137	1.560	.121*	-.039	.330
marital status	-.234	.121	-.169	-1.931	.056*	-.473	.006
monthly income	.229	.160	.126	1.431	.155*	-.088	.545
Self care							
physical exercise	.331	.139	.158	2.372	.019*	.056	.605
Dietary	-.512	.148	-.227	-3.460	.001*	-.803	-.220
Attended health education	-.455	.150	-.200	-3.032	.003*	-.751	-.159
Health seeking	-.276	.149	-.124	-1.850	.066	-.571	.018
Smoke	-.327	.179	-.122	-1.825	.069	-.681	.026
Chew khat	-.259	.210	-.083	-1.234	.218	-.672	.154
Drink alcohol	-.386	.192	-.135	-2.015	.045*	-.764	-.009
Social relations							
currently with whom do you live	-.184	.104	-.154	-1.760	.081*	-.390	.023

	reminding the time of dose	.261	.246	.094	1.060	.291	-.226	.748
	Perceived stigma	-.499	.231	-.188	-2.160	.033*	-.955	-.042
	Currently, dose refill?	.100	.087	.101	1.141	.256	-.073	.273
	Self care index	-6.034	1.986	-.201	-3.039	.003*	-9.947	-2.121
	Treatment delivery info.							
	3-12 month	-.276	.149	-.124	-1.850	.046	-.571	.018

*P=≤ 0 .25

5.5. Multivariable linear regression

From the total predictor variables having p≤0.25 in Bivariable analysis were candidates for multivariable linear regression model through enter method and four variable were found to be a significant predictor ; self care index, number of dose refill, duration in follow up 3-12 months , having co morbidity disease were found to potential predictor of quality of life from those variable; self care index & duration of ART follow up had positive association in the outcome variable where as; number of dose refill and duration of follow up 3-12 moths predicted the outcome variable negatively.the strongest predictor in the model was number of dose refill the least predictor was having co morbidity.

Overall, 129(36.75%) High exposed to self care had higher HRQoL scores than 222(63.25%) low exposed to self care. five predictors of variables explained 69% of the variance in quality of life.Those variables were;For a unit increase in perceived self care practice index, the quality of life increased by an average of 0.33 at p=0.001(CI=.135, .533).As number of ART dose refilling increases quality of life decreased by0.65 at p=0.001(CI=-1.012, -.283).As the number of co morbid diseases increases the quality of life decreased by an average of 0.32 at p=0.006(CI=-.545, -.092) .For one month increase in follow up duration ,quality of life increased by 0.33 at p=0.04(CI=.019,.636).

Table 8: Multi variable factors that predict effect of self care on quality of life among PLWHA in ART follow up clinic JUSH, Southwest Ethiopia, 2014.

Model	B	p-value	95.0% CI	
self care index refrrence(low self care)	.334	.001	.135	.533
A number of dose refill reference(single dose refill)	-.647	.001	-1.012	-.283
Having co morbidity Reference(no comorbidi desease)	-.319	.006	-.545	-.092
3-12 months reference(>12 months)	.327	.037	.019	.636

N.B Adjusted R^2 = .069, Max VIF = 1.018

Chapter six: Discussion

According to EDHS, 2011, this study somewhat similar with, the age ranges from 18-67 those age group between 26-35 lead with 49.3 % of the respondents and also, female the most exposed and venarable for HIV/AIDS EDHS 2011 shows the percentage of adults age 15-49 in Ethiopia who were infected with HIV. Among women age 15-49 HIV prevalence is 1.9 percent, and among men age 15-49 and 15-59, HIV prevalence is higher for women than men in most age groups. In female respondents were the greater parts with accounts 71.8%..(33)

significant effects remained that as high self care for the HRQOL increase as compared to those low self care practice HRQOL is decreases; this finding agree with other research done, HIV/AIDS self-management can improve adherence to care(11) more likely due to active adhere to follow step by step can improve self care practice. These finding were consistent with; the self care practices were modulated by close social network relationships with other PLWHA, institutional service, family members and peers, who acted as sources of emotional, material and financial.The study similar to responses revealed barriers to self-care(34), a need for social and emotional support Uptake of nutritional supplements were the commonly used risk reduction and healthy lifestyle practices respectively (35) ,this study all similar with adherence to self care improves outcomes for patients with HIV infection (11).

Those riffle single dose has high QOl as a reference of those collect more than one dose, this basically agree with study done in south Africa; the antiretroviral drugs has significantly changed the perception of HIV/AIDS from a very fatal to a chronic and potentially manageable disease, and the avail- ability and administration of antiretroviral therapy (ART) has significantly reduced mortality and morbidity associated with HIV and (36), regimen tolerability, worse patient adherence to care (17) The explanation may be a number of drug dose refill makes them hate to collect based on the schedule that may be the resean having collect more than one dose can affect HRQOL. This is consistent with the findings of (37) In this study, patients on a lower pill regimen had better QoL. The explanation is probably related to fewer side effects, fewer tablets to swallow, and a smaller container. This study confirms the findings that improvements in overall evaluations of QoL occurred for patients on a single daily dose again; This is consistent with the fi ndings of Study in University of Gondar, Ethiopia find out on effect of nutritional factors on adherence to antiretroviral therapy among HIV-infected adults,(38)

adherence to antiretroviral treatment is defined as taking 95% or more of the prescribed doses on time and in the correct way(17) ,

In the presence of co morbidity had less QoL with the reference of not having co morbid, this similar with the study done in Sub-Saharan African, to assess HRQL they used the SF-36 instrument and found evidence that treatment duration, less co-morbidity, and better social support improved physical functioning (39) This may be due to double drug collection and severity additional problem of health condition. Our study Agree with the study done on Tuberculosis and HIV co-infection its impact on quality of life done in Jimma, Ethiopia ,TB/HIV co-infected patients had a lower quality of life in all domains as compared to HIV infected patients without active TB mean that in addition to HIV others diseases can affect the individual self care practice that delivers to decrease HRQOL (40),

Those had in ART follow up duration less than 12 month less quality of life compared to more than 12 months duration in ART followup; consistantily study done in vetinam As for the duration of ART, there was a consistent finding that patients might experience HRQOL reduction during the first year of treatment . Besides, the study have found significant higher HRQOL among those patients who had taken ART for 2 years or more (16) . Similalr with Study done in Austaralia,which found out ; longer duration of HIV were associated with an improvement in HRQL (20) . This might be due to the negative impact of side effects during early ART which was observed.means that as the duration of ART care follow up increase HRQOL improvement seen in HRQOL.This may be; as the time of care adherence increase the fear of dose collection, discosed of ART to the relatives, and other dilemma become decrease and new life style, adaptation were created then their HRQOL increase as compared to those in the first month initiation.study done in JUSH time of adherence (41)

Chapter seven: Conclusions and Recommendations

7.1. Conclusions

This study identified that self care significantly limits quality of life in approximately half of the PLWHA. Despite that, this study has revealed that PLWHA on ART follow up with low self care status have a significantly lower quality of life as compared to their high exposed to self care statuse of the participants .While these self-care practices may promote well-being, increases HRQOL and access to ART care follow up there by prevent putting at risk of early AIDS-related mortality. The use of scientifically proven of self care practice raises health of individual HRQOL to treat HIV-related infections raises concerns about future development of microbial Collectively, these self-care practices un dermine efforts to effectively abate the spread and burden of HIV and reduce AIDS-related mortality.

7.2. Recommendations

- ART clinic for PLWHA on follow up program should focus on care strategies in the area of mental and cognitive health, which directed towards individual on self care, by virtue of complaints made by patients.
- Nursing interventions are crucial and thus must be further Integrated and sustained by designing large scale strategy developments manpower with maximum proficiency.
- We recommend that clinicians caring for HIV infected persons should make an effort to measure HRQoL as this would help identify persons in need of self care perception, psychosocial support, thereby promoting holistic.
- Through education and participation in exercise, nutrition it is hoped that individuals with HIV will have greater social support, reduced being low self care, and increased quality of life.
- Police makers, JUSH and other stakeholders should scale up nursing interventions that ultimately improve the health of PLWHA have the potential to reduce individual disability, improve individual quality of life, and have an effect on the organization of care.

7. 3.Limitations

This study had not explore the extent of social support (formal services as well as informal support from friends and family) available for our PLWHA participants.

All of the questions forwarded to respondents require subjective responses that may result social bias. This decreased by explaining to the respondents the purpose and objectives of the study in details as it not have any risk on them due to their responses. A limitation that Health-related quality of life data is to a large , to assess spiritual did not included in the tools and other more important social factor in context of our countries and in addition more extent to subjective response.

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Annexes

English, Oromifa and Amharic version interview questionnaires

JIMMA UNIVERSITY
COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES
DEPARTMENT OF NURSING

A questionnaire prepared to collect data on to asseess the Health Related Quality of Life and its association with self care practice Among People Living with HIV /AIDS following ART Clinic In Jimma University Specialized Hospital, South -West Ethiopia, 2014.

Dear Sir/madam;

My name is_____ I am Master's Degree students from Jimma University.

As part of my academic requirements, I am expected to conduct a research. A study to measure the on quality of life among effect of self care on PLWHA. The information from this study will facilitate clinicians to improve on the provision of care and policy makers in their planning activities. Your participation in this study is voluntary and all the data provided will be treated as confidential and anonymous. You have a right to withdraw from the study anytime. Therefore; we politely request your cooperation to participate in this interview. But your input has great value for the success of the objectives the research.

Did you agree? 1. Yes 2. No

Thank you for your cooperation!!!

Consent Form

While putting my sign in this sheet, I am giving my consent to participate in the study titled " effect of self care on health related quality of life among people living with HIV AIDS in Jimma University specialized hospital ART clinic, south -west Ethiopia.

I have been informed that the purpose of this study is to assess effect of self care on health related quality of life among people living with HIV AIDS following ART clinic in Jimma university specialized hospital, south -west Ethiopia..

I have understood that participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way. I have also been informed that my participation or non-participation or my refusal to answer questions will have no effect on me. I understood that participation in this study does not involve risks.

Address of the principal investigator:

Name: Tamiru Tesfaye

Cell phone: 0911978446

E-mail: tamirutesfaye00@gmail.com

Start your interview. Date: _____Time started: _____Time finished: _____.

Supervisor's name _____ signature _____

Part 1: socio-demographic information of respondents following ART clinic in JUSH among PLWHA Jimma, Ethiopia, 2014.

Instruction: Please circle the number in front of the option you choose on the right side of the table.

S.No	Questions	Choice of response
101	Your age in years	_____
102	Gender	1=male 2=female
103	Ethnicity	1=Oromo 2=Amhara 3=Tigre 4=Dawro 5=Other(Specify_____)
104	Your educational level	1=no education 2=pre-secondary 3=secondary 4=post secondary
105	Religion	1=orthodox 2=protestant 3=Muslim

		4=Others-----
		5=other(specify_____)
106	Marital status	1=never married
		2= married
		3=divorced
107	Your occupation	1=currently employed
		2=currently not employed
108	Your monthly income(in Ethiopian birr)	----------

Part II: Self-care related information of respondents in JUSH ART clinic among PLWHA Jimma, Ethiopia, 2014.

S no	Items	Yes= 1	No= 2
201	do you perform any physical **exercise** based on your health condition		
202	Do you attended health **education** given from institution, peer group		
203	Do you give care for your **Dietary** in good manner		
204	Do you smoke **cigarette**		
205	Do you drinks **alcoho**l eg . Beer or local drinks		
206	Do you chew **khat**		
207	Dou you vests clinic for **health seeking**		

Part III: Community related factors of respondents following ART clinic in JUSH among PLWHA Jimma, Ethiopia, 2014

301) Currently with whom do you live?
1. Family
2. Children
3. Alone

302) While you are taking drug who reminding the time of dose?
1. Self
2. Family
3. friend

303) Are you disclosed living with HIV Virus?
1. Yes
2. No

304) What do you think of the community towards you?
1. Friendly
2. Unfriendly
3. Discriminatory

305)How do you Perceived HIV related stigma

1. high
2. low

306) Is there any negative consequence of lack of care and support among the Community?

1. Yes
2. No

Part- IV: **Clinical markers factors of respondents following ART clinic in JUSH among PLWHA Jimma, Ethiopia, 2014**

S.No	Questions	**Choice of response**	Remarks
401	CD4 count (when ART started)	1. > 250 2. < 250	
402	CD4 count (Currently)	1. > 250 2. < 250	
403	WHO stage when ART started	1=Stage I 2= Stage II 3=Stage III 4 =Stage IV	
404	WHO stage currently	1=Stage I 2= Stage II 3=Stage III 4 =Stage IV	
405	Have you had any Clinical symptoms for HIV	1=Yes 2= No	
406	Have you had Co morbid Conditions?	1=Yes 2=No	
407	If yes, for ques.209, which one of the following have you had?	1= Hypertensive 2= Asthma 3= heart disease 4= TB 5= diabetes 6= Other----------	

Part V: **Treatment delivery related factors information of respondents in JUSH ART clinic among PLWHA Jimma, Ethiopia, 2014**

501) Currently, how much antiretroviral medications dose do you refill?

1) No antiretroviral
2) one antiretroviral
3) Two or more antiretroviral

502) . How long do you with the treatment in months?

1) 3 -12
2) 12-24
3) ≥ 24

503) Are you Perceived ART side effects?

1) Yes
2) No
3) I don't know

504) Would you say taking ART worries me

1) Agree
2) Disagree
3) Not sure

505) Do you say I worry about long-term effects of ART

1) Agree
2) Disagree
3) Not sure

506) Do you say therapy disrupt my life?

1) Agree
2) Disagree
3) Not sure

507) Are you embarrassed taking ART

1) Agree
2) Disagree

Part-VI: RAND 36-Item Health Survey

Section – VI : General health perception and medical outcome status item(SF-36)		
✓ The following questions ask about the GHP and the MOS (HRQoL) PLWHA; so respond by circling among the given alternatives for each question.		
S.No.	**Questions**	**Response**
601	In general, would you say your health is?	1. Excellent 2. Very good 3. Good 4. Fair 5. Poor

602	Compared to one year ago, how would you rate your health in general now?	1. Much better now than a year ago 2. Somewhat better now than a year ago 3. About the same as one year ago 4. Somewhat worse now than one year ago 5. Much worse now than one year ago

F_3.	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?			
	Questions	**Response**		
		Yes, limited a lot.	**Yes, limited a little.**	**No, not limited at all.**
603	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	1	2	3
604	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1	2	3
605	Lifting or carrying groceries.	1	2	3
606	Climbing several flights of stairs.	1	2	3
607	Climbing one flight of stairs.	1	2	3
608	Bending, kneeling or stooping.	1	2	3
609	Walking more than one mile.	1	2	3
610	Walking several blocks.	1	2	3
611	Walking one block.	1	2	3
612	Bathing or dressing yourself.	1	2	3

F_4.	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?	
613	Cut down the amount of time you spent on work or other activities?	1. Yes 2. No
614	Accomplished less than you would like?	1. Yes 2. No
115	Were limited in the kind of work or other activities	1. Yes 2. No
116	Had difficulty performing the work or other activities (for example, it took extra time)	1. Yes 2. No
F_5.	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?	
617	Cut down the amount of time you spent on work or other activities?	1. Yes 2. No

618	Accomplished less than you would like	1. Yes 2. No
619	Didn't do work or other activities as carefully as usual	1. Yes 2. No
620	During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	1. Not at all 2. Slightly 3. Moderately 4. Quite a bit 5. Extremely
621	How much bodily pain have you had during the past 4 weeks?	1. Not at all 2. Slightly 3. Moderately 4. Quite a bit 5. Extremely
622	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	1. Not at all 2. Slightly 3. Moderately 4. Quite a bit 5. Extremely

F_5. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

- ✓ How much of the time during the past 4weeks.

	Questions	**Response**					
		All of the time	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
623	Did you feel full of pep?	1	2	3	4	5	6
624	Have you been a very nervous person?	1	2	3	4	5	6
625	Have you felt so down in the dumps nothing could cheer you up?	1	2	3	4	5	6
626	Have you felt calm and peaceful?	1	2	3	4	5	6
627	Did you have a lot of energy?	1	2	3	4	5	6
628	Have you felt downhearted and blue?	1	2	3	4	5	6
629	Did you feel worn out?	1	2	3	4	5	6
630	Have you been a happy person?	1	2	3	4	5	6
631	Did you feel tired?	1	2	3	4	5	6

632	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time				
F_6.	How TRUE or FALSE is each of the following statements for you?					
	Items	Definitely true	Mostly True	Don't know	Mostly false	Definitely false
633	I seem to get sick a little easier than other people					
634	I am as healthy as anybody I know					
635	I expect my health to get worse					
636	My health is excellent					

Thank you!!!

Yuniversitii Jimmatti Kollejjii Fayya Hawasaa Fi Saayinsii Meedikaala, Muummee Nursii.

Guuca Eyyama Fi Gaafilee Afaanin Gaafatamanafaan Oromotiin

Eyyama Barrefama

Qoranno buu'a kunuunsa dhuunffa namoota dukkuba HIV/AIDS wajiin jiratan sadarkaa fayyaa jireeyna isaani qoratuudha dha.

Obbo/Ayoo

Akkam jirtuu, Nagaa kessanii

Ani maqaan koo_____ Ani yuniversitii Jimmaatti digirii lammafaan barachaa jira.Akka qaama barnootaa kennamutti, waggaa dhumaa ebbifamuuf qorannoo gaggeessun qaba.kanaafuu mata dureen qorannoo kootii haala buu'a kunuunssa dhuunffa namoota dhukkuba HIV/AIDS wajjiin jiraatan sadarkaa fayyaa jireeyna isaani qorachuuf gafii dhiyate irrati xiyyeeffata.Qoranoon kun HospitaalaUniversiiti Jimmaa iratti ademisifama.Sababii kaanaf gaaffilee muuraasa Kan dhima kana illaalan siigafachuun barbaada.Bu'aanqoraanoo kanas tajaajila fayyaa namoota dhibee HIV/AIDS amma keenama jiruu foyyeesudhaaf ni fayyada. Deebin isiin kennitan fedhii keessanin ala eenyumatuu hin himamu. Akkasumas maqaan fi eenyumaan keessan asirratti hinkatabamu. Hirmaannaan keessan fedhii irrati kan hunda'eedha.
Yaadnii isiin keennitaan Kun tajaajila fayyaa hordoofii isin argatan irraati takkumaa isiinmiidhuu hin danda'u waan ta'eesuu hin sodaatina. Yeroo barbaaddanis gaaffii fi deebii kanadhaabu/dhissuu ni dandessu. Gaafii fi deebiin qorannoo Kun daqiiqqa 20 fudhachuu danda'a.
Nii hirmmata janee abdii qaba.Illalchii atti qabduus baay'issee nu fayyada.

Gaaffii si gafachuu eegaluu? 1. Eyyee 2.Lakki

Yoo eyyamamee gaaffii gaafachuu ni jalqabama.
Maqaa gaaffii gafaataa_____mallaattoo_____guyyaa_____

Maqaa to'aata_____mallattoo_____guyyaa----------

Gabatee 1: *Odeefannoo Hawaasumaafi Haala Ummataa Gaafii* buu'a kunuunssa dhuunffa namoota dhukkuba HIV/AIDS wajjiin jiraatan

Garee I

sadarkaa fayyaa jireeyna isaani *qoratuu kilinika ART Hospitaala univarisiity jimmmaa Dhi'a-kibba Ethiopiaa*

Hajaaja deebi sirii ta'e ittimarii.

Gabatee 1: *Odeefannoo Hawaasumaafi Haala Ummataa Gaafii* buu'a kunuunssa dhuunffa namoota dhukkuba HIV/AIDS wajjiin jiraatan

Lak.	Gafiiwaan	Deebii
101	Humurii kee meeqa?	_____
102	Saala	1. dhiira 2. dhaala
103	Sabni kee maali?	1. oromo 2. amaaraa 3. tigree 4. dahooroo 5. kanbiiroo
104	Sadarkaa barumsa keetii meeqa	1. Hin barannee 2. Sadarkaa tokkoffaa 3. Sadarkaa lammaffaa 4. Sadarka (kolejii,digirii fi isa oli)
105	Amantaa	1. Ortoodokisii 2. pheenxee 3. Musiiliima 4. Kanbiroo yoojiraatee
106	Haala Heerumaa/fuudha	1. hin Heerumte/kan infuune 2. heerumne/fuudhe 3.kan hiktee/hikee
107	Hojiin kee maali?	1.Hojeetan jira 2. Hojeeta hinjiru
108	Galiin kee baatiin meeqaa qarsiin	----------

Garee II Gabatee 2: Odeefanno gaffii Kununissa dhunfaa namoota dhibee HIV/AIDs wajjin jirataan kilinika ART Hospitaala univarsiiti Jimma.

Lak.		
201	**Hoojii qaama jabeesuu** ni hoojjetta	3. eyyee 4. lakkii
202	**Bararnoota fayyaa** ilaalchisee hospitaala,hiriyaa irra kennamu nihoojeeta	3. eyyee 4. lakkii

203	Ilaalcha adda **nyaat**a keetiif niikeenitaa	3. eyyee 4. laakkii
204	**Sijaara** ni xuuxa?	6. eyee 7. lakkii
205	**Dhugaatii** nama macheesan nidhugdaa ? fkn biraa, haraqee…	6. eyyee 7. lakkii
206	**Jiimaa** nii qamaata ?	6. eyyee 7. lakki
207	Yero siidhukkubuu manaa yaaylaa nidemitta ?	1.eyee 2.lakkii

Garee III : Rakkoo hawaasumman waliqabatan namoota dhibee HIV/AIDs wajjin jirataan kilinika AR T Hospitaala univarsiiti Jimma hordofaan.

301	Yeroo hamma enyuun faana jiratta ?	1 .Maatii koo faana 2. Ijoolee koo faana 8. Koophaa koo
302	Yeroo qoricha fudhaattu eynuu siyaadachisaa	1.anuuma 2 . maatii koo 5. hiiriyaa koo
303	Dhibee *HIV/AIDS wajiin jiraachu kee namini biraa* nibeeka ?	1) eyyee 2) laakkii
304	Haawasiin sii akkamiti ilaala	1) akka hiriiyaatii 2) akkairiiyaan allatti 3) naaqoodu
305	Dhibee HIV/AIDS wajjin jirachu keetiif sibalaalefachuun hamaami taa'a?	1) baayeedha 2) xiiqoodha
306	Midhaan hawasuummatiin gargarsa kunuunsa argachuu qabduu siraa ga,e jiraa?	1) Eyyee 2) lakki
307	yoo gaafii 306 ,eyyee taa'e rakoo akkamituu sirra ga'e	1.balaafii iyuumma 2.maanaa kiiraa keessa akkan ba'u natasiise

Garee IV :

Lak.	rakoo dhukubbaan waliqabataan namoota dhibee HIV/AIDs wajjin jirataan Hospitaala univarsiiti Jimma kilinika ART hordofaan.	
401	Yeroo ART jaliqabduu CD4 kee meeqa ?	5. >250 6. <250
402	yeroo hamma CD4 kee meeqa ?	6. >250 7. <250

403	Baayinni virasii yeroo ART jalqabduu lakoofisaan meeqaa ?	5. >10,000 copies/ml 6. < 10,000 copies/ml
404	Yeroo kaa bayiin virasii qamma kessa meeqa dha ?	8. >10,000 copies/ml 9. >10,000 copies/ml
405	Yero ART jalqabiduu sadarka WHO garee meqaa irra jirta ?	1) sadarkaa I 2) sadarkaa II 3) sadarkaa III 4) sadarkaa IV
406	yeroo hamma sadarka WHO garee meqaa irra jirta ?	1) Eyyee 2) lakki
407	yeroo hamma malatoon dhibee kanaa sira jiraa?	1) Eeyyee 2) laakki
408	Dhibee HIV/AIDS malee kana biraa jiraa ?	1) eyyee 2) lakkii
409	Gaafi 408 deebiin kee eyyee yoota'e kamiituu sidhukkuba?	1) Dhibee dhibbaa dhiggaa 2) Dhibee asmii 3) Dhibee onnee 4) Dhibee sonbaa 5) Dhibee sukkara 6) Kanbiroo yoojiratee--------

Garee V: Gafii keenna qorichaan waliqabaatan

501	yeroo amma,Qorichaa ART meeqa fudhaatta?	1.Qoricha fudhacaa hinjiru 2.Qoricha ART tokko 3. Qoricha lamaa oli
502	Baati meeqa taa'a egga qooricha ART jaalqaabdee?	1) 3.0-12 2) 12.1-24 3) ≥24
503	qorichii ART dhibbaa cinaa qabaa jetta?	1. eyyee 2. lakki 3. hinbeeku
504	fuudhacuun qorichaa ART naa yaadessa jeetta ?	1. walii galla 2. walii hin gallu 3. siriitti hin hubaanne
505	yeroo dheeraf fudhacuun yaaddoo rakkoo cinaa ART dhuufu fidaa jeette yaadda?	1) Walii galla 2) Walii hingallu 3) siriitti hin hubaanne

506	waa'ee qoriichii ART hanqiina hubannoo akka ittii hojeetu qabaa jetta ?	1) walii galaa 2) walii hingallu 3) siriiti hin huubanne
507	Qoriichi ART jireeynaa koo adaan kuuta jeette yaadda?	1.walii galla 2.walii hingalu 3.siiriiti hin huubanne
508	Yeeroo hamma qoorichaa ART fuudhacuun naqaanessa jetta ?	1.walii galla 2.walii hingallu

Garee VI: gafii 36 qoranoo fayyaa

Deebii sirii ta'etti marii

Gaafi guuca qooranno buu'a hordoofii fayaa ilaalu ilaalu dha.		
Lak.	**Gaafii**	**Deebii**
601	Walii gallatii,fayyaan koo akkana jeetta?	6. Bayyee bayyee gaariidha 7. Baayee gariidha 8. Gariidha 9. Giduu galeessa 10. Yaraadha
602	Yoo waagaa tokkoon duraan dorgomisiifitu fayaan kee ammaa waluma galatti akkamii	6. Gariidha hamma wagaa tokoon duuraa 7. Waa xiqoo gariidhaWagaa tokoo asii 8. Waali fakkata 9. waa badaadha wagga tokoo asii 10. Baayee baadaadh wagaa tooko asii

F2.	Gaffi kana gadii hoojii kee guuyya irratti fayaan kee hojii sidhorkeeraa			
	gaafii	**Deebii**		
		Eyyee,baayee naadhor	Eyyee,xiqoo naadhor	Lakki,humaa naahin
603	Wojii yeroo fayaa rawataamu fkn. Fiiguu,waabaacuu hojii jabina qaama hojeechu.	1	2	3
604	Hojii giduu galeessa fkn tesso kaasu,dhiibuu k.k.f	1	2	3
605	Suukii dhaquu , nyaata hojechuu	1	2	3
606	kaabaa waltajii tookko baa'u daandeessa	1	2	3
607	Kaabaa tookko baa,ufi bu.u	1	2	3
608	Gadijeechuu,jillbenfachuu,dhaabbachuu	1	2	3
609	Millan kilo metira tokkofi cinaa demmitta	1	2	3
610	Kaabaa bayee deemu dandessaa	1	2	3
611	Blokii tokko deemitta	1	2	3

612	Dhaqiinna dhiqaacuuf,hucuu uffacuu	1	2	3
F_3.	Torbaan 4 darbban rakoowaan kunii hojiikeerati ykn hoojii yeroo hundaa sabaaba faayaa qaama keetiitin ga'e jiraa.			
613	Yeeroo hoojii koorra fi hoojii birraa irra naakuteera	3. eyyee 4. lakii		
614	Haamman hojeechuu qaabuu gaadii nataasisee jira	3. eyyee 4. lakkii		
615	Hoojii kootiif sochii qaamaa irrattii na dhorkeera	3. eyyee 4. lakki		
616	Hoojii hulfaata hojeechu ykn sochiibiraa fkn. Hummina danuu waanfudhatan	3. eyyee 4. lakkii		
F_4.	Torbaan 4 darbaan rakoowan kaan qabiidda miraa samuun waliiqabaatan(gadda,draaramuu,haarii)			
617	Yeroo Woojjii irratti dabarsiitu fi soochii irra sikutuu	1. eyyee 2.lakki		
618	Amma dandeesuu gadii wojeetta	1) eyyee 2) lakkii		
619	Akka durratti hoojii koo siriitti hinraawadhu	1) eyyee 2) lakkii		
620	Torbban 4 darbaan rawwii hoojii keeti hammile waliqaabtee maatii, hirriyaa,oolla ,garee wajiin	1) huumaa iyyuu 2) xiqoo 3) gidduu galeess 4) baayee xiqoo 5) baayee guudda		
621	Qaamma kee haammamii sidhuukuba baatiiwaan torbban 4 darbban	1.huumaa iyyuu 2. xiqoo 3.gidduu galeess 4.baayee xiqoo 5.baayee guuddaa		
622	Torbban 4 darbban hammamam hoojiikee yeeroo maraa(hojii maannaafi hojii allaa siidhoorke)	1.huumaa iyyuu 2. xiqoo 3.gidduu galeess 4.baayee xiqoo 5.baayee guuddaa		
F_5.	Gaafiiwan kaana guuti toorbaan 4 darbaan waantoon hunidii siifaana akkami			
		filaannoo		

	Gaafiiwan	Yeroo huundda	Darbbe darbee	Waa xiqoo gariidha	Yeroo tokko	yerooxiqoo	Yeeroo kaamii'iyuu
623	Daadhabiin sammuu qaabdaa	1	2	3	4	5	6
624	Naamaa baayee aruu dha?	1	2	3	4	5	6
625	Baayee hin gammaduu waanti sigaaddisiisu jiraa?	1	2	3	4	5	6
626	Caalisuuf nageeyn sittii dhagaa'amaa?	1	2	3	4	5	6
627	Huuminaa baayee qaabiddaa ?	1	2	3	4	5	6
628	Gaadii baayee sitti dhaaga'maa ?	1	2	3	4	5	6
629	Waan midhaamitte sitti fakaataa ?	1	2	3	4	5	6
630	Namaa gammadaadhaa?	1	2	3	4	5	6
631	Daadhabiinsii siiti dhaaga'ama ?	1	2	3	4	5	6
632	Torbaan 4 darbbab fayaan qaamaafii sammuu kee hariiroo sidhoowaan fkn (hiriiyaa firraa gaafachuu k.k.f.)	6. yeeroo huunda 7. yeroo took tookoo 8. yeroo baayee 9. Yeeroo xiqoo 10. Yeroo kaamiyuu					

F_{11}.	Hangaam dhugaa ykn sobaa gaaffiwaan asiigadii siif ?					
	Gaafiiwaan	Siriiti dhuugaadha	Bayeen issadhuugaadha	hiinbeekuu	Baayeen issaa sobaa	Siitii sooba
633	Warraa kaan yoon ilaalu ana salphaa naadhukuuba					
634	Akkumaa warra kaanii fayuumma natii dhaga'amma					
635	Dhiibeenii koo bayyee ciimeera					
636	Fayaani koo baayee siiriidhaa					

Gallatoomaa !!!

Amharic version interview questionnaires

በጅማ ዩኒቨርሲቲ የህብረተሰብ ጤናና ህክምና ሳይንሶች ኮሌጅ

የነርስ ትምህርት ክፍል

በጅማ ዩኒቨርሲቲ አጠቃላይ ሪፈራል ሆስፒታል በ ፀረ- ኤች አይ ቪ ኤድስ ህክምና ክፍል ታካሚዎች ለራሳቸዉ በሚያደርጉት ጥንቃቄ በሚኖሩት የህይወታቸዉ ጥራት ላይ ስላላቸዉ ቁርኝት መጠየቂያ ቅጽ፤

<u>ህመ.ማን በጥናቱ ለመሳተፍ ፈቃደኛ ሥለመሆናቸው የሚገልጽበት ፎርም</u>

ጤና ይስጥልኝ !!

ስሜ ---------- ይባላል የመጣሁት ከ ጅማ ዩኒቨርሲቲ ነርሲንግ ትምህርት ክፍል ነዉ፡፡ በ ፀረ-ኤች አይ ቪ ኤድስ ህክምና ክፍል ታካሚዎች ለራሳቸዉ በሚያደርጉት ጥንቃቄ በሚኖሩት የህይወታቸዉ ጥራት ላይ ስላላቸዉ ቁርኝት ጥናት በማድረግ ላይ የምንገኝ ሲሆን እርስዎም በዚሁ ጥናት እንዲሳተፉ ስንጠይቆ በታላቅ አክብሮት ነው፡፡ በማድረግ በሚደርገው በዚህ ጥናት ተሳታፊ ስሆን ከርስዎ በዚህ በ ፀረ- ኤች አይ ቪ ኤድስ ክትትል ክፍል ክትትል ሲያደርጉ ታካሚዎች ለራሳቸዉ በሚያደርጉት ጥንቃቄ በሚኖሩት የህይወታቸዉ ጥራት ቃለመጠይቅ አደርግሎታለሁ፡፡ይሄ ጥናት ለ ታካሚዎች ለራሳቸዉ በሚያደርጉት ጥንቃቄ በሚኖሩት የህይወታቸዉ ጥራትህመ.ማን የሚሰጠዉን ህክምና ለ ማሻሻል ከፍተኛ እገዛ የሚያደርግ ነዉ፡፡

ለቃለ መጠይቁ እንዲሳተፉ ስንጠይቆ፤ቃለመጠይቁ የሚፈጀዉ ቢበዛ 20 ደቂቃ ሲሆን፤ የእርስዎ ስምም ሆነ አድራሻ በመጠይቁ ውስጥ አይካተትም፡፡ እንዲሁም የዕርስዎ ማንነትም ሆነ የሠጡት ምላሽ የዕርስዎ ሥለመሆኑ በምንም ሁኔታ አይገለጽም፡፡ በዚህ ጥናት ለማሳተፍ እኛ የእርስዎን ሙሉ ፍቃደኝነት ስንጠይቅ ያለምንም አስገዳጅነት ሲሆን ፈቃደኛ ካልሆኑ ከመጀመሪያውም ሆነ ቃለ መጠይቁን ከጀመሩ በኋላ በመሐል ማቋረጥ ይችላሉ፡፡

በጥናቱ ለመሳተፍ ፈቃደኛነዎት አዎ ፤ ቃለ መጠይቁን ይጀምሩ

አይደለሁም፤ አመስግነዉ ያቁሙ፡፡

የ ጠያቂዉ ስም---------- ፊርማ ----------

የ ተቆጣጣሪው ስም ---------- ፊርማ ----------

ክፍል አንድ፡- ስለ እርስዎ መጠይቅ

ከዚህ በታች የተዘረዘሩትን ጥያቄዎች ተሣታፊዎችን በመጠየቅ መልሱን ከተዘረዘሩት ውስጥ ያክብቡ ወይም በክፍት ቦታው ላይ ይሙሉት፡፡

□□ቂ ቁ□ር _____ □□□ቂ ሰም _____ □ተቆ□□ር□ ሰም----------

□□ል 1:

101	*ዕድሜ*	_____
102	ኪታ	3. □□□ 4. ሰ⊞
103	ብሄር	6. ኦሮሞ 7. **አማራ** 8. ት□ሬ 9. □□ሮ 10. **ለላ** □ለ--------
104	የትምህርት ሁኔታ	1. መደበኛ ት/ት ያልተማረች 2. አንደኛ ደረጃ 3. ሁለተኛ ደረጃ 4. የኮሌጅ ት/ት
105	ሃይማኖት	1. ኦረቶዶክስ 2. ፕሮቴስታነት 3. ሙስሊም 4. ሌላ ይገ፡ፅ
106	የትዳር ሁኔታ	1. ያገባ/ች 2. ያላገበ/ች 3. የፈታ/ች
107	**ስራ**	1.እየስራሁ ነዉ 2. እየስራሁ አይደለም
108	□□ር □በ□በብር	----------

□□ል 2

የግል ጤነ እንክበከቤ የተመለካተ ጥየቄ

ተ.ቁ□	□□ቴ	ምር□
201	የስውነት እንቅስቃሴ ትስራለህ/ለሽ	7. አዎ 8. አይደለም
202	የጤነ ትምህርት ከሆስፒታል ትከታተላህ/	1.አዎ 2.አይደለም
203	ለአመጋገቦ ልዩ ትኩራት ይሳጣሉ?	7. አዎ 8. አይደለም
204	ሰ□ራ □□ ሳለ□	1.አዎ 2. አይደለም
205	የመጠጥ ሱስ አለቦት?	1.አዎ 2. አይደለም
206	□ ት □ቅማለ□	9. አዎ 10. አይደለም
207	የጤነ ክትትል ያደረገሉ?	1. አዎ 2. አይደለም

ክፍል 3፡ የማህበረሰብ ተኮር ጥያቄዎች

301	በአሁኑ ሰዓት የምትኖረ/ሪዉ ከማን ጋር ነው? ?	1 . ከ ወላጆቼ ጋር 2. ከ ልጆቼ ጋር 11. ብቻየን
302	መድሀኒት የመውሰጃ ጊዜህን የሚያስታውስ/ሽህ ማን ነው?	1. ራሴ 2. ቤተሰብ 3. ጓደኛ
303	ሌሎች ሰዎች ከቫይረሱ ጋር እንደምትኖር/ሪ ያውቃሉ?	3) አዎ 4) አይዳለም
304	ማህበረሰቡ ለአንተ/ች ያለው አመለካከት ምን ይመስላል?	4) ጥሩ ነው 5) ጥሩ አይደለም 6) መጥፎ ነው
305	ከቫይረሱ ጋር በመኖርህ/ሽ የደረሰብህ/ሽ መገለል ምን ይመስላል?	3) ከፍተኛ 4) ዝቅተኛ
306	ከማህበረሰቡ ድጋፍና እንክብካቤ ባለማግኘትህ የደረሰብህ/ሽ ጉዳት አለ?	3) አዎ 4) አይደለም
307	ለጥያቄ ቁጥር 306 መልስዎ አወ ከሆነ፣ የትኛው አይነት ጉዳት፤	1. ከፍተኛ ረሀብ 2. ከተከራየሁበት ቤት መባረር 3. ልጆቼ ወደ ጎዳና ወጥታዋል

ክፍል 4 ከህመም ጋር የተያያዙ ተዕኖዎች የፀረ ዐኤችአይቪ መድሃኒት ለሚጠቀሙ በ ጅ/ዩ/ስ/ሆ የፀረ ኤች አይ ቪ መድሃኒት መውሰጃና ክትትል ክፍል ኤች አይ ቪ ቫይረስ ጋር ለሚኖሩ ህሙማን ጅማ ደቡብ ምራብ ኢትዮጵያ 2014

የፀረ ዐኤችአይቪ መለያ ቁጥር----------

ተ.ቁ	ጥያቄዎች	የመልሶቻቸው ምር□	አስታየት

401	**የፀረ ዐኤችአይቪ መድሃኒት ሲጀመር የነጭ የደም ህዋስ ቁጥር**	**1. > 250** **2. < 250**
402	**የፀረ ኤችአይ ቪ የነጭ የደም ህዋስ ቁጥር በ አሁኑ ምርመራ/ግዜ**	**1. > 250** **2. < 250**
403	**የቫይረሱ መጠን የፀረ ዐኤችአይቪ መድሃኒት ሲጀመር**	**1.>10,000 ብዜት /ml** **2.<10,000 ብዜት /ml**
404	**የቫይረሱ መጠን በ አሁኑ ምቸመራ/ግዜ**	**1.>10,000 ብዜት s/ml** **2.<10,000 ብዜት /ml**
405	WHO □ረ□ የፀረ ዐኤችአይቪ መድሃኒት ሰ□መር	**1= □ረ□ I** **2= □ረ□II** **3= □ረ□III** **4 = □ረ□ IV**
406	WHO □ረ□ በ አሁኑ ምርመራ/ግዜ	**1= □ረ□I** **2= □ረ□II** **3= □ረ□III** **4 = □ረ□IV**
407	**የ ኤችአይቪ ህመም ምልክቶችን ኑሮህ/ሽ □ወ፡ወ፡ቃል?**	**1= አዎ** **2= አያውቅም**

ክፍል 5

በጅማ ዩኒቨርሲቲ ሆስፒታል የጸረ ኤች አይቪ መድሀኒት ህክምና አሰጣጥ እና በመጠቀም ላይ ያሉ ተገልጋዮች ያላቸው መረጃ

501	በአሁኑ ሰኣት ምን ያህል የጸረ ኤች አይቪ መድሀኒት ይወስዳሉ;	1. ምንም አልወስድም	2.አንድ የጸረ ኤች አይቪ መድሀኒት	3.ሁለት እና ከዛ በላይ
502	መድሃኒቱን መጠቀም ከጀመርክ/ሽ ምን ያክል ወር ሆኖሃል/ሆኖሻል;	1. 3-12	2. 12.1-24	3. ከ 24 ወር በላይ
503	የጸረ ኤች አይቪ መድሀኒቱ ያመጣብሽ የጎንዮሽ ጉዳት ነበር;	1. አዎ	2. የለም	3. አላዉቅም
504	የጸረ ኤች አይቪ መድሀኒት በመውሰድህ /ሽ ምክንያት የሚያስጨንቅሽ ነገር አለ;	1.አዎ እስማማለሁ	2.አልሰማማም	3.እርግጠኛ አይደለሁም
505	የጸረ ኤች አይቪ መድሀኒቶች የረጅም ጊዜ የጎንዮሽ ጉዳት ያስጨንቀኛል ብለህ/ሽ ታስባለህ/ታስቢያለሽ;	1.አዎ እስማማለሁ	2.አልሰማማም	3.እርግጠኛ አይደለሁም
506	የጸረ ኤች አይቪ መድሀኒቶች በሰዉነቴ ዉስጥ እንዴት እንደሚሰሩ ብዙም አላዉቅም	1. አዎ እስማማለሁ	2.አልሰማማም	3.እርግጠኛ አይደለሁም
507	የጸረ ኤች አይቪ ህክምናዉ ህይዎቴን/ኑሮዬን ይረብሸዋል;	1.አዎ እስማማለሁ	2.አልሰማማም	3.እርግጠኛ አይደለሁም
508	የጸረ ኤች አይቪ መድሀኒት በመዉሰድህ/ሽ የመረበሽ/የማፈር ስሜት ይሰማሃል/ይሰማሻል;	1.አዎ እስማማለሁ	2.አልሰማማም	3.እርግጠኛ አይደለሁም

ክፍል 6፡ጠቅላላ የጤና እሳቤ እና የህክምና ዉጤት ሁኔታ ዝርዝሮች(ኤስ ኤፍ 36)	
የሚከተሉት ጥያቄዎች ኤች. አይ. ቪ. በደማቸዉ ያለባቸዉን ሰዎች ***ጠቅላላ የጤና እሳቤን እና የህክምና ዉጤትን ሁኔታ የሚጠይቁ ናቸዉ ስለሆነም ለእያንዳንዱ ጥያቄ ምርጫዎችን ይከበቡ፡፡***	
ተ.ቁ	**ጥያቄዎች**	**ምርጫዎች**
601	በአጠቃላይ ስለ ጤና ሁኔታህ ምን ትላለህ?	11.እጅግ በጣም ጥሩ 12. በጣም ጥሩ 13. ጥሩ 14. መጠነኛ 15. ዝቅተኛ
602	በአጠቃላይ ከአንድ አመት በፊት የነበርዉን የጤና ሁኔታ ከአሁኑ ጋር ስታነፃፅርዉ ምን ይመስላል?	1. ከባለፈዉ አመት የተሸለ ነዉ 2. በመጠኑ ከባለፈዉ አመት የተሸለ ነዉ 3. ከባለፈዉ አመት ጋር ተመሳሳይ ነዉ 4. ከባለፈዉ አመት የባስ ነዉ

F2.	የሚከተሉት ጥያቄዎች የአንተን የእለት ተእለት እነቅስቃሴን የሚጠይቁ ናቸዉ፡፡ የጤናህ ሁኔታ እነዚህን የአንተን የእለት ተእለት እነቅስቃሴህን የሚገድቡ ናቸዉ? ከሆነ በምንያህል መጠን?			
	ጥያቄዎች	ምርጫ		
		አዎን በብዛት ገድበዉታ	በመጠኑ	አልገደበ ዉታል
603	ከባድ እንቅስቃሴዎችን ለምሳሌ ሩጫ፤ከባድ እቃዎችን ማነሳት፤ጠንካራ ስፖርቶች ላይ መሳተፍ፡፡	1	2	3
604	መካከልኛ እንቅስቃሴዎችን ለምሳሌ ጠረጴዛን ማንቀሳቀስ፤ ካስ ማንጠር ጨዋታ	1	2	3
605	እቃዎችን ማነሳት ወይንም መሸከም	1	2	3
606	ወደ ላይ ብዙ ደርጃችን መዉጣት	1	2	3
607	ወደ ላይ አንድ ደርጃችን መዉጣት	1	2	3
608	መተጣጠፍ፤በጉልበት ማረፍ፤ በጀርባ ተኝቶ ትክሻና እራስን ማቃናት	1	2	3
609	ከአንድ ማይል በላይ መጋዝ	1	2	3
610	ብዙ ህንፃዎችን መዉጣት	1	2	3
611	አንድ ህንፃዎ መዉጣት	1	2	3
612	በራስህ መታጠብና መልበስ	1	2	3

F3.	ባለፉት አራት ሳምንታት ዉስጥ በአካላዊ ጤንነትህ ምክንያት ከዚህ በታች ከተዘረዘሩት ችግሮች በስራህ ላይ ወይም በሌሎች የእለት ተእለት እነቅስቃሴህ ላይ ተከስተዉ ነበር?	
613	በስራ ላይ የምታሳልፈዉን ጊዜ አቃርጠሃል?	5. አዎን 6. አይደለም
614	መስራት ከምትፈልገዉ በታች አድርጎህ ነበር?	1. አዎን 2. አይደለም
115	ስራህን ወይም የእለት ተእለት እነቅስቃሴህን ቀንሰህ ነበር	1. አዎን 2. አይደለም
116	ስራህን ወይም የእለት ተእለት እነቅስቃሴህን ችግር ገጥሞህ ነበር(ብዙ ጊዜ ይወስድብህ ነበር)	1. አዎን 2. አይደለም
F4.	ባለፉት አራት ሳምንታት ዉስጥ ስሜታዊ ጤንነትህ ምክንያት ከዚህ በታች ከተዘረዘሩት ችግሮች በስራህ ላይ ወይም በሌሎች የእለት ተእለት እነቅስቃሴህ ላይ ተከስተዉ ነበር?	
617	በስራ ላይ የምታሳልፈዉን ጊዜ አቃርጠሃል?	1. አዎን 2. አይደለም

618	መስራት ከምትፈልገዉ በታች አድርጎህ ነበር?	1. አዎን 2. አይደለም
619	ራህን ወይም የእለት ተእለት እነቅስቃሴህን እንድተለመደዉ በትክክል አትሰራም ነበር	1. አዎን 2. አይደለም
620	ባለፉት አራት ሳምንታት ዉስጥ አካላዊ ፤ስሜታዊ ጤንነትህ ከቤተሰቦችህ፤ ከጋደኞችህ፤ከጎረቤቶችህ ጋር በማህበራዊ እንውስቃሴህ ላይ ያስከተለብህ ተፅኖ?	1. ምንም አይፈጥርም 2. በትንሹ ይፈጥራል 3. መካከለኛ ይፈጥራል 4. በመጠኑ ይፈጥራል 5. በጣም ይፈጥራል
621	How much bodily pain have you had during the past 4 weeks? ባለፉት 4 ሳምንታት ዉስጥ ምን ያክል የሰዉነት ህመም ተሰምቶዎታል?	1) ምንም አይፈጥርም 2) በትንሹ ይፈጥራል 3) መካከለኛ ይፈጥራል 4) በመጠኑ ይፈጥራል 5) በጣም ይፈጥራል
622	ባለፉት 4 ሳምንታት ዉስጥ የህመም ስሜትዎ በሚሰሩትን የእለት ስራ(ከቤት ዉጭም ሆነ ከቤት ዉስጥ ስራዎት) ላይ ችግር ይፈጥራል ?	1. ምንም አይፈጥርም 2. በትንሹ ይፈጥራል 3. መካከለኛ ይፈጥራል 4. በመጠኑ ይፈጥራል 5. በጣም ይፈጥራል

F_5. የሚከተሉት ጥያቄዎች እርስዎ ባለፉት 4 ሳምንታት ዉስጥ ምን ስሜት እንዳለዎት ና ነገሮች እንዴት እንደነበሩ የሚገልጹ ናቸዉ::ለእያንዳንዱ ጥያቄ እርሰዎ የነበሩበትን ስሜት የሚገጸዉን መልስ ይምረጡ::

- ✓ ባለፉት 4 ሳምንታት ዉስጥ ምን ያክል ጊዜ

	ጥያቄዎች	የመልስ ምርጫዎች					
		ሁልጊዜ	አብዛኛዉን ጊዜ	መካከለኛ ጊዜ	በተወሰነ ጊዜ	በጣም ትንሽ ጊዜ	እክል አይፈጥርም
623	የሙሉነት ስሜት ተሰመቶዎት ያዉቃል?	1	2	3	4	5	6
624	በጣም ብስጩ ሰዉ ነበሩ ?	1	2	3	4	5	6
625	የዝቅተኝነት ስሜት ና ይህን ለማስወገድ የሚከብድ ስሜት ተሰምቶዎት ያዉቃል?	1	2	3	4	5	6
626	ሰላምና የረጋ ስሜት ተሰምቶዎት ያዉቃል?	1	2	3	4	5	6
627	ብዙ ሀይል ነበረዎት?	1	2	3	4	5	6

628	የመከፋት ና የድብርት ስሜት ተሰምቶዎት ያዉቃል?	1	2	3	4	5	6
629	ከጥቅም ዉጭ የመሆን ስሜት ይሰማሃል?	1	2	3	4	5	6
630	የምትደሰት ሰዉ ነበርክ/ሽ?	1	2	3	4	5	6
631	የድካም ስሜት ይሰማሃል?	1	2	3	4	5	6
632	ባለፉት 4 ሳምንታት ዉስጥ በአካላዊ ወይም ስነ አእምዕሮ የጤና ችግሮች ምክንያት በማህበራዊ እንቅስቃሴ ❑ዜዎት ለይ(ለምሳሌ፤ጓደኛ ፤ ዘመድ ፤ ወዘተ ማየት) ምን ያክል ችግር ፈጥሮ ያዉቃል?	11. ሁልጊዜ 12. አብዛኛዉን ጊዜ 13. አንዳንድ ጊዜ 14. በጣም ትንሽ ጊዜ 15. ምንም እክል አይፈጥርም					
F_6.	የሚከተሉት ጥያቄዎች ለእርሰዎ ምን ያክል እዉነት ወይም ሀሰት ናቸዉ?						

	ጥያቄዎች	በትክክል እዉነት	ብዙዉን ጊዜ እዉነት	አላዉቅም	ብዙዉን ጊዜ ሀሰት	በትክክል ሀሰት
633	ከሌሎች ሰዎች እኔ በትንሹ የምታመም እመስላለሁ					
634	እንደማዉቃቸዉ ጤነኛ ሰዎች እኔም ጤነኛ ነኝ					
635	የጤናየ ሁኔታ እየባሰ ይመስለኛል					
636	ጤናዬ በጣም ጥሩ ነዉ					

አመሰግናለሁ !

ASSURANCE OF PRINCIPAL INVESTIGATORS

I, the undersigned, declare that this thesis is my orginal work, has note been presented for a degree in this or any other university and that all source of materials used for the thesis have been fully acknowledged.

Name of the investigetor: Tamiru Tesfaye

Signature _____ Date_____

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