

**PREDICTORS OF HIV SYMPTOMATIC
SELF-CARE STRATEGIES AMONG PLWHA
ATTENDING ART CLINIC OF JIMMA
UNIVERSITY SPECIALIZED HOSPITAL,
SOUTH WEST ETHIOPIA**

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Predictors of HIV Symptomatic Self-Care Strategies among PLWHA

Jimma University

College Of Public Health and Medical Sciences

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Dedication

I would like to dedicate this thesis work to my lovely family: My mother W/ro ***Gete Chala***, My brothers ***Gezehagn Balcha*** and ***Dereje Balcha*** and My sisters ***Genet Balcha*** and ***Tewabech Balcha*** who have been the very source of inspiration and strength throughout my academic life.

ACRONYM

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral Therapy

AOD: Adjusted Odds Ratio

BSc.N: Bachelor of Science in Nursing

CAM: Alternative Medicine Therapies

COD: Crude Odds Ratio

HBM: Health Belief Model

HIV: Human Immunodeficiency Virus

INH: Isoniazid

JUSH: Jimma University Specialized Hospital

MOH: Ministry of Health

MSCCI: Connelly's Model of Self-Care in Chronic Illness

PLWHA: People Living With HIV/AIDS

SSC-HIVrev: Revised Sign and Symptom Check-List for HIV

STDs: Sexually Transmitted Infections

UNAIDS: Joint United Nations Program on HIV/AIDS

WHO: World Health Organization

ABSTRACT

Background: People living with HIV/AIDS experience multiple symptoms which might be caused by the infection itself, opportunistic infections or by treatment regimens. For effective treatment of the symptoms, the clients' self-care practices and determination of factors affecting these practices are vital. There is no study which documented the self care practices of PLHA and their predictors in the study area.

Objective: The main objective of this study was to assess predictors of self-care strategies utilized by PLWHA to manage symptoms.

Methods: Cross-sectional study was conducted in JUSH from May 10 to June 7, 2010. Simple random sampling technique was employed to select subjects included in the study. Data were collected by nurses working in different units of JUSH in collaboration with nurses involved in counseling and delivery of other services to PLWHA using modified version of the Revised Sign and Symptom Check-List for HIV (SSC-HIVrev) and Symptom management manual strategies for people living with HIV/AIDS. Bivariate and Multivariable logistic regression models were used to determine the predictors of using the eight types of symptom self-care strategies (i.e., medications, complementary treatments, self-comforting, daily thoughts/activities, changing diet, help-seeking, exercise, and spiritual care).

Result: The top six most frequently reported symptoms by the respondents were: fatigue (15.8%), night sweat (10.8%), peripheral neuropathy (8.7%), depression (7.2%), fever (6.7%) and dizziness (6.7%). Of the total eight self-care strategies used in the management of the top five symptoms self-comfort and daily thoughts were the major self-care strategies used across the symptoms. Educational status, sex and bothersome due to night sweat, and monthly individual income and effect of peripheral neuropathy on daily life were significant predictors of use of self-comfort as self-care in the management of fatigue, night sweat and peripheral neuropathy respectively. Whereas, living condition and severity of depression were significant predictors of use of daily thought as a self-care in the management of depression and in using dietary changes as a self-care in the management of fever, educational status and severity of fever were significant predictors.

Conclusion and recommendation: *The result of this study revealed that self-comfort was widely used as self-care strategy in the management of fatigue, night sweat and peripheral neuropathy with significant predictors of educational status; bothersome due to night sweat; monthly individual income and effect of peripheral neuropathy on daily life respectively. As PLWHA are suffering from a number of complex symptoms and their active involvement in their own routine care is vital and to do so, all sectors working on HIV care and support or related issues should work on determination of most prevalent symptoms and development of self-care strategies.*

Keywords: *HIV/AIDS, Symptom, self-care strategy, Jimma University Specialized Hospital, PLWHA*

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CHAPTER I: INTRODUCTION

1.1. BACKGROUND

Acquired immunodeficiency syndrome (AIDS) is a disease caused by the human immunodeficiency virus (HIV). The virus is known to be transmitted primarily through specific, preventable behaviors. HIV infection goes through several stages. The clinical course of HIV infection begins when a person becomes infected with HIV through either (1) sexual contact with an infected person, or (2) transfusion or injection of infected blood or blood products, or (3) perinatal transmission. The virus invades certain white blood cells (specifically T cells and macrophages) and nerve cells, where it is able to multiply and then invade other cells. The virus damages the infected cells and impairs their function. Over time, this damaged function begins to show itself as symptoms. Once infected, the person is considered infectious (able to transmit the virus to other people) for his/her life (1).

People living with HIV/AIDS suffer from a multitude of symptoms as the disease progresses, including pain. These may be due to several different causes including opportunistic infections or malignancies, direct effects of the human immunodeficiency virus (HIV), medications, immune reconstitution inflammatory syndrome (IRIS), and non-specific manifestations of late stage illness, other non-HIV-related causes. Some of the common identified symptoms of PLWHA include nausea, vomiting, diarrhea, anorexia, pain, numbness/tingling of legs, severe headache, oral pain, visual loss, anxiety, fear, insomnia, fatigue, fever/ sweats, cough, dyspnoea/respiratory symptoms, and pruritis /dry skin (1).

Since there is no known cure for AIDS, current efforts are aimed at the prevention of HIV infection and the management of symptoms in PLWHA (2). Symptom management is one of the major health problems for patients with HIV/AIDS as a result of multiple symptoms and side effects encountered by the patients from the treatments and the disease itself (2).

1.2. STATEMENT OF THE PROBLEM

The number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million of which 31.3 million were adults and around 2.7 million people were newly infected with HIV in 2008. Of the total people newly infected during the year 2008 2.3 million were adults. Within the same year a total of 2.0 million deaths were because of AIDS-related conditions and of which 1.7 million deaths were adults. The total number of people living with the virus in 2008 was more than 20% higher than the number in 2000, and the prevalence was roughly threefold higher than in 1990 (4).

Sub-Saharan Africa remains the region most heavily affected by HIV worldwide, accounting for over two thirds (67%) of all people living with HIV and for nearly three quarters (72%) of AIDS-related deaths in 2008. An estimated 1.9 million people were newly infected with HIV in sub-Saharan Africa in 2008, bringing to 22.4 million the number of people living with HIV. Within the same year more than 14 million children in sub-Saharan Africa had lost one or both parents to AIDS. Sub-Saharan Africa's epidemics vary significantly from country to country with most appearing to have stabilized, although often at very high levels, particularly in southern Africa (5).

HIV prevalence seems to have stabilized in East Africa, and in some settings may be declining. In Burundi, HIV prevalence fell among young people aged 15 to 24 in urban areas between 2002 and 2008 (4% to 3.8%) and in semi-urban areas (6.6% to 4%) during the same period, while HIV prevalence increased in rural areas from 2.2% to 2.9% (5).

In Ethiopia, it was estimated that a total of 977,394 people were living with HIV/AIDS in 2007 and of which 258,264 of them were in need of HIV treatment. The single point estimate of HIV prevalence in adults (15-49 years) in the country in 2007 was 2.1%. With sex distribution the single point estimate of HIV prevalence in adult females (15-49 years) was 2.6% and 1.7% in males and with residence within the same age group it was 7.7% in urban and 0.9% in rural. In the country, there were 71,902 AIDS related deaths (6).

In 2005, the fitted national HIV prevalence was 3.5% (10.5% for urban and 1.9% for rural areas). The regional prevalence estimates for urban areas in 2005 range from 3.8% in Somali to 14.1%

in Afar. However, due to the relatively large population sizes and high HIV prevalence rates in their respective urban areas, 84.6% of PLWHA for urban Ethiopia live in only four of the regions (30.2% in Addis Ababa, 22.7% in Amhara, 22.2% in Oromia and 9.5% in SNNPR) in 2005 (7).

Patients with HIV/AIDS may experience a wide range of symptoms, involving virtually every major organ system, as a result of specific opportunistic infections, malignancies, comorbidities, medication toxicity, substance abuse or HIV infection itself. Many studies from different countries have documented a high prevalence of symptoms in patients with AIDS (8). Some of the most common symptoms identified by different researchers include lack of energy/fatigue, nausea/vomiting, depression, peripheral neuropathy, difficulty sleeping, weight loss, pain, anorexia, anxiety, irritability, or feelings of worry and sadness (9, 10).

Knowledge is being generated about how people with HIV learn to live with symptoms such as nausea, diarrhoea, neuropathy, anxiety, and fatigue along with effective self-care strategies that improve their quality of life (10). With better therapies, adults with HIV/AIDS are living longer, and health care providers are shifting to a chronic illness model to better manage symptoms associated with HIV infection and treatment (9).

Levin et al (1979) define self-care as a process whereby a lay person functions on his/her own behalf in a health promotion and prevention, in a disease detection and treatment. A belief in self-care is associated with a desire to enable and allow people to take the initiative in being responsible for their own health care when this is possible. Self-care is therefore a care which is 'given by oneself for oneself'; it is a deliberate action, which has an overall purpose related to meeting specific, individual requirements 'for effective living'; it is learned behavior; and it is aided by intellectual curiosity, instruction and supervision from others, and experience in performing self-care measures (11).

Self-care is important for patients living with chronic illness to manage symptoms and cope with the disease. Particularly for patients with HIV/AIDS, the multiple symptoms and complex treatment regimen experienced during the disease progress call for the involvement of patients with HIV/AIDS in self-care (12). Therefore, for PLWHA effective symptom self-care is crucial for the successful management of symptoms progression and the discomfort that accompanies such symptoms (13).

As suggested in Orem's self-care model, when health status changes because of illness or injury, people seek and conduct care measures to remedy the problems. Symptoms that occur during the illness process have been discussed as the primary factors motivating those taking action in response to their illness. Symptoms affect whether people perceive themselves as sick and whether they consider seeking medical care. In addition to biomedical and professional strategies, patient self-care is among the strategies that can assist in averting or delaying a negative outcome in symptom management (14).

Studies are beginning to describe types of self-care strategies used by persons with HIV/AIDS to manage HIV-related symptoms. The International HIV/AIDS Nursing Research Network at the University of California, San Francisco developed a study that described the frequency and correlates of self reported HIV-related symptoms, as well as descriptions of self-care strategies used for managing the symptoms (15). Understanding the self-care strategies and the resources that HIV/AIDS patients use to control and manage their symptoms is critical for healthcare providers seeking to assist patients in implementing effective care and maintaining optimal quality of life (16).

To reduce the number of categories, symptom self-care strategies were consolidated into eight (8) larger categories on the basis of their theoretical similarities and clinical significance after repeated modification and consultation with a panel of experts. These eight categories are medications, complementary treatments (vitamins, herbs, and other substances used to relieve symptoms), self-comforting behaviors (activities that people perform to comfort themselves and relieve symptoms), daily thoughts/activities (thoughts that help people adjust daily or life routines or to make themselves feel better), changing diet and exercise, help seeking (talking to health care professionals, peers and family), and spiritual care (3, 16).

Chou (2004) examined factors influencing the use of eight types of symptom self-care strategies in PLWHA. The study demonstrated that race (white vs. Non-white) was a significant predictor for the use of medications, self-comforting and spiritual care. In addition, symptom intensity significantly predicted the use of medications and gender significantly predicted the use of spiritual care (3).

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Because HIV/AIDS has become a long-term disease management, examining patient self-care practice is helpful to the providers to understand how patients manage the disease. This study was aimed to examine the relationships of the use of different types of self-care strategies with socio-demographic and disease-related variables among PLWHA in symptom management.

CHAPTER II

2.1. LITERATURE REVIEW

People living with chronic illness are challenged to manage the symptoms related to the disease and its treatments. Symptom management for persons with chronic illness includes the prevention, assessment, and treatment of symptoms. Symptom management for persons living with HIV/AIDS is recognized as an extremely important component of self-care and professional care because uncontrolled symptoms have been demonstrated to reduce adherence to HIV-related medications and lower overall quality of life (17).

HIV/AIDS can be similar to other chronic conditions in the sense that damage to the immune system may lead to problems with the lungs, causing the body to be deprived of oxygen, which leads to loss of function. Nerve cell damage caused by HIV can cause numbness or discomfort in the feet and hands. Problems in the intestines may decrease the absorption of fluids and important nutrients. Furthermore, the overall work that the body has to do to fight HIV in the cells can lead to an energy strain and fatigue. These things don't always happen, but if any one of them does, it can lead to pain and disability (18).

The most successful self-managers are people who think of their illness as a path rather than as a cliff. This path, like any path, goes up and down. Sometimes it is flat and smooth. At other times the way is rough. To negotiate this path one has to use many strategies. Sometimes one can go fast; at other times he/she must slow down. Effective self-mangers are people who have learned the skills to negotiate this path (18).

Symptoms are the bodies signals that something unusual is happening, that something is not right. They cannot always be seen by others, are often difficult to describe, and are usually unpredictable. If one has HIV/AIDS he/she is probably going to have symptoms that were need to be managed. Although the chronic symptoms that PLWHA get are difficult to live with, there are many things he/she can do to deal successfully with them (18).

The prevalence of HIV related symptoms of PLWHA from seven sites of USA and one site of Norway were anxiety/fear (17.3%), peripheral neuropathy (11.6%), nausea/vomiting (9.7%), depression(8.1%) and fatigue (7.3%). Particular to those PLWHA from one site of Norway,

neuropathy, depression, anxiety/fear, diarrhoea, nausea/vomiting and fatigue were the common symptoms experienced and each contributing 40%, 30%, 25%, 20%, 20%, and 20%, respectively (9). Similarly, the most frequently reported symptoms by PLWHA identified by Chou (2004) were anxiety/fear (18.0%), diarrhea (17.0%), neuropathy (11.9%), nausea/vomiting (10.0%), depression (8.3%), fatigue (7.5%) and body pain (4.6%) (16).

Nowadays HIV/AIDS persons live longer and yet are challenged to manage many symptoms related to the disease, side effects of medications, treatments, and its co-morbidities. Symptom management for people living with the virus includes prevention, assessment and treatment of symptoms (10).

A study, conducted by Kirksey et al (2002) described the frequency and correlates of complementary and alternative medicine therapies (CAM) used to self-manage illness and treatment related symptoms. More than one third of the study participants used CAM, and a total of 246 incidents described nontraditional treatment use (19).

The study conducted by Christopher et al (2006) indicated that 72% of nonwhites reported experiencing anxiety in the week before the date of interview, and 73% of those experiencing anxiety reported using prayer as a complementary health strategy. A higher proportion of nonwhite study participants who experienced HIV-related anxiety, depression, fatigue, and nausea during the past week reported using prayer as a complementary health strategy for alleviating these HIV-related symptoms than the white study participants. Similar study showed that African Americans were 6.17 times and Hispanic Americans 2.67 times more likely to use prayer for managing HIV-related anxiety than whites. In addition, for every 0.029 increase in age, the study participants were 1.0 times more likely to use prayer than those who were younger. Females were 1.8 times more likely to use prayer for managing symptoms of anxiety than the male participants (20).

When using prayer for managing depressive symptoms, African Americans were 5.8 times and Hispanic Americans 2.8 times more likely to rely on prayer than the white study participants. Older study participants experiencing an increase in HIV symptoms were more likely to use prayer than younger participants or those reporting few HIV symptoms. Females were 2.2 times more likely to use prayer for depression than male study participants (20).

To manage symptoms of fatigue, African Americans were 4.6 times and Hispanic Americans 3.4 times more likely to use prayer than the other ethnic groups. Those reporting experiencing a 0.008-unit increase in HIV symptoms and a 0.037-unit increase in age were 1.0 times more likely to use prayer to manage symptoms of fatigue. The female participants were 2.4 times more likely to use prayer for managing fatigue (20).

The final model showed that for every 0.009-unit increase of HIV symptoms, study participants experiencing HIV symptoms were 1.0 times—and the female participants 2.4 times—more likely to use prayer for managing nausea than the male participants who reported experiencing few HIV symptoms (20).

Of the seven predictor variables of Connelly's Model of Self-Care in Chronic Illness, Jean (21) Rockwell identified only 2 significant predictor variables for self-care strategies in patients with heart failure. The variable education contributed 4.6% of the variance for self-care after controlling for the prior variables in the model (i.e., symptom severity and co-morbidity). Symptom severity then accounted for an additional 2.7% of the variance in self-care above all of the other variables of the variance in self-care remained unexplained by this model of 7 predictors. The other predictor variables—co-morbidity, social support, age, socioeconomic level, and gender—failed to explain a significant amount of the variance in the self-care scores in this sample.

Finding of the study conducted by Suzanne et al (22) showed that 50% of the study subjects reporting chronic diarrhea had experienced diarrhea for greater than 6 months, with 30% reporting duration of diarrhea being at least a year. Eighty-five percent of the sample rated their diarrhea as moderate or severe. The self-care management activities used by the majority of patients were dietary supplements (65%), vitamins (65%), medications (55%), a special diet (40%), and herbs (25%). The number of categories of self-care management activities reported was significantly correlated with general health perceptions. There were no other significant correlations between self-care management activities and measures of quality of life.

Chou (16) identified categories of self-care strategies from narrative data of a total of 776 reported self-care strategies. Initially, the self-care strategies were grouped into 20 categories. After these categories had been consolidated, they were defined and grouped into eight types of

self-care strategies: medications (23.45%), self-comforting (15.21%), complementary treatments (14.69%), daily thoughts and activities (12.89%), diet changing (10.95%), help seeking (9.28%), spiritual care (6.83%), and exercise (6.70%). An average of 1.95 ± 1.24 (range, 1–7) self-care activities were reported for each symptom.

Chuo (16) also examined types of self-care strategies for each of the six most frequently occurring symptoms: anxiety/fear, diarrhea, neuropathy, nausea/vomiting, depression, and fatigue. Except for complementary treatments, there were significant differences in the use of seven other self-care strategy types across symptoms. Medications (62%) and changing diet (52%) had the highest proportion of use for diarrhea. The self-comforting strategy (49%) was reported most frequently for nausea and vomiting. Daily thoughts and activities was the category used most by those reporting depression (44%). Help seeking (44%) was reported most frequently for anxiety and fear. Spiritual care (32%) was most frequently reported for anxiety and fear depression. Exercise was reported most for fatigue (40%).

Anxiety, one of the most frequently reported symptoms, was reported by 502 (47%) of the 1,071 participants from Norway, Taiwan, and from 14 sites across the US. The most commonly used strategies for managing anxiety included talking with family and friends (58.2% daily, 32.7% monthly), watching television (87.4%, daily, 9.2% monthly), walking (73.6%, daily, 21.7% monthly), talking myself through it (71.4%, daily, 17.6% monthly), and talking with a health care provider (14.5% daily, 23.8% weekly, 61.7%, monthly) (15).

Nicholas et al(22) found that persons with HIV-related neuropathy identified 77 self-care behaviors including using complementary therapies (massage, acupuncture, reflexology, meditation, and vitamins), medications (prescription, over the counter/OTC, topical medications), exercise, rest, elevation of the extremities and substance use (alcohol and marijuana) each contributing for 44%, 35%, 8%, 8% and 5%, respectively.

Chou (3) examined factors influencing the use of eight types of symptom self-care strategies in a national sample of 359 persons with HIV/AIDS and found that persons of color were more likely to use self-comforting behaviors, help-seeking, and spiritual care but less likely to use medications. While gender predicted the use of spiritual care, symptom intensity predicted the use of medications (3).

Persons infected with HIV report myriad symptoms that indicate disease progression. For example, in a study of 134 persons with HIV/AIDS in Taiwan, Tsai, Hsiung and Holzemer reported that the following symptoms were frequently described: nausea (40.3%), pain (24.6%), anxiety (21.6%), vomiting (16.4%), diarrhoea (14.9%), fear (14.2%), and lack of appetite (10.4%) (24).

A number of self care strategies were used by the respondents for management of each of the frequently reported symptoms. Pain (including headache, muscle pain, joint pain) were commonly being managed by drinking hot water, massage, rest, exercise, taking a warm bath and taking medicine as prescribed. For neuropathy, one patient described, if pain couldn't respond to warm water, massage, or physical therapy he used to stop medication that caused the symptom (24).

For the management of anxiety the most common self-care strategies employed were doing things to shift attention, talking to others, listening to music, maintaining a good mood and getting support from friends and family. Whereas, talking to others, attending religious activities (e.g., go to church or temple), enduring, exercise, ignoring fear and seeking counseling were the common self-care strategies identified to manage fear (24).

The frequency of each symptom mentioned by Norwegian sample was counted and provided the following: anxiety/fear (25%); diarrhea (20%); neuropathy (40%); nausea/vomiting (20%); depression (30%); and fatigue (20%). Useful self-care strategies described were for the most trial and error strategies that frequently were helpful for more than one symptom. For instance, people who documented anxiety/fear found that walking, taking hot baths, aromatherapy and massage were helpful not only for anxiety but also for fatigue, depression and neuropathy. Likewise, talking to others, friends, family or HIV-positive people, was helpful for anxiety and fear as well as fatigue, depression, and other symptoms (24).

Headaches, fever, thirsty, fatigue, weakness, painful joints, nausea, muscle aches, fears and worries and dizziness were the top ten. Numbness/tingling of hands/fingers, weight gain in stomach area, loose stools and skinny arms and legs symptoms were significantly more frequently reported by PLWHA on ART than those not on ART, while diarrhoea, sore throat, painful swallowing, sore/bleeding gums and sore/bleeding gums were more frequently reported

by those not on ART than those on ART. Typical possible side effects from ART such as rash, nausea and vomiting did not differ significantly between patients on ART and not on ART (3).

The results of Chou et al.(2004) showed that the overall predictive model was statistically significant in predicting the use of medications, self-comforting, help seeking and spiritual care as self-care strategy among patients with HIV/AIDS. However, the predictive model was not statistically significant in the use of complementary treatments, daily thoughts/activities, changing diet, and exercise (3).

Race and symptom intensity were statistically significant in predicting the likelihood of medications being used as a self-care strategy. Non-white patients were nearly less than half as likely to use medications as white patients. The likelihood of using medications was 22% greater among those who had higher symptom intensity scores than those who had lower symptom intensity scores. The hierarchical entering of variables shows that variables related to disease characteristics had better prediction than those variables related to personal characteristics (3).

Race was the only statistically significant variable in predicting the likelihood of self-comforting and help-seeking being used as a self-care strategy. Non-white patients were twice as likely to use the self-comforting strategy than white patients and were nearly six times more likely to use the help seeking strategy than white patients were. Two variables were statistically significant in terms of the likelihood of applying the spiritual care strategy in self-care: gender. HIV-positive women were more than three times as likely to use this strategy as their male counterparts, and non-white patients were five times more likely to use it than white patients (3).

Despite many researchers conducted studies on symptom experiences and self-care strategies used by PLWHA, little is known about the predictors of those self-care strategies used by PLWHA for symptom management. In Ethiopia, studies conducted related to symptom experiences, self-care strategies used to manage those symptoms and predictors of self-care strategies are lacking. So, this study was aimed to determine symptom experiences, self-care strategies used to manage those symptoms and predictors of self-care strategies of PLWHA who are coming to ART unit of JUSH.

2.2. CONCEPTUAL FRAMEWORK

The following conceptual framework to be tested in this study is adapted from Connelly's Model of Self-Care in Chronic Illness (MSCCI), which was developed to illustrate and describe the variables influencing self-care among patients with chronic illnesses. Additionally, ideas were extracted from a Model for Symptom Management which was developed by the University of California, San Francisco School of Nursing.

Faculty Group Designed as a general systems framework, the MSCCI is a modification and extension of the Health Belief Model (HBM). The HBM was originally developed to explain poor participation with preventive health care measures and later expanded to serve as a decision model for health behavior. Like the HBM, the MSCCI is based on motivational theory and structured around a value-expectancy concept. This is the concept that in a given situation, human beings can be expected to respond in a manner that they believe was to the most subjectively valuable outcome for that particular situation.

The MSCCI was chosen as the base for this conceptual framework for this study because of its holistic approach and its potential for identifying variables influencing self-care in chronic illness (Fig 1).

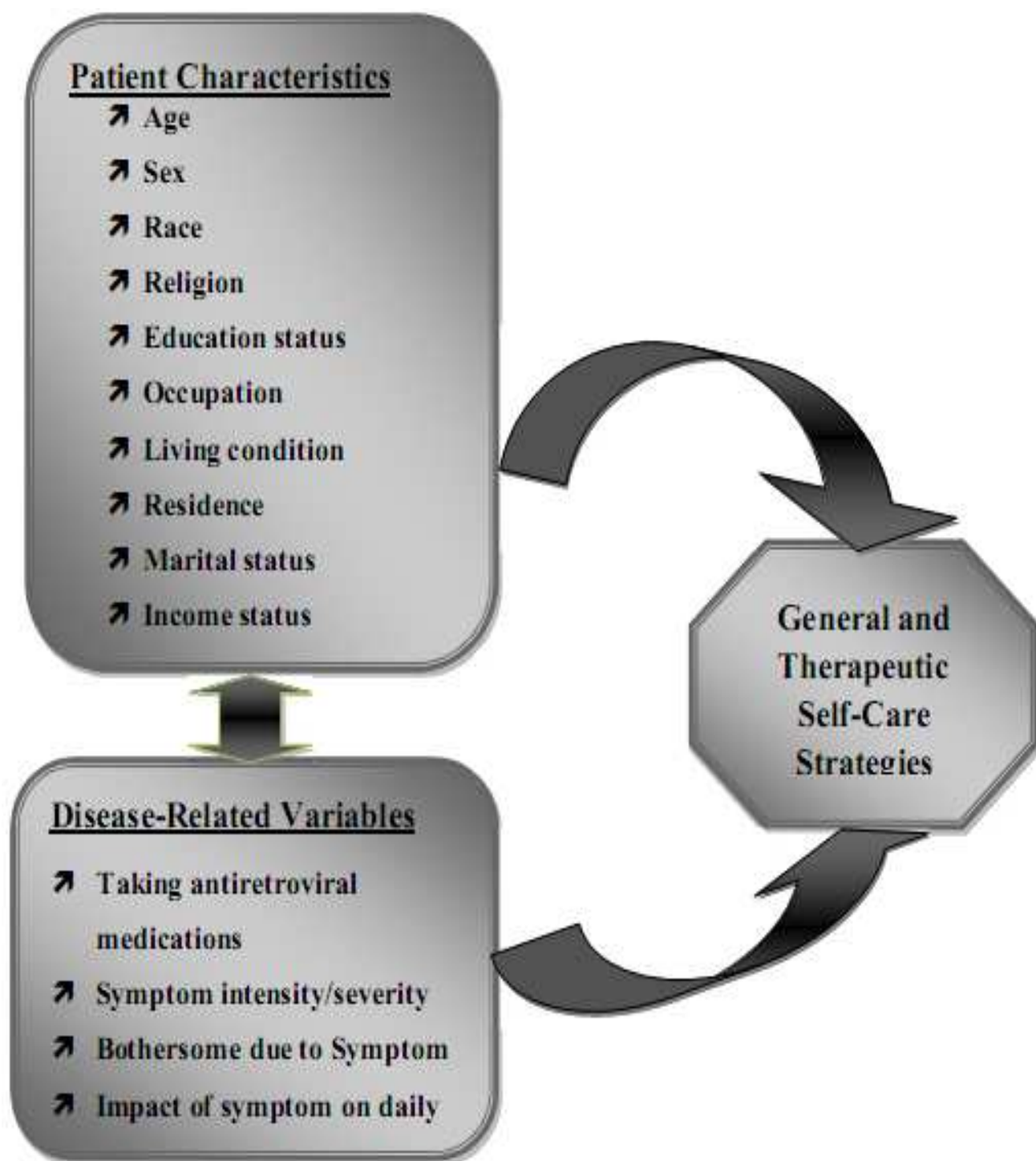


Fig 1: Adaptation of Connolly's Model of Self-Care in Chronic Illness. Patient characteristics and disease related factors influence general and therapeutic self-care behaviors (3)

2.3. SIGNIFICANCE OF THE STUDY

People living with HIV experience numerous symptoms that may be due to opportunistic infections, HIV infection, co-morbidities, poor economic environments or treatment regimens. Symptom management for persons living with HIV (PLWHA) or AIDS is an important part of case management. Selection and utilization of self-care strategies could be one of the challenges for PLWHA.

In Ethiopia, information about symptom prevalence, self-care strategies used to manage the symptoms and information about predictors of self-care strategies for PLWHA is lacking. So this study was conducted to determine the prevalence of the reported symptoms, self-care strategies applied to manage the symptoms and predictors of self-care strategies for PLWHA. Because related researches are lacking in Ethiopia, the result of the study may be used as a baseline for further related studies. Additionally, JUSH and other governmental and non-governmental organizations working on health related issues may utilize the result of this study.

CHAPTER III: OBJECTIVES

General Objective

To assess self-care strategies used to manage symptoms and predictors of self-care strategies among PLWHA who were attending ART clinic of JUSH.

Specific Objectives

1. To determine the prevalence of symptoms in PLWHA.
2. To identify self-care strategies employed by PLWHA to manage their symptoms.
3. To determine predictors of self-care strategies in management of symptoms.

CHAPTER IV: PATIENTS AND METHODS

4.1. Study Area and Period

This study was conducted from May 10 to June 7, 2010 in Jimma university specialized hospital (JUSH) found in Jimma town located 357 Kilometers Southwest of Addis Ababa. The town has 3 Woredas/Keftegnas and which are further divided in to 13 kebeles and has an estimated total population of 120,600 of which 60,590 are males and 60,010 are females (27). JUSH is a teaching hospital with 75 physicians, 14 pharmacist and pharmacy technicians, 209 nurses (diploma, BSc, and MSc), 25 medical laboratory and laboratory technicians, 14 radiographers and radiologists and 15 patient registration clerks and others like anesthetists, physical therapists. ART unit is one of the units of JUSH. The number of PLWHA who were greater than or equal to 15 years of age attending ART clinic of JUSH was 3953.

4.2. Study Design

A cross-sectional study employing both quantitative and qualitative methods was conducted to assess self-care strategies used to manage symptoms and predictors of self-care strategies among PLWHA who were attending ART clinic of JUSH.

4.3. Population

4.3.1. Source population – all PLWHA greater than or equal to 15 years attending ART clinic of JUSH during the study period.

4.3.2. Study population – all PLWHA who were greater than or equal to 15 years attending ART clinic of JUSH during the study period randomly selected to participate in the study.

4.4. Sample Size Determination and Sampling Techniques

4.4.1. Sample size determination for quantitative study

The sample size was determined with the following assumptions.

The sample size was calculated using a formula for estimation of single population proportion. Since the proportion of PLWHA using different self-care strategies for the management of symptoms was unknown in Ethiopia, 50% of population proportion was used to determine

sample size. In addition, a desired precision of 5%, 95% confidence level and 15% non-response rate were considered.

$$n = \frac{(Z_{\alpha/2})^2 p(1-p)}{d^2}$$

Where:

- N= total number of PLWHA attending ART clinic of JUSH (3953)
- Z= is standard normal variable at 95% confidence level (1.96)
- p= the proportion of PLWHA using one of self-care strategies for the management of symptoms (50%)
- d= the desired precision of the estimate (5%)
- n= the total sample size

With which sample size (n) become 384. Since the number of study population is less than ten thousands, the population correction formula was employed.

$$n_f = \frac{n}{1+n/N}$$

After which n_f become 350 and considering 15% non-response rate of 350, lastly the final sample size become 402.

4.4.2. Sample size determination for qualitative study

The sample size was determined until saturation of required data based on the interview guide questions related to common experienced symptoms and self-care strategies employed for the management of those symptoms. Accordingly, fourteen (14) informants, two from peer educators in ART clinic of JUSH and the rest from those PLWHA engaged in home based care for PLWHA were interviewed.

4.4.3. Sampling Technique for quantitative study

To select the sample units, simple random sampling method was used. To do this, first sample frame of those PLWHA more than or equal to 15 years was prepared according to the ART unit recordings order. Cards of the sample units were selected randomly and equal numbers of the selected cards were sent to the ART units.

4.4.3. Sampling Technique for qualitative study

In consultation with ART nurses, key informants that could shed light on the study questions were selected purposely from those PLWHA attending ART clinic of JUSH.

Inclusion Criteria

- All PLWHA greater than or equal to 15 years (considered as adults) on ART.

Exclusion Criteria

- PLWHA attending ART clinic of JUSH who couldn't perform self-care activities because of physical disabilities or mental impairments.
- Those PLWHA attending JUSH ART clinic who were less than 15 years of age.

4.5. Method and Tools of Data Collection

4.5.1. For Quantitative Study

The assessment tool is composed of questions to assess prevalence of HIV symptoms, self-care strategies used to manage the symptoms and predictors of self-care strategies.

For symptom prevalence and severity the modified revised version of the Sign and Symptom Check-List for Persons with HIV Disease (SSC-HIVrev) was used. The revised version of the SSC-HIV has a reliability estimation ranging from 0.76 to 0.91. The items do not include the gynecological-related items. The findings from the study conducted by Holzemer support the construct validity and internal consistency reliability of the revised Sign and Symptom HIV Check-List (17).

Suggestions proposed by the researchers related to the utilization of the SSC-HIVrev for further investigators include:

- For researchers, it may be difficult to know if a client is not experiencing the symptom today or if they just missed the item. The addition of a “not present today” response option to the SSC-HIVrev may help to differentiate between missing and not present today.
- The SSC-HIVrev can be used to describe the frequency and intensity of symptom clusters experienced by persons living with HIV for research and clinical practice (17).

For the assessment of the self-care strategies used by PLWHA to manage their symptoms relevant questions were extracted and modified from the document Symptom Management Manual Strategies for People Living with HIV/AIDS developed by the University of California, San Francisco School of Nursing (26).

Nurses working in the ART clinic and other units of JUSH were trained a week ahead of the actual data collection period, and were recruited as data collectors. Data were collected by using structured interview administered questionnaire. The data collection method employed was an interview. Additionally, as supervisors, two nurses with more experience and who can talk English, Afan Oromo, and Amharic were trained and recruited.

4.5.2. For Qualitative Study

For exploration of symptoms and self-care strategies utilized by PLWHA in managing experienced symptoms, an in depth interview was conducted with key informants by using semi structured interview guide. All interviews were tape recorded and a field note was taken.

4.6. Study Variables

The study variables are adapted from Connelly's Model of Self-Care in Chronic Illness.

4.6.1. Independent variables

Sociodemographic Variables

- Age
- Gender
- Ethnicity
- Religion
- Educational Status
- Marital Status
- Occupational status
- Living condition
- Residence
- Drug use
- Income status

Disease-Related Variables

- Taking antiretroviral medications
- Symptom intensity
- Bothersome due symptom
- Effect of symptom on daily life

4.6.2. Dependent variable

- Self-care strategy

4.7. Operational Definitions and Definitions of Terms

Anxiety: A state in which one feels constant, worrisome thoughts and tension manifested as shaking, tight muscles, headache, dizziness, trouble breathing, fast heartbeat, irritability, restlessness, insomnia (trouble sleeping), difficulty concentrating, blank mind, or upset stomach.

Constipation: A condition in which one is not passing stools, which are hard and small and painful, for a week and/or experiencing a feeling of fullness in the stomach.

Cough: A form of violent exhalation which may be accompanied by persistent and dry, productive yellowish, greenish, or whitish sputum.

Depression: When one may feel “blue/causing a feeling of despair and hopelessness,” “low,” “depressed,” or “sad.” These feelings may also be associated with insomnia (trouble sleeping), weight loss, weight gain, or a change in once appetite. The client may notice that he/she does not have any interest in things that once gave him/her pleasure.

Diarrhoea: A condition in which one may experience three or more loose or watery stools (bowel movements) per day.

Dizziness: A state in which one may experience black outs (*to lose consciousness, sight, or memory temporarily*) when trying to stand

Fatigue: States in which one may feel tired or weary, exhausted, or experience a loss of concentration. Some fatigue in life is to be expected.

Fever: A condition in which one may experience abnormally high body temperature often accompanied by chills and shivering.

Forgetfulness: A state in which one may experience problems with forgetfulness, poor memory and difficulty concentrating. The client may also miss appointments, forget to take medications or forget to do things he/she usually does. The client may note that he/she cannot follow a story in a book or have problems watching television.

Insomnia (loss of sleep): When one may be unable to sleep, sleep prematurely, have sleep that is interrupted by periods of wakefulness.

Nausea: A condition in which one may experience nausea, upset stomach, retching, heaving, sickness of the stomach. At time, nausea is accompanied by vomiting. He/she may also experience headaches and loss of appetite (no desire for food), which may result in loss of weight.

Neuropathy (Pain in Arms, Hands, Legs, Feet): A condition in which one may experience pain in his/her arms, hands, legs or feet, with a feeling as if there is water in the joint. He/she may also experience aching around the waist and knees and be unable to stand up and walk. He/she may have numbness and tingling of the feet and toes, and a sensation of needle pricks that is very painful. The pain may cause the client to be unable to walk unaided.

Night Sweats: A condition in which one may experience sweating that is not related to exercise. Night sweats can occur during the day or night, but usually at night. He/she may wake up with his/her clothes and bed sheets soaking.

Self-care strategies: are the activities or procedures that patients conduct to manage their health problems (symptoms).

Self-care: is an active, cognitive process in which persons engage for the purpose of maintaining their health or managing disease and illness.

Shortness of Breath: A condition in which one may feel an unpleasant sensation of difficulty breathing, inability to take a deep breath, being “winded,” or a “smothering” feeling.

Skin Abscesses (Boils): When one may experience painful swollen and closed boils on any part of his/her body.

Skin Blisters: A condition in which one may experience itchy discharging irritating blisters with pain and a burning sensation. He/she may also note watery rash in a group or cluster on one side of any part of the body.

Skin Rash (Dermatitis): A condition in which one may experience skin rashes or changes in skin condition that may be short or long lasting. The client may experience redness, itching, swelling or pain. Depending on the cause, they may occur anywhere on the body.

Symptom: a change in the way the body works or a change in the body’s appearance, which shows that a disease or disorder is present and which the person is aware of.

Vaginal Itching, Burning, and Discharge: A condition in which one may experiences profuse, slimy, offensive, purulent, yellowish discharge. At times the colour is greenish.

Weight Loss (Unplanned): When one may experience a loss of 10% or more of his/her usual body weight, when he/she did not intend to lose weight

White Spots in Mouth (Oral Thrush): A condition in which one may experience painful whitish or reddish sores in his/her mouth. He/she may have difficulty eating because oral thrush makes food tasteless.

Mild Symptom: 1 to 4 rating of symptom severity by study participants

Moderate symptom: 5 to 7 rating of symptom severity by study participants

Sever symptom: 8 to 10 rating of symptom severity by study participants

Mild bother some due to symptom: 1 to 4 rating of bother some due to symptom by study participants

Moderate bother some due to symptom: 5 to 7 rating of bother some due to symptom by study participants

Sever bother some due to symptom: 8 to 10 rating of bother some due to symptom by study participants

Mild effect of symptom on daily life: 1 to 4 rating of effect of symptom on daily life by study participants

Moderate effect of symptom on daily life: 5 to 7 rating of effect of symptom on daily life by study participants

Sever effect of symptom on daily life: 8 to 10 rating of effect of symptom on daily life by study participants

Table 1: Definitions and Examples for the Eight Categories of Self-Care Strategies

Category	Definition	Examples
Medications	All activities including taking any prescribed or over-the-counter medications.	Imodium (over-the-counter), take medications with food
Self-comforting	All activities that people create or particular actions that they perform to comfort themselves or relieve the symptoms.	Sleep, go to a hot tub, nap when tired, read a book, cry
Complementary treatments	All activities include using complementary/alternative therapies, vitamins, minerals, herbs, or some substances to relieve the symptoms.	Acupuncture, meditation, herbal products, marijuana, cigarettes
Daily thoughts/activities	All activities related to what people adjust in their daily life routine or how they change their thoughts to make themselves feel better.	Think about something else, talk to self, keep busy by cleaning, leave work, learn to live with it, go out of the house
Changing diet	All activities include what people do to adjust their diet habits, eating routine, or foods.	Eat lots of fiber, avoid caffeine, watch the diet, stay away from foods
Help-seeking	All activities in which that people ask for information or talk to someone (professionals or lay persons), or attend some group sessions.	See doctor/nurse, attend group therapy, attend support group, talk to mother, talk to friends
Spiritual care	All activities related to spiritual level of interaction.	Pray, go to church/mosque, read Bible/Koran
Exercise	All activities have exercise benefits, ranging from mild or moderate to an intense level.	Working out, walking, jogging, gardening

(16).

4.8. Data Processing and Analysis Procedures

4.8.1. For Quantitative Study

Self-care strategies described by the study participants were summarized into the eight types of symptom self-care strategy categories: medications, self-comforting, complementary treatments, daily thoughts/activities, changing diet, help seeking, exercise, and spiritual care. These eight self-care strategies represent taxonomy for overall symptom management self-care strategies reported by the HIV-positive patients. The detailed process of generating these eight self-care strategy categories was made by Chou et al (2004) (Table 1).

Data were coded and entered in to SPSS 15.0 window version soft ware package for analysis. Binary and multiple logistic regression tests were used to examine the likelihood of using the eight types of symptom self-care strategies (i.e., medications, complementary treatments, self-comforting, daily thoughts/activities, changing diet, help-seeking, exercise, and spiritual care) that were summarized and categorized from the questionnaires reported by the study respondents. Common descriptive statistics were also considered as per variables of interest.

4.8.1. For Qualitative Study

Qualitative data were first transcribed from Amharic in to English verbatim and color-coded and grouped in to thematic frameworks. Concepts extracted from themes were presented in narratives and triangulated with the quantitative results using the verbatim of subjects as illustrations.

4.9. Data Quality Management

The questionnaire was initially prepared in English and then was translated in to Amharic and back to English to check for consistency. The Amharic version of the questionnaire was pre-tested on 10% (40) of the sample size a week before the beginning of actual data collection process in the ART clinic of JUSH and those respondents who were included in the pre-test were not interviewed once again during the actual data collection period. Moreover, during the data collection the data collectors were strictly supervised. At the end of each data collection day the principal investigator checked out the completeness of filled questionnaires and whether recorded information makes sense to ensure the quality of data collected. Any error, ambiguity,

incompleteness, or other encountered problems were addressed on the following day before starting next day's activities.

4.10. Ethical Considerations

Ethical clearance letter was initially obtained from Jimma University College of Public Health and Medical Sciences Ethical Committee. Then written consent was secured from JUSH clinical director and matron offices, which was provided to the respective bodies of ART clinic. Further, study participants were being briefed about the study by the data collectors by stating the main objective and any unclear points related to the study, after which the interview was begun. Study participants were informed that they have a full right not to participate in the study and interrupt the interview if not comfortable with the interview, but they were also informed that their participation in the study is very important. In addition, confidentiality of the information was assured and privacy of the study population was respected and kept as well. Moreover, to keep confidentiality and privacy, the data collection was made by those nurses working in the ART clinic in collaboration with other nurses from other units.

4.11. Communication of Results

The result of the study will be disseminated to Jimma University College of Public Health and Medical Sciences Graduate School, Jimma University Department of Nursing and JUSH. Further, with request the result will also be accessed for utilization for all recognized bodies working on alleviating related concerns of PLWHA.

Chapter V: Results

I. Socio-Demographic Characteristics

A total of 400 PLWHA were included in this study giving a response rate of 99.5%. Out of the total study population, 66.2% of them were females. The mean age of the study participants was 33.6 years \pm 9.0 SD and 46.0% of them were between the age of 25-34 years followed by 30.8% laying between the age of 35-44 years. Forty six point three (46.3%) of the study population were Oromo followed by Amhara (23.3%) and 50% of the study population were followers of Orthodox followed by 28.8% who were followers of Muslim religion. Nearly half (49.5%) of the respondents were married and 35.3% of them were living with their spouse (wife/husband). Thirty five point five (35.5%) of the respondents' educational status was grade 1-6 and 20.0% of the respondents were unemployed and 92.0% of them were from urban residences (Table 2).

Table 2: Sociodemographic characteristics of PLWHA attending ART clinic of JUSH, May 2010 (n= 400)

Socio-demographic characteristics	Frequency	Percent
Sex		
Female	265	66.2
Male	135	33.8
Age in years		
15-24	43	10.8
25-34	184	46.0
35-44	123	30.8
45-54	35	8.8
55-64	13	3.3
>or=65	2	0.5
Ethnicity		
Oromo	185	46.3
Amhara	95	23.8
Dawro	55	13.8
Kefa	23	5.8
Gurage	22	5.5
Other	20	5.0
Residence		
Urban	368	92.0
Rural	32	8.0
Religion		
Orthodox	200	50.0
Muslim	115	28.8
Protestant	82	20.5
Catholic	2	0.5
Other	1	0.3

Socio-demographic characteristics, Continued

Socio-demographic characteristics	Frequency	Percent
Marital Status		
Married	198	49.5
Single	89	22.3
Divorced	57	14.3
Widowed	56	14.0
Living Condition		
Wife/Husband	141	35.3
With family	112	28.0
Alone	87	21.8
With other person	60	15.0
Educational Status		
Illiterate	52	13.0
Read and write only	10	2.5
Grade 1-6	142	35.5
Grade 7-8	61	15.3
Grade 9-12	99	24.8
College or university complete	36	9.0
Occupational Status		
Unemployed	80	20.0
Daily laborer	73	18.3
Merchant	69	17.3
GovEmp	51	12.8
Housewife	48	12.0
Driver	11	2.8
Farmer	11	2.8
Student	7	1.8
Other	50	12.5
Monthly individual income (birr)		
<or=200	191	47.8
201-500	99	24.8
>or=500	110	27.4

Out of the total 400 respondents 29 (7.3%) of them were chewing chat and/or drinking alcohol and of which 72.4% of them were chewing chat and 27.6% of them were drinking alcohol (Fig 2).

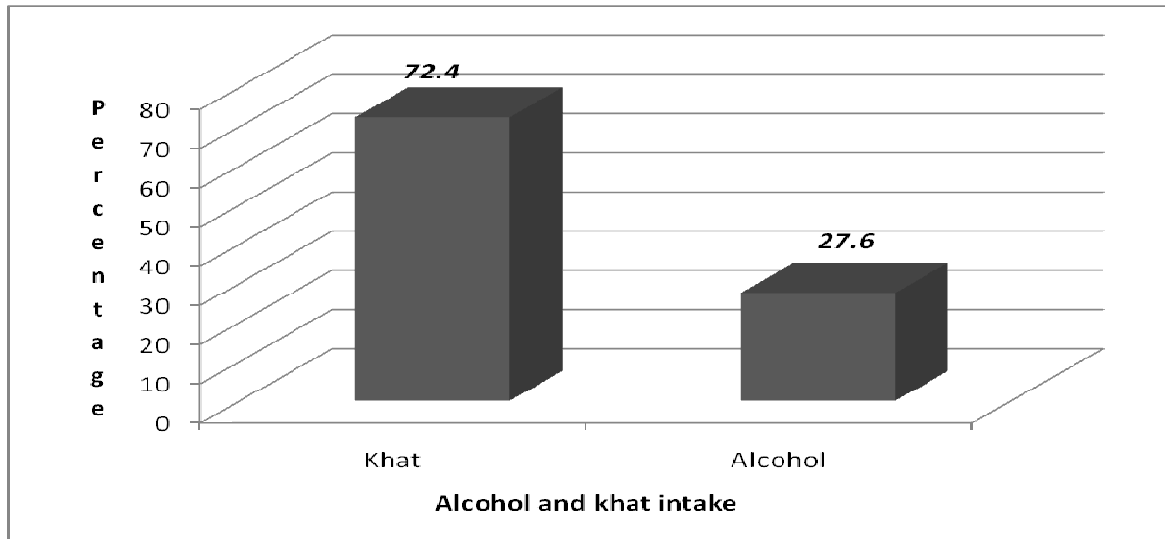


Fig 2: Drug (khat and alcohol) intake by PLWHA attending ART clinic of JUSH, May 2010

Regarding the CD4 count of respondents, almost 2/3rd of them didn't know their recent CD4 count and the CD4 count of 60.8% of the respondents was between 200-499cells/uL. Among the total PLWHA included in the study 93.0%, 75.8% and 12.3% of them were on ART, cotrimoxazole and INH, respectively and more than half (53.8%) of them were in stage I of WHO HIV staging (Table 4).

II. CD4 Count, ART and WHO HIV staging

Table 3: Respondents' CD4 count, medication intake and WHO HIV staging, JUSH, May 2010 (n=400)

Variables	Frequency	Percent
Awareness of respondents about their recent CD4 count		
Yes	137	34.2
No	263	65.8
Recent CD4 count of the respondents		
<200cells/uL	85	21.3
200-499cells/uL	243	60.8
>or=500cells/uL	72	18.0
Currently* on ART		
Yes	372	93.0
No	28	7.0
Currently* on INH		
Yes	49	12.3
No	351	87.8
Currently* on Cotrimoxazole		
Yes	303	75.8
No	97	24.3
Currently* on other drugs		
Yes	21	5.3
No	379	94.8
WHO HIV staging of the respondents		
Stage I	215	53.8
Stage II	141	35.3
Stage III	28	7.0
Stage IV	16	4.0

*Current= refers to the study period

III. Symptom prevalence

Out of the total 400 PLWHA included in the study, 50.7% (203) of them were experiencing fatigue followed by night sweat (34.8%), peripheral neuropathy (28.0%), depression (23.3%) fever (21.5%) and dizziness (21.5%). As to the prevalence of symptoms in PLWHA, among the total 1288 perceived symptoms reported, the top six most prevalent were: fatigue (15.8%), night sweat (10.8%), peripheral neuropathy (8.7%), depression (7.2%), fever (6.7%) and dizziness (6.7%) (Table 5).

Similarly, the most frequently reported symptoms by the key informants were: fatigue, depression, peripheral neuropathy, night sweat and dizziness. The less frequently reported symptoms were: fever, diarrhea, cough, vaginal itching and headache.

Table 4: Symptoms experienced by PLWHA attending ART clinic of JUSH, May 2010 (n=400)

Symptoms	Frequency	Percent
Fatigue	203	15.8
Night Sweat	139	10.8
Pain in Arms, Hands, Legs, Feet (Neuropathy)	112	8.7
Depression	93	7.2
Fever	86	6.7
Dizziness	86	6.7
Cough	84	6.5
Forgetfulness	82	6.4
Anxious or Worried	79	6.1
Trouble in Sleeping	47	3.6
Weight Loss	46	3.6
Nausea or Vomiting	44	3.4
Skin Rash	37	2.9
Constipation	33	2.6
Shortness of Breathing	33	2.6
Diarrhoea	17	1.3
Skin Abscess or Boils	16	1.2
Vaginal Itching, Burning, and Discharge	14	1.1
Skin Blisters	6	0.4
Swelling of Arms, Hands, Legs or Feet	5	0.4
White Spots in Mouth (Oral Thrush)	4	0.3
Other Symptoms	22	1.7
Total	1288	100.0

IV. Self-care strategies used in the management of different symptoms

As shown in figure 3 below, self-comfort and daily thoughts were the most widely used self-care strategies across the five symptoms. The major self-care strategies used in the management of A) fatigue were self-comfort (27.9%), daily thought (26.6%) and dietary changes (21.7%); B) night sweat were self-comfort (40.0%), dietary changes (28.0%) and daily thought (27.2%); C) peripheral neuropathy were dietary changes (35.5%), self-comfort (31.7%) and daily thought (18.5%); D) depression were self-comfort (22.9%), help-seeking (16.7%), medications (15.6%), daily thought (15.5%), and exercise (15.2%) and E) fever were self-comfort (34.7%), medications (26.5%) and dietary changes (21.9%) (Fig 3).

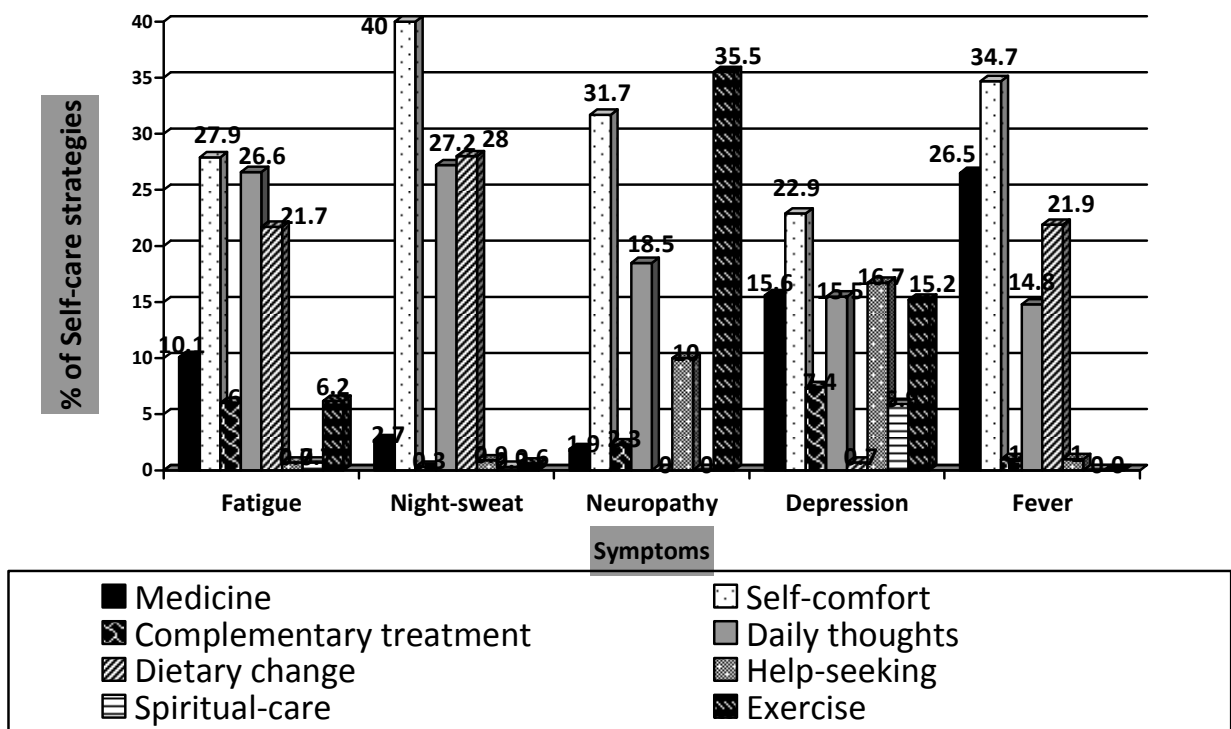


Fig 3: Self-care strategies employed by PLWHA attending ART clinic of JUSH, May 2010.

Out of the total symptoms reported by PLWHA, fatigue (15.8%), night sweat (10.8%), peripheral neuropathy (8.7%), depression (7.2%) and fever (6.7%) were the top five symptoms included in the binary and multiple logistic regressions analysis. The logistic regression analysis was made for each of self-care strategies, which had been used in the management respective symptoms by PLWHA.

1. Self-Care Strategies Used in the Management of Fatigue

From the eight self-care strategies which were used in the management of fatigue, only spiritual care has no statistically significant predicting variables. Out of the total 15 and more variables considered as predictors of self-care strategies, only monthly individual income was statistically significant predictor of use of medicines as self-care strategy in the management of fatigue. The likelihood of using medicines as self-care strategy in the management of fatigue by PLWHA with monthly individual income of Birr 201-500 and 501 and above was 62.6% (COR: 0.374[95%CI: 0.170-0.826]), $P < 0.05$ and 59.4% (COR: 0.406[95%CI: 0.177-0.931]), $P < 0.05$, respectively less likely than those with the income of 200 Birr or less (Table 5).

According to most of the informants, rest was the most commonly used strategy in the management of fatigue. Other self-care strategies reported were: drinking soup and “atmit”, having cold shower, and doing some indoor activities.

Table 5: Crude Odds ratios from bivariate logistic regression model predicting the likelihood of using *medications* as self-care strategy in the management of fatigue (n=62), JUSH, May 2010.

Predicting Variable	Unadjusted OR (95% CI)
Monthly personal income in Birr	
< or =200	1
201-500	0.374 (0.170, 0.826)*
>=501	0.406 (0.177, 0.931)*

*Statistically significant at $P < 0.05$

Educational status was the only statically significant variable in predicting the likelihood of using self-comport as self-care strategy in the management of fatigue. PLWHA with the educational status of college or university complete were 84.5% less likely than illiterates in using self-comfort for the management of fatigues (COR: 0.155[95%CI: 0.027- 0.881]), (Table 6).

Table 6: Crude Odds ratios from bivariate logistic regression model predicting the likelihood of using *Self-comfort* as self-care strategy in the management of fatigue (n=117), JUSH, May 2010.

Predicting Variable	Crude Odds Ratio (95% CI)
<i>Educational status</i>	
Illiterate	1
Read and write only	0.414 (0.034, 5.006)
Grade 1-6	0.931 (0.231, 3.757)
Grade 7-8	0.336 (0.081, 1.403)
Grade 9-12	0.440 (0.107, 1.812)
College or university complete	0.155 (0.027, 0.881)*

*Statistically significant at $P < 0.05$

Sex, age and WHO HIV staging were statistically significant predictors of complementary treatments being used as self-care in management of fatigue. Females were 3 times more likely to use complementary treatments as self-care in the management of fatigue than males (COR:2.919[95%CI: 1.076- 7.919]), whereas, those between 25-34 years of age were 69.4% less likely than those between 15-24 years in using complementary treatments in the management of fatigue (COR:0.306[95%CI:0.103- 0.909]). The likelihood of using complementary treatment as self-care in the management of fatigue was 47% less likely in those stage II of WHO HIV staging as compared to those in stage I (COR:0.430[95%CI= 0.187- 0.993]) (Table 7).

With multiple multivariable logistic regression analysis, females were three times more likely than males in using complementary treatment as self-care in the management of fatigue (AOR: 3.391[95%CI: 1.137- 10.112]), whereas, the likelihood of using complementary treatment as self-care in management of fatigue was 58.6% less likely than those in stage I (AOR: 0.416[95%CI: 0.176- 0.983]) (Table 7).

Table 7: Crude and adjusted Odds ratios from bivariate and multivariable logistic regression model predicting the likelihood of using **complementary treatment** as self-care strategy in the management of fatigue (n=37), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	AOR (95% CI)
Sex		
Male	1	1
Female	2.919 (1.076, 7.919)*	3.391 (1.137, 10.112)*
Age (Years)		
15-24	1	1
25-34	0.306 (0.103, 0.909)*	0.414 (0.132, 1.301)
35-44	0.431 (0.144, 1.294)	0.733 (0.224, 2.394)
45-54	0.619 (0.144, 2.659)	1.399 (0.275, 7.103)
WHO HIV Staging		
Stage I	1	1
Stage II	0.430 (0.187, 0.993)*	0.416 (0.176, 0.983)*
Stage III	0.446 (0.095, 2.097)	0.433 (0.089, 2.106)
Stage IV	2.511 (0.524, 12.041)	2.948 (0.524, 16.579)

*Statistically significant at P< 0.05

Sex, ethnicity, marital status, and occupation were statistically significant in predicting the use of daily thoughts/activities as self-care in the management of fatigue. The likelihood of daily thoughts being used as self-care in the management of fatigue was, three times more in females (COR:2.273[95%CI:1.105- 4.675]), five times more in widowed than in singles (COR:4.593[95%CI:1.171- 18.007]) and nine times more in Dawros than in Oromos (COR:9.200[95%CI:1.185- 71.431]) (Table 8).

Table 8: Crude and adjusted Odds ratios from bivariate and multivariable logistic regression model predicting the likelihood of using *daily thoughts/activities* as self-care strategy in the management of fatigue (n=163), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	Adjusted OR (95% CI)
Sex		
Male	1	1
Female	2.273 (1.105, 4.675)*	1.164 (0.434, 3.123)
Ethnicity		
Oromo	1	1
Amhara	1.716 (0.730, 4.033)	1.650 (0.662, 4.116)
Kefa	0.493 (0.077, 3.135)	0.267 (0.035, 2.054)
Gurage	1.314 (0.260, 6.638)	3.643 (0.372, 35.721)
Dawro	9.200 (1.185, 71.431)*	8.328 (0.869, 79.855)
Other	0.767 (0.183, 3.211)	0.352 (0.068, 1.815)
Marital status		
Single	1	1
Married	1.778 (0.769, 4.110)	1.466 (0.511, 4.205)
Divorced	2.222 (0.685, 7.207)	1.854 (0.449, 7.655)
Widowed	4.593 (1.171, 18.007)*	4.755 (0.980, 23.074)
Occupation		
Govt. Employee	1	1
Merchant	0.300 (0.033, 2.763)	0.247 (0.024, 2.554)
Driver	0.017 (0.001, 0.344)**	0.013 (0.000, 0.529)*
Farmer	0.300 (0.016, 5.552)	0.388 (0.019, 7.801)
Student	0.050 (0.002, 1.533)	0.031 (0.001, 1.637)
Housewife	0.325 (0.034, 3.138)	0.383 (0.034, 4.291)
Unemployed	0.213 (0.025, 1.826)	0.187 (0.020, 1.749)
Daily laborer	0.172 (0.020, 1.465)	0.148 (0.016, 1.387)
Other	0.088 (0.010, 0.780)*	0.076 (0.008, 0.758)*

*Statistically significant at $P < 0.05$

**Statistically significant at $P < 0.01$

Predictors of HIV Symptomatic Self-Care Strategies among PLWHA

Those PLWHA living alone and living with wife/husband were 82.9% (COR: 0.171[95%CI: 0.067- 0.440]) and 71.8% (COR:0.282[95%CI: 0.116- 0.686]) less likely respectively in using dietary changes as self-care in management of fatigue as compared to those living with family. The likelihood of changing diets as self-care in the management of fatigues was 72.8% less likely in those stage III than in those stage I (COR: 0.272[95%CI: 0.094- 0.786]). Those respondents with moderate severity of fatigue were two times more likely than those with mild severity of fatigue in using dietary changes as a self-care in the management of fatigue (COR: 2.030[95%CI: 1.042- 3.955]) (Table 9).

With multivariable analysis, those living alone and those living with spouse were 82.9% (AOR: 0.171[95%CI: 0.065- 0.454]) and 69.8% (AOR: 0.302[95%CI: 0.121- 0.754]) respectively less likely than those living with family in using dietary changes as self-care in the management fatigue. Similarly, those in stage III were 66.3% less likely than those in stage I in using dietary changes as self-care in the management fatigue (AOR: 0.237[95%CI:0.076- 0.733]) (Table 9).

Table 9: Crude and adjusted Odds ratios from bivariate and multivariable logistic regression model predicting the likelihood of using *dietary changes* as self-care strategy in the management of fatigue (n=133), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	AOR (95% CI)
Living condition		
With family	1	1
Alone	0.171 (0.067, 0.440)***	0.171 (0.065, 0.454)***
Wife/Husband	0.282 (0.116, 0.686)**	0.302 (0.121, 0.754)*
With other person	0.535 (0.178, 1.612)	0.526 (0.168, 1.644)
WHO HIV staging		
Stage I	1	1
Stage II	0.670 (0.356, 1.262)	0.727 (0.370, 1.429)
Stage III	0.272 (0.094, 0.786)*	0.237 (0.076, 0.733)*
Stage IV	0.519 (0.109, 2.466)	0.652 (0.120, 3.547)
Severity of fatigue		
Mild	1	1
Moderate	2.030 (1.042, 3.955)*	1.966 (0.963, 4.014)
Severe	1.167 (0.539, 2.525)	1.116 (0.490, 2.539)

*Statistically significant at P< 0.05

**Statistically significant at P< 0.01

***Statistically significant at P< 0.001

Predictors of HIV Symptomatic Self-Care Strategies among PLWHA

In relation to the use of exercise as a self-care in the management of fatigue, educational status was the only statistically significant predictor. The likelihood of exercise being used as a self-care in the management of fatigue was five times more in those PLWHA grade 1-6 (COR: 4.672[95%CI: 1.021- 21.387]) and ten times more in those who have completed college or university courses (COR: 10.000[95%CI: 1.480- 67.554]) as compared to those illiterates (Table 10).

Table 10: Crude Odds ratios from bivariate logistic regression model predicting the likelihood of using *exercise* as self-care strategy in the management of fatigue (n=38), JUSH, May 2010.

Predicting Variable	Unadjusted Odds Ratio (95% CI)
<i>Educational status</i>	
Illiterate	1
Read and write only	3.750 (0.274, 51.373)
Grade 1-6	4.672 (1.021, 21.387)*
Grade7-8	3.214 (0.598, 17.266)
Grade 9-12	2.500 (0.470, 13.308)
College or university complete	10.000 (1.480, 67.554)*

*Statistically significant at P< 0.05

2. Self-care strategies used in the management of night sweat

Self-comfort, daily thoughts/activities and dietary changes were the three self-care strategies of night sweat which have one or more statistically significant predicting variables.

Those PLWHA not yet started ART were 86.6% less likely than those who have started ART (COR: 0.134[95%CI: 0.020- 0.890]) and those with severe bothersome due to night sweat were 93.8% less likely in utilizing self-comfort as a self-care in the management of night sweat (COR: 0.062[95%CI: 0.005- 0.739]) (Table 11).

The multivariable logistic regression analysis demonstrated that in the presence of current intake of ART, those PLWHA with severe bothersome due to night sweat were 92.8% less likely to use self comfort as self-care in the management of night sweat as compared to those with mild bothersome due to night sweat (AOR: 0.072[95%CI: 0.006- 0.903]) (Table 11).

Table 11: Crude and adjusted Odds ratios from bivariate and multivariable logistic regression model predicting the likelihood of using *self-comfort* as self-care strategy in the management of night sweat (n=134), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	AOR (95% CI)
Currently on ART		
Yes	1	1
No	0.134 (0.020, 0.890)*	0.171 (0.023, 1.262)
Bothersome due to night sweat		
Mild	1	1
Moderate	0.191 (0.017, 2.176)	0.231 (0.019, 2.739)
Severe	0.062 (0.005, 0.739)*	0.072 (0.006, 0.903)*

*Statistically significant at P< 0.05

Regarding daily thoughts/activities being used as a self-care in the management of night sweat, living condition of the study subjects was the only statistically significant predictor variable. Those PLWHA living with other person were five times more likely to use self-comfort as self-care in the management of night sweat than those living with their family were (COR: 4.957[95%CI: 1.266- 19.407]) (Table 12).

Table 12: Crude Odds ratios from bivariate logistic regression model predicting the likelihood of using *daily thoughts/activities* as self-care strategy in the management of night sweat (n=91), JUSH, May 2010.

Predicting Variable	Unadjusted Odds Ratio (95% CI)
Living condition	
With family	1
Alone	1.487 (0.556, 3.975)
Wife/Husband	1.652 (0.703, 3.881)
With other person	4.957 (1.266, 19.407)*

*Statistically significant at P< 0.05

Among the eight self-care strategies used in the management of night sweat, dietary change was the first strategy with multiple (seven) statistically significant predicting variables. These were ethnicity, marital status, living condition, monthly individual income, severity of night sweat, bothersome due to night sweat and effect of night sweat on daily life.

The likelihood of dietary changes being used as self-care in the management of night sweat was 67.1% less likely in Amharas than in Oromos (COR: 0.329[95%CI: 0.127- 0.854]); 75.0% (COR: 0.042[95%CI: 0.066- 0.951]) and 83.6% (COR: 0.164[95%CI: 0.044- 0.602]) less likely in widowed and divorced respectively than in married and 64.5% (COR: 0.355[95%CI: 0.129- 0.975]) and 67.7% (COR: 0.323[95%CI: 0.108- 0.968]) less likely in those living alone and living with other person respectively than those living with their family. Whereas, the likelihood of using dietary changes as self-care in the management of nigh-sweat was nearly four times more likely in those with monthly income of ≥ 501 Ethiopian birr (COR: 3.683[95%CI= 1.366- 9.931) as compared to those with monthly income of ≤ 200 Ethiopian birr, four times more likely in those with moderate night sweat (COR: 4.016[95%CI: 1.625- 9.923]) than those with

mild night sweat, three times more likely in those with moderate bothersome due to night sweat (COR: 3.491[95%CI: 1.321- 9.225]) than in those with mild bothersome due to night sweat and five times more likely in those with moderate effect of night sweat on daily life (COR: 4.870[95%CI: 1.066- 22.247]) than those with mild effect of night sweat on daily life (Table 13).

The multiple regression analysis of these seven variables indicated that, except monthly income and effect of night sweat on daily life, the rest were statistically significant in predicting the likelihood of using dietary changes as self-care in the management of night sweat. Accordingly Amharas were 64.5% less likely to use dietary changes as self-care in the management of night sweat than Oromos were (AOR: 0.197[95%CI: 0.047- 0.818]). Related to marital status divorced, widowed and married study participants were 93%, 93.2%, and 98% respectively less likely to use dietary changes as self-care in the management of night sweat as compared those not yet married. The likelihood of dietary changes being used as self-care in the management of night sweat was nearly nine times more in those participants living with spouse (AOR: 8.560[95%CI: 1.933- 37.897]) and 82.8% less in those living alone (AOR: 0.172[95%CI: 0.032- 0.941]) as compared to those living with their family. Those PLWHA with sever night sweat were 90.1% less likely to use dietary changes in the management of night sweat than those with mild night sweat were (AOR: 0.099[95%CI: 0.015- 0.673]) (Table 13).

Table 13: Crude and adjusted Odds ratios from bivariate and multivariable logistic regression model predicting the probability of PLWHA using *dietary changes* as self-care strategy in the management of night sweat (n=94), JUSH, May 2010.

Predicting Variables	Crude OR (95% CI)	AOR (95% CI)
<i>Ethnicity</i>		
Oromo	1	1
Amhara	0.329 (0.127, 0.854)*	0.197 (0.047, 0.818)*
Kefa	0.304 (0.078, 1.175)	0.327 (0.050, 2.125)
Gurage	1.518 (0.166, 13.900)	0.788 (0.039, 16.088)
Dawro	0.455 (0.160, 1.297)	0.446 (0.098, 2.037)
Other	0.455 (0.070, 2.954)	0.576 (0.037, 9.057)
<i>Marital status</i>		
Single	1	1
Married	0.476 (0.161, 1.412)	0.022 (0.003, 0.185)***
Divorced	0.164 (0.044, 0.602)**	0.070 (0.010, 0.518)**
Widowed	0.250 (0.066, 0.951)*	0.068 (0.008, 0.602)*
<i>Living condition</i>		
With family	1	1
Alone	0.355 (0.129, 0.975)*	0.172 (0.032, 0.941)*
Wife/Husband	1.538 (0.566, 4.177)	8.560 (1.933, 37.897)**
With other person	0.323 (0.108, 0.968)*	0.345 (0.062, 1.918)
<i>Monthly personal income in Birr</i>		
< or =200	1	1
201-500	1.381 (0.565, 3.378)	1.158 (0.283, 4.734)
>=501	3.683 (1.366, 9.931)*	2.292 (0.559, 9.389)
<i>Severity of night sweat</i>		
Mild	1	1
Moderate	4.016 (1.625, 9.923)*	3.055 (0.856, 10.908)
Severe	1.390 (0.577, 3.351)	0.099 (0.015, 0.673)*
<i>Bothersome due to night sweat</i>		
Mild	1	1
Moderate	3.491 (1.321, 9.225)*	13.981 (1.593, 122.697)*
Severe	3.840 (0.804, 18.346)	32.043 (0.884, 1161.279)
<i>Effect of night sweat on daily life</i>		
Mild	1	1
Moderate	4.870 (1.066, 22.247)*	3.210 (0.354, 29.085)
Severe	5.478 (0.670, 44.794)	0.700 (0.025, 19.758)

*Statistically significant at P< 0.05

**Statistically significant at P< 0.01

***Statistically significant at P< 0.001

3. Self-care strategies used in management of peripheral neuropathy

Among the self-care strategies employed in the management of peripheral neuropathy self-comfort, daily thoughts/activities, help seeking and exercise have one or more statistically significant predictors.

Peripheral neuropathy was the other most frequently reported symptom by the key informants, as feeling of numbness or tingling or feeling of burning sensation in feet or in hands. The majority of the informants had the feeling that peripheral neuropathy was because of the drugs they were taking, and because of which some were not much concerned about. But one elderly (52-years) male informant said that:

“...I am suffering frequently because of this burning sensation in the sole of my feet, and I have been frequently informing nurses and doctors working in this unit. Then, the drug I had been taking was changed to the present one. Even though this was made, still I am suffering from the burning sensation. But at my home as I put my feet in cold water for some five or ten, I would get a relief for some 30-40 minutes.”

Utilization of self-comfort as self-care strategy in the management of peripheral neuropathy was six times more likely in daily laborers than in government employees (COR: 6.364[95%CI: 1.122- 36.081]), 79.5% less likely in those from rural areas than those from urban (COR: 0.205[95%CI; 0.053- 0.788]), 75.4% less likely in those with monthly income of birr \geq 501 than in those with monthly income of birr \leq 200 (COR: 0.246[95%CI: 0.094- 0.645]) and 81.2% less likely in those with severe effect of peripheral neuropathy than those with mild effect of peripheral neuropathy on daily life (COR: 0.188[95%CI: 0.048- 0.737]) (Table 14).

In the presence of occupation and residence, monthly income of the study participants and effect of peripheral neuropathy on daily life were statistically significant in predicting the likelihood of using self comfort as self-care in the management of peripheral neuropathy. Accordingly, the likelihood of self-comfort being used as a self-care in the management of peripheral neuropathy was 95.3% less likely in those PLWHA with monthly income of birr \geq 501 as compared to those with monthly income of birr \leq 200 (AOR: 0.087[95%CI: 0.017- 0.450]) and 96.9% less

likely in those with sever effect of peripheral neuropathy on daily life than in those with mild effect of peripheral neuropathy on daily life (AOR: 0.031[95%CI: 0.005- 0.208]) (Table 14).

Table 14: Crude and adjusted Odds rations from bivariate and multivariable logistic regression model predicting the likelihood of PLWHA using *self-comfort* as self-care strategy in the management of peripheral neuropathy (n= 82), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	AOR (95% CI)
Occupation		
Govt. Employee	1	1
Merchant	3.818 (0.649, 22.454)	3.428 (0.479, 24.515)
Driver	1.273 (0.096, 16.809)	1.387 (0.096, 20.001)
Farmer	0.636 (0.072, 5.613)	1.645 (0.047, 57.609)
Housewife	3.818 (0.375, 38.830)	12.653 (0.602, 265.983)
Unemployed	1.727 (0.478, 6.238)	1.060 (0.155, 7.270)
Daily laborer	6.364 (1.122, 36.081)*	2.594 (0.286, 23.489)
Other	0.557 (0.139, 2.231)	0.289 (0.050, 1.664)
Residence		
Urban	1	1
Rural	0.205 (0.053, 0.788)*	0.174 (0.017, 1.808)
Monthly personal income in Birr		
< or =200	1	1
201-500	0.488 (0.139, 1.707)	0.273 (0.034, 2.206)
>=501	0.246 (0.094, 0.645)**	0.087 (0.017, 0.450)**
Effect of peripheral neuropathy on daily life		
Mild	1	1
Moderate	0.656 (0.221, 1.952)	0.346 (0.087, 1.381)
Severe	0.188 (0.048, 0.737)*	0.031 (0.005, 0.208)***

*Statistically significant at P< 0.05

**Statistically significant at P< 0.01

***Statistically significant at P< 0.001

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Daily laborers were 75.4% less likely to use daily thoughts/activities as self-care strategy in the management of peripheral neuropathy as compared to government employees (COR: 0.246[95%CI: 0.064- 0.946]) (Table 15).

In addition, the multiple regression analysis showed that merchants were nearly five times more likely to use daily thoughts in the management of peripheral neuropathy than governmental employees were (COR: 4.878[95%CI: 1.051- 22.638]) (Table 15).

Table 15: Crude and adjusted odds ratios from bivariate and multiple logistic regression model predicting the likelihood of PLWHA using *daily thoughts/activities* as self-care strategy in the management of peripheral neuropathy (n= 48), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	AOR (95% CI)
Occupation		
Govt. Employee	1	1
Merchant	0.333 (0.080, 1.384)	4.878 (1.051, 22.638)*
Driver	1.667 (0.353, 7.875)	4.961 (0.408, 60.355)
Student	2.000 (0.166, 24.069)	0.878 (0.064, 12.085)
Housewife	0.333 (0.024, 4.548)	1.584 (0.257, 9.756)
Unemployed	0.500 (0.081, 3.082)	0.760 (0.199, 2.906)
Daily laborer	0.246 (0.064, 0.946)*	1.474 (0.396, 5.480)
Other	0.462 (0.121, 1.759)	2.588 (0.605, 11.071)
Recent CD4 count (<6 months)		
<200cells/uL	1	1
200-499cells/uL	1.983 (0.691, 5.690)	1.278 (0.379, 4.305)
>or=500cells/uL	3.852 (1.086, 13.661)*	2.157 (0.514, 9.052)

*Statistically significant at P< 0.05

The likelihood of seeking help by PLWHA in the management of peripheral neuropathy by those PLWHA in stage III was nearly four times than those in stage I (COR: 3.769[95%CI: 1.041-13.641]) (Table 16).

Table 16: Crude Odds ratios from bivariate logistic regression model Predicting likelihood of PLWHA *seeking- help* as self-care strategy in the management of peripheral neuropathy (n= 26), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)
WHO HIV staging	
Stage I	1
Stage II	0.942 (0.319, 2.785)
Stage III	3.769 (1.041, 13.641)*
Stage IV	0.538 (0.061, 4.776)

*Statistically significant at P< 0.05

PLWHA with monthly income of birr \geq 501 were 86.9% less likely than those with monthly income of birr \leq 200 in utilization of exercise as a self-care in the management of peripheral neuropathy (COR: 0.131[95%CI: 0.034- 0.511]) (Table 17).

Table 17: Crude Odds ratios from bivariate logistic regression model predicting likelihood of PLWHA using *exercise* as self-care strategy in the management of peripheral neuropathy (n= 26), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)
Monthly personal income in Birr	
\leq 200	1
201-500	0.944 (0.092, 9.686)
\geq 501	0.131 (0.034, 0.511)*

*Statistically significant at P< 0.05

4. Self-care strategies used in the management of depression

Generally among the eight self-care strategies used in the management of depression, four of them (medication, complementary treatments, daily thoughts, and spiritual care) have one or more statistically significant predicting variables.

Depression was one of the most frequently reported symptoms by the key informants. For its management the informants were commonly using self-developed strategies like self-comfort and daily thoughts.

One female informant who was daily laborer said that:

“...while I feel depressed, I prefer to be engaged in some indoor and outdoor activities like washing clothes, or arranging home or going out to my work (preparation of coble stone).”

Another female informant from rural area around Dedo added;

“...if become depressed or feel sad, it is must to cry, otherwise....”

Some of the key informants used different strategies for the management of depression, like going out to cafeteria, or having walk, or taking with individuals and watching movie.

The likelihood of medications being used as a self-care strategy in the management of depression was 77.1% (COR: 0.229[95%CI: 0.074- 0.707]) and 82.2% (COR: 0.178[95%CI: 0.039- 0.806]) less likely in those married and widowed respectively as compared to those who never married, 71.6% (COR: 0.284[95%CI: 0.085- 0.957]) and 73.3% (COR: 0.267[95%CI: 0.087- 0.819]) less likely in those living alone and in those living with their husband/wife respectively than in those living with their family and 90.2% less likely in those who did not use drugs like alcohol and chat (COR: 0.098[95%CI: 0.012- 0.832]). Study participants with moderate effect of depression on daily life were nearly 12 times more likely to use medicines in the management of depression than those with mild effect of depression on daily life were (COR: 11.828[95%CI: 1.385- 101.033]) (Table 18).

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The multivariable regression analysis demonstrated that, those study participants who have been married, divorced and widowed were 84.4% (AOR: 0.156[95%CI: 0.032- 0.761]), 84.4% (AOR: 0.156[95%CI: 0.027- 0.909]) and 91.7% (AOR: 0.029[95%CI: 0.002- 0.342]) respectively less likely to use medications in the management of depression than those who never married were. Similarly, the likelihood of medication being used as a self-care in the management of depression was 91.7% (AOR: 0.083[95%CI: 0.008- 0.838]) less likely in those who did not drink alcohol and chew chat. On the other hand, the likelihood of medications being used in the management of depression by those PLWHA with moderate effect of depression on daily life was 14 times more likely than those with mild effect of depression on daily life (AOR: 14.042[95%CI: 1.452- 135.834]) (Table 18).

Table 18: Crude and adjusted Odds ratios from bivariate and multivariable logistic regression model predicting likelihood of PLWHA using *medicines* as self-care strategy in the management of depression (n= 42), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	AOR (95% CI)
Marital status		
Single	1	1
Married	0.229 (0.074, 0.707)	0.156 (0.032, 0.761)*
Divorced	0.311 (0.079, 1.222)	0.156 (0.027, 0.909)*
Widowed	0.178 (0.039, 0.806)	0.029 (0.002, 0.342)**
Living condition		
With family	1	1
Alone	0.284 (0.085, 0.957)*	0.472 (0.097, 2.290)
Wife/Husband	0.267 (0.087, 0.819)*	0.571 (0.124, 2.642)
With other person	0.610 (0.161, 2.301)	5.436 (0.630, 46.911)
Drug (like chat, alcohol, etc) use		
Yes	1	1
No	0.098 (0.012, 0.832)*	0.083 (0.008, 0.838)*
Effect of depression on daily life		
Mild	1	1
Moderate	11.828 (1.385, 101.033)*	14.042 (1.452, 135.834)*
Severe	5.069 (0.959, 26.790)	5.140 (0.736, 35.893)

*Statistically significant at P< 0.05

**Statistically significant at P< 0.01

Marital status was the only statistically significant predicting variable of the likelihood of use of complementary treatment as self-care in the management of depression. Accordingly, PLWHA who have married were 80.0% less likely to use complementary treatment as self-care in the management of depression than singles were (AOR: 0.021[95%CI: 0.051- 0.788]) (Table 19).

Table 19: Crude Odds ratios from bivariate logistic regression model likelihood of using **complementary treatments** as self-care strategy in the management of depression (n= 20), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)
<i>Marital status</i>	
Single	1
Married	0.200 (0.051, 0.788)*
Divorced	0.909 (0.226, 3.661)
Widowed	0.889 (0.201, 3.931)

*Statistically significant at P< 0.05

Those study participants living alone, living with spouse and living with other person were 87.5% (COR: 0.125[95%CI: 0.033- 0.465]), 74.0% (COR: 0.260[95%CI: 0.082 0.829]) and 76.5% (COR: 0.235[95%CI: 0.059- 0.945]) respectively less likely to use daily thoughts in the management of depression as compared to those living with their family. Similarly, those with severe depression were 82.2% less likely in utilization of daily thoughts as a self-care strategy in the management of depression than those with mild depression (COR: 0.178[95%CI: 0.044- 0.727]) (Table 20).

As the multiple regression analysis showed, the likelihood of using daily thoughts as a self-care in the management of depression was 85.7% less likely in those living alone than those living with family (AOR: 0.143[95%CI: 0.038- 0.547]) and 77.4% (AOR: 0.226[95%CI: 0.053- 0.967]) less likely in those with severe depression as compared to those with mild depression (Table 20).

Table 20: Crude and adjusted Odds ratios from bivariate and multivariable logistic regression model predicting likelihood of PLWHA using *daily thoughts/activities* as self-care strategy in the management of depression (n= 43), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	AOR (95% CI)
<i>Living condition</i>		
With family	1	1
Alone	0.125 (0.033, 0.465)**	0.143 (0.038, 0.547)**
Wife/Husband	0.260 (0.082, 0.829)*	0.318 (0.097, 1.046)
With other person	0.235 (0.059, 0.945)*	0.276 (0.064, 1.190)
<i>Severity of depression</i>		
Mild	1	1
Moderate	0.662 (0.271, 1.617)	0.724 (0.272, 1.931)
Severe	0.178 (0.044, 0.727)*	0.226 (0.053, 0.967)*

*Statistically significant at P< 0.05

**Statistically significant at P< 0.01

Study population who were protestant followers were fifteen times more likely in using spiritual care as self-care in the management of depression than those Muslim followers were (COR: 15.333[95%CI: 1.711- 137.404]) . Similarly those on ART were nearly nine times more likely in using spiritual care in the management of depression(COR: 8.769[95%CI: 1.334- 57.666]). Those PLWHA with moderate depression were 91.2% (COR: 0.088[95%CI: 0.011- 0.731]) less likely to use spiritual care in the management of depression as compared to those with mild depression (Table 21).

The multiple regression of these variables indicated that Protestant followers were fourteen times (COR: 14.056[95%CI: 1.131- 174.743]) more likely in using spiritual care in the management of depression than Muslim followers were (Table 21).

Table 21: Crude and adjusted Odds ratios from binary and multivariable logistic regression model predicting the likelihood of PLWHA using *spiritual care* as self-care strategy in the management of depression (n= 16), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	AOR (95% CI)
Religion		
Muslim	1	1
Orthodox	3.833 (0.444, 33.110)	7.352 (0.559, 96.621)
Protestant	15.333 (1.711, 137.404)*	14.056 (1.131, 174.743)*
Currently on ART		
Yes	1	1
No	8.769 (1.334, 57.666)*	11.810 (0.842, 165.622)
Severity of depression		
Mild	1	1
Moderate	0.088 (0.011, 0.731)*	0.159 (0.017, 1.455)
Severe	2.000 (0.569, 7.028)	2.881 (0.707, 11.745)

*Statistically significant at P< 0.05

5. Self-care strategies used in the management of fever

Medications, daily thoughts / activities, and dietary changes were the self-care strategies utilized by PLWHA for the management of fever which have one or more statistically significant predictors.

Use of medications as a self-care strategy in the management of fever was 90.0% (COR: 0.100[95%CI: 0.016- 0.615]) and 95.6% (COR: 0.044[95%CI: 0.006- 0.319]) less likely in those PLWHA with educational status of grade 7-8 and grade 9-12, respectively than illiterates and 70% (COR: 0.300[95%CI: 0.111- 0.808]) and 85% (COR: 0.150[95%CI: 0.023- 0.957])likely in those PLWHA in stage II and stage III respectively as compared to those in stage I (Table 22).

In the presence of both of these variables, the likelihood of medicines being used as a self-care strategy in the management of fever was 92.2% (AOR: 0.078[95%CI:0.011- 0.556]) and 97.2% (AOR: 0.150[95%CI: 0.023- 0.957]) in those with education status of grade 7-8 and grade 9-12 respectively as compared to illiterates and 79.2% less likely in those PLWHA in stage II than those in stage (AOR: 0.208[95%CI: 0.061- 0.702]) (Table 22).

Table 22: Crude and adjusted Odds ratios from binary and multivariable logistic regression model predicting likelihood of using medicines as self-care strategy in the management of fever (n= 52), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	AOR (95% CI)
Educational status		
Illiterate	1	1
Grade 1-6	0.213 (0.043, 1.068)	0.233 (0.044, 1.233)
Grade 7-8	0.100 (0.016, 0.615)*	0.078 (0.011, 0.556)*
Grade 9-12	0.044 (0.006, 0.319)**	0.028 (0.003, 0.245)**
WHO HIV Staging		
Stage I	1	1
Stage II	0.300 (0.111, 0.808)*	0.208 (0.061, 0.702)*
Stage III	0.150 (0.023, 0.957)*	0.161 (0.018, 1.408)
Stage IV	0.200 (0.029, 1.389)	0.484 (0.058, 4.059)

*Statistically significant at P< 0.05

**Statistically significant at P< 0.01

Those PLWHA educated grade 9-12 were nearly seven times more likely than illiterates in utilization of daily thoughts as self-care in the management of fever (COR: 6.533[95%CI: 1.200-35.573]) (Table 23).

Table 23: Crude Odds ratios from binary logistic regression model predicting the likelihood of using daily thought as self-care strategy in the management of fever (n= 29), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)
Educational status	
Illiterate	1
Grade 1-6	2.613 (0.639, 10.684)
Grade 7-8	1.867 (0.340, 10.246)
Grade 9-12	6.533 (1.200, 35.573)*
College or university complete	2.333 (0.156, 34.894)

*Statistically significant at P< 0.05

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The likelihood of using dietary changes as self-care strategy in the management of fever was 95.0% less likely in PLWHA educated grade 9-12 than those illiterates (COR: 0.050[95%CI: 0.005- 0.483]) and 65.2% less likely in those with moderate fever as compared to those with mild fever (COR: 0.348[95%CI: 0.123- 0.983]) (Table 24). Similarly, in the presence of both variables (educational status and severity of fever) those PLWHA with the educational status of grade 9-12 were 96.7% less likely than illiterates (COR: 0.033[95%CI: 0.003- 0.353]) and those with moderate fever were 79.3% (COR: 0.207[95%CI: 0.059- 0.722]) less likely than those with mild fever in using dietary changes as a self-care in the management of fever (Table 24).

Table 24: Crude and adjusted Odds ratios from binary and multivariable logistic regression model predicting the likelihood of using *dietary changes* as self-care strategy in the management of fever (n= 43), JUSH, May 2010.

Predicting Variable	Crude OR (95% CI)	AOR (95% CI)
<i>Educational status</i>		
Illiterate	1	1
Grade 1-6	0.468 (0.144, 1.517)	0.331 (0.092, 1.190)
Grade 7-8	0.982 (0.224, 4.305)	0.844 (0.179, 3.983)
Grade 9-12	0.050 (0.005, 0.483)*	0.033 (0.003, 0.353)**
<i>Severity of fever</i>		
Mild	1	1
Moderate	0.348 (0.123, 0.983)*	0.207 (0.059, 0.722)*
Severe	0.500 (0.174, 1.437)	0.405 (0.123, 1.334)

*Statistically significant at P< 0.05

**Statistically significant at P< 0.01

Chapter VI: Discussion

People living with HIV/AIDS may experience a wide range of symptoms which might be caused by the infection itself, opportunistic infections or by treatment regimens (9, 10). Symptom management is an important aspect of HIV care that contributes to quality of life and may help to make adherence to HAART possible. Because of the multiple symptoms and complex regimen experienced during the disease progress call for the involvement of clients with HIV/AIDS in self-care.

The result of this study demonstrated that fatigue, night sweat, peripheral neuropathy, depression and fever were the most frequently reported symptoms. Among these symptoms fatigue, night sweat and peripheral neuropathy were also the most frequently reported symptoms according to the result study conducted by Chou (3) and Kathryn (9).

Fatigue was the first most frequently reported symptom (15.8%) in this study, similarly it was the first most frequently reported symptom by the respondents of Kathryn (9), where as it was the sixth most frequently reported symptoms by the respondents of Chou. As the proportion of daily laborer and unemployed respondents in this study was higher, there might be exaggerated complain of fatigue due to work load or psychological influence for those unemployed ones.

For the management of fatigue this study result revealed that self-comfort was the primary self-care used by the respondents, however Chou (16) identified that exercise as the most commonly used self-care for the management of fatigue.

Among the self-care strategies used in the management of fatigue, only spiritual care has no statistically significant predictors. However, the study conducted by Lance Coleman demonstrated that sex and age were significant predictors of use of spiritual care for the management of fatigue (20).

The likelihood of using of medicines in the management of fatigue was higher in those study participants with less monthly income than those with higher monthly income. This could be because of most medicines given for PLWHA are free of charge, they might need to have medicines even for a minor complaints.

Females were three times more likely to use complementary treatment as a self-care in the management of fatigue than males. This might be because of most of the study participants of this study were females and most of the females were unemployed, they may spent much of their time at home free of work and during which they might be engaged in or think of using complementary treatments.

Those PLWHA living with their family were more likely in using dietary changes as a self-care strategy in the management of fatigue than those living alone and living with their spouse. This might be due to better family nutritional support for those living with their parents than the others.

Respondents who have completed grade 1-6 and those graduated from college or university were more likely in using exercise as a self-care in the management of fatigue. This could indicate that those with higher educational status have had better knowledge of utilization of exercise as a self-care in the management of fatigue.

With the inclusion of those variables significant with bivariate analysis, the likelihood of using dietary changes in the management of night sweat was less likely in those widowed, divorced and married than those singles. Since half of those singles included in the study were living with their family, the cooperation of family members with the nutritional adjustment might play a role for such findings.

For those respondents with peripheral neuropathy, exercise was the common self-care strategy used. Whereas, Nicholas (23) identified that the most common self-care strategy used for the management of peripheral neuropathy was complementary treatment. This could be because our society's less awareness in using some of the complementary treatment like massage and acupuncture.

Chou (16) identified that daily thoughts were the most common self-care used in the management of depression and Nicholas's (23) study demonstrated that medications and complementary treatments were the most commonly used self-care strategies. However, the result of this study showed that self-comfort was the most common self-care used by the respondents in the management of peripheral neuropathy. This difference could be because of the existence of cultural differences in those different study areas.

Among those self-care strategies utilized in the management of depression, Lance Coleman (20) identified age, sex, and number of symptoms as statistically significant predictors of use of spiritual care (prayer). But, the result of this study indicated that religion, ART intake and severity of depression with bivariate analysis and religion with multivariable analysis were the significant predictors of use of spiritual care as a self-care strategy in managing depression.

Those PLWHA with moderate effect of depression on daily life were fourteen times more likely in using medicines for the management of depression. Generally, the drugs which have been taken frequently for the management depression were not those particularly prescribed for depression, rather some of them were paracetamol and cotrimoxazole. As these two drugs are drugs which might be prescribed for PLWHA with simple complaints, most of the time the drugs would be at the hand of most of respondents, which might engage them in utilizing these drugs in the management of depression.

The finding of this study demonstrated that the most widely used self-care strategies across the symptoms were self-comfort and daily thoughts. This may suggest that in addition to drugs PLWHA were being engaged in self-developed or self-learning strategies. This finding is consistent with that of Chou (16) in which self-comfort, daily thought; spiritual care and exercise were widely used in the management of anxiety/fear.

Generally the lack of predictive factors in some of self-care strategies may suggest that they are universal strategies among HIV/AIDS patients in responding to their symptoms.

The potential weaknesses of this study were the biases that could be intruded by the data collectors who were nurses, unrepresentativeness of some of respondents especially who were attending the clinic on Saturday and Sunday and difficulties of some of the respondents in differentiating whether some of the symptoms like fatigue were due to the disease condition or secondary to work load. In addition patients might not report the truth due to social desirability bias as the interviewers are their care givers.

To overcome these shortcomings the objective of the study was being stated clearly and repeatedly and they were being assured about the confidentiality of their information. In addition, time has been given for the clients to think of whether some of the symptoms were because of disease related problems or because of other causes like work load. Because most of

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studies conducted in this area are lacking on predictors of self-care strategies used in the management of symptoms, this study was focused on these predictors.

The major limitation of this study was lack relevant studies conducted in developing countries including Ethiopia which could be utilized for comparison against the result of this study.

Chapter VII

Conclusion and Recommendation

Conclusions

Generally, the pertinent findings of this study can be concluded as follows:

1. Even though more than 20 perceived symptoms were reported by the study participants, the most commonly reported were: fatigue, night sweat, peripheral neuropathy, depression, fever and dizziness.
2. For the management of symptoms experienced different self-care strategies have been used by the respondents. Self-comfort and daily thoughts were generally the most widely used self-care strategies across the selected five symptoms.
3. From the total eight self-care strategies which were used by PLWHA in the management of fatigue, except spiritual care seven of them had one or more statistically significant predicting variables.
4. Those major self-care strategies used in the management of fatigue with their significant predictors were:

<u><i>Self-Care Strategy</i></u>	<u><i>Predictors</i></u>
☞ Self-comfort-----	Educational status
☞ Daily thought -----	Sex and WHO HIV staging
☞ Dietary care-----	Occupation

5. The most common self-care strategies used in the management of night sweat with their significant predictors were:

<u>Self-Care Strategy</u>	<u>Predictors</u>
☞ Self-comfort-----	Bothersome due to night sweat
☞ Daily thought -----	Living condition
☞ Dietary care -----	Ethnicity, marital status, living condition, severity of night sweat, and bothersome due to night sweat

6. Those major self-care strategies used in the management of peripheral neuropathy with their significant predictors were:

<u>Self-Care Strategy</u>	<u>Predictors</u>
☞ Self-comfort -----	Monthly individual income, effect of peripheral neuropathy on daily life
☞ Daily thought-----	Occupation
☞ Exercise-----	Monthly individual income

7. The most common self-care strategies used in the management of depression with their significant predictors were:

<u>Self-Care Strategy</u>	<u>Predictors</u>
☞ Medicines-----	Marital status, alcohol, and chat and/or alcohol intake
☞ Daily thought-----	Living condition, severity of depression

8. Those major self-care strategies used in the management of fever with their significant predictors were:

<u>Self-Care Strategy</u>	<u>Predictors</u>
☞ Daily thought-----	Educational status
☞ Dietary care-----	Educational status and severity of fever

Recommendations

Based on the result of this study the following recommendations were forwarded:

- 1.** Because PLWHA are suffering from multiple and complex symptoms which might affect their quality of life, governmental and non-governmental organizations working on HIV care and support or related issues should work on assessment and determination of prevalence of symptoms.
- 2.** The involvement of PLWHA in self-care is an integral component in the successful outcome of HIV care and support. As this study revealed the majority of the respondents were unemployed and daily laborers and almost half of them were getting less than 200 Ethiopian Birr per month. Because of these factors, these people may be challenged to get adequate, safe and sustained routine cares being in home or health institutions. Therefore those sectors working on HIV care and support or relate issues should play a role in the development of self-care strategies at least for the most prevalent symptoms.
- 3.** More over those nurses and other professionals working in the ART units should get refreshment training on those symptoms experienced by PLWHA and their potential self-care strategies.
- 4.** The integration of symptom assessment and education regarding self-care in the routine care and support for PLWHA should be considered by all responsible bodies.
- 5.** Every single adult person living with the virus coming to the ART unit should get adequate education on self-care.

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ANNEX I: QUESTIONNAIRE FOR QUANTITATIVE STUDY

Consent Form

Jimma University College of Public Health and Medical Sciences Department of Nursing

This questionnaire is prepared to assess predictors of self-care strategies utilized PLWHA who are attending ART clinic of JUSH to manage their symptoms.

Consent Form, Introduction:

My name is _____. I am working with Mr. Fikadu Balcha who is doing a research as partial fulfillment for the requirement of Masters in Adult Health Nursing at Jimma University Department of Nursing. We are interviewing PLWHA to determine self-care strategies utilized by them to manage their symptoms. I am going to ask you some questions that could be important for PLWHA and organizations working on HIV/AIDS. Your name will not be written in this form and the information you give will be kept confidential. If you don't want to answer all of or some of the questions, you do have the right to do so. However your willingness to answer all of the questions would be appreciated.

Would you participate in responding to the questions in this questionnaire?

Yes

No

General Instructions:

- For each of the responses of a question tick the box in front of your chosen answer
- For the scaling of Symptom Severity, Symptom affecting daily life and Symptom Bothersome, encircle the rating of the client for each the scales provided.

I. Socio-Demographic Characteristics

1.1. Sex: Male Female

1.2. Age: _____

1.3. Ethnicity:

Oromo

Amhara

Tigre

Dawro

Kefa

Other
(Specify) _____

1.4. Religion

Muslim

Orthodox

Protestant

Catholic

Other (specify) _____

1.5. Marital status

Single

Married

Divorced

Widowed

1.6. Educational status

Illiterate

Only read and write

Grade 1-6

Grade 6-8

Grade 9-10

Grade 11-12

College/university complete

1.7. Occupational status

Government employee

Merchant

Driver

Farmer

Student

House wife

Unemployed

Other (specify) _____

1.8. Residence

Urban Rural

1.9. Income per month _____ (in birr).

1.10. Do you use drugs other than those prescribed or taken for illness?

Yes No

1.11. If “yes” to Q1.9, which of the following do use:

Chat Heroin
 Alcohol Pethidine
 Cocaine Others (specify)_____

II. Questions Related To CD4 Count, ART And INH And Cotrimoxazole Prophylaxis.

2.1. Do you know your CD4 count currently or which has been determined recently?

Yes No

2.2. If yes to Q2.1, how many is it? _____counts/mm³

2.3. If No for Q2.1, please take CD₄ count from the client’s card which has been determined recently. _____counts/mm³

2.4. Which of the following types drugs are you taking currently?

ART
 INH prophylaxis
 Cotrimoxazole Prophylaxis

Part III. Questions related to symptoms, self-care strategies, and PLWHA scaling of Symptom Severity, Symptom Bothersome and Symptom affecting daily life

3.1. Have you been experiencing *fatigue* since the last week?

Yes No

3.2. If your answer is “yes” to Q3.1 would you rate the followings?

	Low					High				
3.2.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10
3.2.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10
3.2.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10

3.3. If your answer is “yes” to Q3.1, which of the following self-care strategies have you been using in managing the symptom?

- Do small tasks
- Drink energy drinks and/or take oral rehydration solution
- Rise slowly when waking up – sit up first
- Try relaxing or stress-reducing activities
- Chew 2 to 3 cloves of garlic three times a day
- Add marmite to soft porridge
- Drink solution from boiled beetroot
- Take breaks at work, mid-morning and mid-afternoon.
- Go for a walk everyday at your own pace, in your home or outside.
- Eat more of the following foods: *oatmeal* and other whole grain cereals, fruit and raw vegetables, whole grain baked goods, yoghurt and low or non-dairy products
- Limit the following foods: sugary foods, fast foods and other high fat foods.
- Avoid or reduce your use of alcohol and other mood-altering non-prescription drugs (e.g., cocaine, speed, cannabis, glue)
- Develop a routine of going to bed in the evening and getting up each morning at the same time
- Take your medication as prescribed. Report any side effects or irregularities to your doctor or nurse
- Other (specify)_____

3.4. Have you been experiencing **depression** since the last week? Yes No

3.5. If your answer is “yes” to Q3.4 would you rate the followings?

	Low					High				
3.5.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10
3.5.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10
3.5.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10

3.6. If “yes” to Q3.4, which of the following self-care strategies have you been using in managing the symptom?

- Try relaxing or stress-reducing activities
- Read and learn about depression
- Consider attending a support group
- Avoid or reduce your use of alcohol and other mood-altering non-prescription drugs (e.g., cocaine, speed, dagga, glue).
- Go for a walk everyday at your own pace, in your home or outside. Exercise has been shown to reduce anxiety, depression, and fatigue.
- Develop a routine of going to bed in the evening and getting up each morning at the same time.
- Get up, wash, and get dressed at a regular time each day
- Take your medication as prescribed. Report any side effects or irregularities to your doctor or nurse
- Get involved in activities such as community groups, support groups, church/mosque groups, social clubs or sport activities
- Other (specify)_____

3.7. Do you have a problem of **forgetfulness** since the last week?

Yes No

3.8. If your answer is “yes” to Q3.7, would you rate the followings?

	Low		High							
3.10.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10
3.10.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10
3.10.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10

3.9. If “yes” to Q3.7, which of the following self-care strategies have you been using in managing the symptom?

- Develop a routine of going to bed in the evening and getting up each morning at the same time.
- Use a datebook to write down your appointments or schedule.
- Ask friends or family members to help you remember things and keep your appointments or schedule
- Develop a routine (e.g., keep your keys and datebook in the same place everyday)
- Organize your medications in an easy way (e.g., pillbox) to help you remember to take them
- Ask your health care provider to call you before your appointments to remind you of the date and time of the appointment
- Avoid or reduce your use of alcohol and other mood-altering non-prescription drugs (e.g., cocaine, speed, dagga, glue)
- Write-up a daily/weekly schedule and try to stick as close to the same schedule as possible
- Other (specify)_____

3.10. Have you been **anxious or worried** since the last week?

Yes No

3.11. If your answer is “yes” to Q3.10 would you rate the followings?

	Low		High							
3.10.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10
3.10.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10
3.10.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10

3.12. If “yes” to Q3.10, which of the following self-care strategies have you been using in managing the symptom?

- Try relaxing or stress-reducing activities
- Consider attending a support group
- Keep a diary to record your thoughts and feelings
- Eat fewer products containing sugar (including sodas)
- Go for a walk everyday at your own pace, in your home or outside
- Drink a cup of warm milk or herbal chamomile tea before going to bed
- Take your medication as prescribed. Report any side effects or irregularities to your doctor or nurse
- Drink less caffeine (coffee, tea, and sodas)
- Other (specify)_____

3.13. Have you been experiencing *dizziness* since the last week? Yes No

3.14. If your answer is “yes” to Q3.13 would you rate the followings?

	Low	High
3.14.1. Symptom Severity	1 2 3 4 5 6 7 8 9 10	
3.14.2. Symptom Bothersome	1 2 3 4 5 6 7 8 9 10	
3.14.3. Symptom affecting daily life	1 2 3 4 5 6 7 8 9 10	

3.15. If “yes” to Q3.13, which of the following self-care strategies have you been using in managing the symptom?

- Sit down and lower your head to below your knees to encourage circulation to the brain
- Loosen tight-fitting clothing
- Drink plenty of fluids (water, juice, non-caffeinated beverages) – at least 5-8 glasses per day
- Rise slowly when waking up – sit up first
- Eat high-energy foods
- Eat a balanced diet
- Eat green leafy vegetables in order to increase iron intake
- Ensure adequate ventilation
- Lie down and raise your feet to above your head
- Other (specify)_____

3.16. Have you been *febrile* since the last week? Yes No

3.17. If your answer is “yes” to Q3.16 would you rate the followings?

	Low	High										
3.17.1. Symptom Severity	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td><td style="padding: 2px 5px;">4</td><td style="padding: 2px 5px;">5</td><td style="padding: 2px 5px;">6</td><td style="padding: 2px 5px;">7</td><td style="padding: 2px 5px;">8</td><td style="padding: 2px 5px;">9</td><td style="padding: 2px 5px;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10			
3.17.2. Symptom Bothersome	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td><td style="padding: 2px 5px;">4</td><td style="padding: 2px 5px;">5</td><td style="padding: 2px 5px;">6</td><td style="padding: 2px 5px;">7</td><td style="padding: 2px 5px;">8</td><td style="padding: 2px 5px;">9</td><td style="padding: 2px 5px;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10			
3.17.3. Symptom affecting daily life	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td><td style="padding: 2px 5px;">4</td><td style="padding: 2px 5px;">5</td><td style="padding: 2px 5px;">6</td><td style="padding: 2px 5px;">7</td><td style="padding: 2px 5px;">8</td><td style="padding: 2px 5px;">9</td><td style="padding: 2px 5px;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10			

3.18. If “yes” to Q3.16, which of the following self-care strategies have you been using in managing the symptom?

- Drink plenty of fluids (water, juice, non-caffeinated beverages) – at least five to eight glasses per day.
- Get plenty of rest to conserve energy and avoid fatigue
- Take tablets or other medicine as directed by your doctor or nurse to lower your fever or high temperature
- If on antibiotics completing the course
- Take your temperature when you feel sick. If it is more than 99°F (38°C), take it again in 3 to 4 hours. Keep a diary to help your health care provider treat your fever
- Keep the skin dry and covered
- Avoid sponge baths or using fan
- Other (specify) _____

3.19. Do you have *night sweat* since the last week? Yes No

3.20. If your answer is “yes” to Q3.19, would you rate the followings?

	Low	High										
3.20.1. Symptom Severity	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td><td style="padding: 2px 5px;">4</td><td style="padding: 2px 5px;">5</td><td style="padding: 2px 5px;">6</td><td style="padding: 2px 5px;">7</td><td style="padding: 2px 5px;">8</td><td style="padding: 2px 5px;">9</td><td style="padding: 2px 5px;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10			
3.20.2. Symptom Bothersome	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td><td style="padding: 2px 5px;">4</td><td style="padding: 2px 5px;">5</td><td style="padding: 2px 5px;">6</td><td style="padding: 2px 5px;">7</td><td style="padding: 2px 5px;">8</td><td style="padding: 2px 5px;">9</td><td style="padding: 2px 5px;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10			
3.20.3. Symptom affecting daily life	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td><td style="padding: 2px 5px;">4</td><td style="padding: 2px 5px;">5</td><td style="padding: 2px 5px;">6</td><td style="padding: 2px 5px;">7</td><td style="padding: 2px 5px;">8</td><td style="padding: 2px 5px;">9</td><td style="padding: 2px 5px;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10			

3.21. If “yes” to Q3.20, which of the following self-care strategies have you been using in managing the symptom?

- Keep your skin warm and dry
- Talk to your doctor or nurse about taking any medication before going to bed at night
- Open windows to allow ventilation and fresh air
- Drink plenty of fluids (water, juice, non-caffeinated beverages) – at least five to eight glasses per day
- Drink cold water

- Sponge yourself with tepid water
- Change your clothing and linen regularly
- Place a towel over your pillow in cases of profuse sweating
- After you wake up, towel dry, apply lotion to your skin, and then put on dry clothes
- Have a change of clothes or dry linen nearby, especially when sweats occur at night
- Wear light cotton clothing and use fewer blankets
- Other (specify)_____

3.22. Do you have **constipation** since the last week? Yes No

3.23. If your answer is “yes” to Q3.22 would you rate the followings?

	Low	High
3.23.1. Symptom Severity	1 2 3 4 5 6 7 8 9 10	
3.23.2. Symptom Bothersome	1 2 3 4 5 6 7 8 9 10	
3.23.3. Symptom affecting daily life	1 2 3 4 5 6 7 8 9 10	

3.24. If “yes” to Q3.22, which of the following self-care strategies have you been using in managing the symptom?

- Check with your physician or nurse before having an enema
- Exercise regularly
- Drink plenty of fluids (water, juice, non-caffeinated beverages) – at least five to eight glasses per day
- Eat paw-paw / papaya in the morning with breakfast
- Eat a high roughage diet
- Do not starve yourself
- Do manual removal of impacts. Ask your local nurse about this procedure
- Eat fruits and vegetables and drink warm water after meals
- Other (specify)_____

3.25. Do you have **diarrhoea** since the last week? Yes No

3.26. If your answer is “yes” to Q3.25, would you rate the followings?

	Low	High
3.28.1. Symptom Severity	1 2 3 4 5 6 7 8 9 10	
3.28.2. Symptom Bothersome	1 2 3 4 5 6 7 8 9 10	
3.28.3. Symptom affecting daily life	1 2 3 4 5 6 7 8 9 10	

3.27. If “yes” to Q3.25, which of the following self-care strategies have you been using in managing the symptom?

- Eat frequent, small meals
- Which of the following Foods / drinks do you consume:**
 - Oatmeal, potatoes, apples (peeled and allowed to brown), bananas, yoghurt, porridge, diluted fruit juice, or ginger tea
 - Ten glasses of water per day, oral rehydration solution, barley water, rice water, sour milk, water mixed with custard powder or flour, energy drinks
- Which of the following Foods / drinks do you avoid:**
 - Caffeine, fast foods, fried foods, luncheon meats, bacon, chips, dairy products (except for yogurt), whole grains, cornmeal, wheat products, nuts.
 - Caffeinated, alcoholic and carbonated beverages
- Taking prescribed and/or non-prescribed medications
- Being prepared:**
 - When planning activities away from home, considering the availability of bathrooms.
 - Considering taking an extra change of underpants with you if you will be away from your home for an extended period of time and an extra roll of toilet paper. Bring along hand wipes to clean your hands.
 - Use absorbent shields to prevent the leakage of diarrhoea onto clothing
- Skin care:**
 - Keep your skin clean by washing with warm water after each bowel movement if you can. And then drying the skin thoroughly.
 - If the skin is intact (no open cut), applying a cream containing petroleum (such as Vaseline) to protect the skin.
 - Contacting your health care provider in case of infection, or for a prescription-strength ointment in case open wounds
 - Carrying a squeeze bottle filled with warm water and a spray cleaner with you when you go out, for personal hygiene
- Other (specify)_____

3.28. Do you have **nausea or vomiting** since last week? Yes No

3.29. If your answer is “yes” to Q3.28 would you rate the followings?

	Low					High				
3.29.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10
3.29.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10
3.29.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10

3.30. If “yes” to Q3.28, which of the following self-care strategies have you been using in managing the symptom?

- Avoid odours, sights or sounds that trigger the feeling
- Use oral rehydration solution
- Take frequent sips of water or suck on ice chips
- Breathe in fresh air
- Breath in pleasant smells such as lemon or lime peels, and ginger
- Use aromatherapy, such as extract of wild strawberry or ginger
- Try relaxing or stress-reducing activities
- Try to focus your mind on something pleasant (imaging). Look far away to relax your eyes
- Avoid greasy foods, fried foods, and alcohol
- Eat small portions of food when least sick
- Try eating dry foods such as toast and crackers
- Remain sitting for at least 30 minutes after eating
- Try to eat and drink when you are not feeling sick
- Save your favourite foods for when you are feeling well
- Take your medication as prescribed. Report any side effects or irregularities to your doctor or nurse
- Other (specify)_____

3.31. Do you have **shortness of breathing** since the last week? Yes No

3.32. If your answer is “yes” to Q3.31 would you rate the followings?

	Low					High				
3.32.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10
3.32.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10
3.32.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10

3.33. If “yes” to Q3.31, which of the following self-care strategies have you been using in managing the symptom?

- Try relaxing or stress-reducing activities
- Sit up straight to expand the chest as much as possible
- Take a walk daily at your own pace, in your home or outside
- Pursed Lips Breathing: Breathe in normally through the nose while counting s-l-o-w-l-y to two; purse lips, as if about to whistle; breathe out slowly through your pursed lips
- Controlled or Paced Breathing: This is the use of Pursed Lips Breathing with activities which make you winded, such as climbing stairs, walking quickly or lifting heavy objects
- Contact your physician or nurse/clinic for further instructions or other breathing strategies
- Other (specify)_____

3.34. Have you been **coughing** since the last week? Yes No

3.35. If your answer is “yes” to Q3.34 would you rate the followings?

	Low									High
3.35.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10
3.35.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10
3.35.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10

3.36. If “yes” to Q3.34, which of the following self-care strategies have you been using in managing the symptom?

- Avoid rough foods that irritate the throat
- Drink lemon grass tea
- Inhale steam, using hot water with Vicks
- Drink sips of hot water or warm fluids
- Inhale steam
- Drink holy water, tea or coffee
- Use a cough Syrups
- Contact your physician or nurse/clinic for further treatment
- Other (specify)_____

3.37. Do you have **white spots in mouth (oral thrush)** since the last week?

Yes No

3.38. If your answer is “yes” to Q3.37 would you rate the followings?

	Low										High
3.38.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10	
3.38.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10	
3.40.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10	

3.39. If “yes” to Q3.37 which of the following self-care strategies have you been using in managing the symptom?

- Change your diet to include soft porridge
- Apply pure glycerine to the spots
- Gargle with antiseptic
- Clean your mouth with warm salty water and/or bicarbonate of soda
- Other (specify)_____

3.40. Do have **skin abscess or boils** since the last week? Yes No

3.41. If your answer is “yes” to Q3.40, would you rate the following?

	Low										High
3.41.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10	
3.41.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10	
3.41.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10	

3.42. If “yes” to Q3.40, which of the following self-care strategies have you been using in managing the symptom?

- Squash/squeeze the leaves of a bean tree and apply to wound
- Put two slices of onion overnight over the boil and dress with salt water
- Place the inside part of paw-paw / papaya peel over the boil over night, then wash with salty water
- Apply hot compresses to the affected areas
- Wash the abscess / boil with diluted apple cider vinegar
- Drain the abscess / boil, then wash with salty water (the water should taste like tears) and cover with a clean cloth
- Eat a diet high in protein and vitamin C
- Other (specify)_____

3.43. Do have **skin blisters** since the last week? Yes No

3.44. If your answer is “yes” to Q3.43, would you rate the followings?

	Low									High
3.44.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10
3.44.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10
3.44.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10

3.45. If “yes” to Q3.43, which of the following self-care strategies have you been using in managing the symptom?

- Wash blisters with weak potassium permanganate of potash solution
- Make pain relieving drinking solution to relieve pain
- Apply cold compresses over the blisters
- Other (specify)_____

3.46. Do you have **skin rash** since last week? Yes No

3.47. If your answer is “yes” to Q3.46, would you rate the followings?

	Low									High
3.47.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10
3.47.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10
3.47.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10

3.48. If “yes” to Q3.46, which of the following self-care strategies have you been using in managing the symptom?

- Bath with antiseptics or other antiseptic solutions.
- Try not to scratch. Keep your fingernails short and clean
- Air dry or pat dry your skin after bathing
- Apply moisturizing creams or lotions that do not contain alcohol
- Use unscented moisturizing lotions or creams that do not contain alcohol.
- Use bandages or a clean cloth for any bleeding discharges or drainage to prevent the spread of the infection to other parts of your body or to other people
- Bath or shower with a mild, non-perfumed soap and lukewarm water

- Drink plenty of fluids
- Wear light, non-irritating clothing and a hat when in the sun
- Keep sheets and blankets off sensitive skin.
- Check in your drugstore for anti-irritants
- Use an oatmeal and water mixture on affected areas of body to reduce the itch
- Use some oils, such as sweet almond, to nourish dry skin
- Pay special attention to new skin changes and report these to your doctor or nurse
- Wash your hands frequently
- Do not share towels or linens
- Avoid cold water – always use lukewarm water
- Other (specify)_____

3.49. Do you have **Pain in Arms, Hands, Legs, Feet (Neuropathy)** since the last week?

Yes No

3.50. If your answer is “yes” to Q3.49, would you rate the followings?

	Low	High										
3.50.1. Symptom Severity	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> <td style="padding: 2px 5px;">6</td> <td style="padding: 2px 5px;">7</td> <td style="padding: 2px 5px;">8</td> <td style="padding: 2px 5px;">9</td> <td style="padding: 2px 5px;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10			
3.50.2. Symptom Bothersome	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> <td style="padding: 2px 5px;">6</td> <td style="padding: 2px 5px;">7</td> <td style="padding: 2px 5px;">8</td> <td style="padding: 2px 5px;">9</td> <td style="padding: 2px 5px;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10			
3.50.3. Symptom affecting daily life	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> <td style="padding: 2px 5px;">6</td> <td style="padding: 2px 5px;">7</td> <td style="padding: 2px 5px;">8</td> <td style="padding: 2px 5px;">9</td> <td style="padding: 2px 5px;">10</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10			

3.51. If “yes” to Q3.49, which of the following self-care strategies have you been using in managing the symptom?

- Apply hot compresses for cold-related pain
- Have yourself checked by a health professional to exclude diabetes mellitus as the cause of the pain
- Elevate your hands/feet above the level of your head
- Do passive exercises with your hands/arms/legs/feet, or ask family member or friend to assist
- Massage your hands/arms/legs/feet
- Wear loose fitting comfortable shoes with padded soles
- Avoid long periods of standing or walking
- Consider wearing white cotton socks to reduce wetness due to sweating

- Keep your hands/feet warm, but not so warm that they sweat
- Try relaxing or stress-reducing activities
- Soak in cold water for heat-related pain, but no more than 10 minutes
- Other (specify)_____

3.52. Do you have **swelling of arms, hands, legs or feet** since the last week?

Yes No

3.53. If your answer is “yes” to Q3.54, would you rate the followings?

	Low		High
3.53.1. Symptom Severity		1 2 3 4 5 6 7 8 9 10	
3.53.2. Symptom Bothersome		1 2 3 4 5 6 7 8 9 10	
3.53.3. Symptom affecting daily life		1 2 3 4 5 6 7 8 9 10	

3.54. If “yes” to Q3.52, which of the following self-care strategies have you been using in managing the symptom?

- Elevate your hands/feet while at rest
- Avoid prolonged walking or standing
- Minimize salt and salty foods
- Soak in warm water
- Drink hot water to increase circulation and elimination
- Rub your hands/feet with methyl salicylate ointment or other swelling reducing agents as directed by your doctor or nurse
- Other (specify)_____

3.55. Do you have **trouble in sleeping** since the last week? Yes No

3.56. If your answer is “yes” to Q3.55, would you rate the followings?

	Low		High
3.56.1. Symptom Severity		1 2 3 4 5 6 7 8 9 10	
3.56.2. Symptom Bothersome		1 2 3 4 5 6 7 8 9 10	
3.56.3. Symptom affecting daily life		1 2 3 4 5 6 7 8 9 10	

3.57. If “yes” to Q3.55, which of the following self-care strategies have you been using in managing the symptom?

- Wear earplugs
- Take a warm bath before going to bed
- Drink a cup of warm milk or tea before going to bed, but do not drink so much fluid that you have to get up to go to the bathroom during the night
- Get a massage
- Exercise four to six hours before going to bed
- Read before going to sleep
- Use several pillows to make yourself comfortable
- Listen to music or books on tape
- Avoid over-the-counter sleep aids
- Turn on soft music to block out street noise
- Develop a routine of going to bed in the evening and getting up each morning at the same time.
- Taking naps which are short and early in the day
- Other (specify)_____

3.58. Do you have **weight loss since** the last week? Yes No

3.59. If your answer is “yes” to Q3.58, would you rate the followings?

	Low									High
3.59.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10
3.59.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10
3.59.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10

3.60. If “yes” to Q3.58, which of the following self-care strategies have you been using in managing the symptom?

- Eat and drink a lot
- Do some light exercise to boost your appetite
- Take multivitamins
- Drink a solution made with African potato
- Add garlic to your food
- Keep track of your weight by weighing yourself or by looking for changes in the way your clothes fit

- Cook and eat with friends or family to make meals enjoyable
- Eat high-protein, high-calorie foods and snacks such as peanut butter and jelly sandwiches, crackers and cheese, pudding and yoghurt
- Add instant breakfast drinks, milk shakes or other supplements to your diet and drink them any time of the day
- Eat frequent, small meal
- When travelling, take high-calorie snack bars or powdered calorie supplements along
- Take a multivitamin
- Keep foods that are easy to prepare on hand (e.g., frozen and canned foods).
- Other (specify)_____

If it is difficult to chew or swallow, or if you have mouth sores:

- Gargle with a lemon juice solution
- See your health care provider for possible treatment of your mouth sores
- Drink lemon grass tea to boost your appetite
- Eat cold foods (e.g., popsicles and ice cream) and soft/liquid foods (e.g., mashed potatoes, applesauce, pasta and soups)
- Soften foods by soaking them in milk or soup, or by putting them in a blender
- Avoid spicy, salty, or crunchy foods, and acidic drinks (e.g., orange juice, tomato juice)
- Drink liquids through a straw to bypass mouth sores

If food doesn't taste good to you:

- Add spices (e.g., basil, oregano, garlic) or other flavour enhancers such as lemon juice, lime juice, or vinegar
- Marinate meats in sweet wine, fruit juices, beer, Italian dressing or soy sauce
- Take good care of your teeth (e.g., brush regularly; see your dentist at least every six months)
- Other (specify)_____

3.61. Do have **Vaginal Itching, Burning, and Discharge** since the last week?

Yes No

3.62. If your answer is “yes” to Q3.61, would you rate the followings?

	Low										High
3.62.1. Symptom Severity	1	2	3	4	5	6	7	8	9	10	
3.62.2. Symptom Bothersome	1	2	3	4	5	6	7	8	9	10	
3.62.3. Symptom affecting daily life	1	2	3	4	5	6	7	8	9	10	

3.63. If “yes” to Q3.61, which of the following self-care strategies have you been using in managing the symptom?

- Use traditional herbs to wash the perineal area
- Consider wearing a non-deodorant pantiliner or pad for discharge
- Avoid wearing tight-fitting clothes such as tight jeans or nylon stockings
- Wear cotton underwear and change it frequently
- Eat ½ cup yoghurt with acidophilus every day
- Use mild soap when bathing, and avoid deodorant soaps, sprays, toilet paper, etc
- Avoid shaving your genital area
- Avoid douching and toilet paper for padding because they may cause further irritation
- Avoid sexual activity until the infection clears up
- Cleanse perineal area with salty water or permanganate of potash
- Take a Sitz bath with antiseptic
- Other (specify)_____

ANNEX II: INTERVIEW GUIDE QUESTIONS FOR QUALITATIVE STUDY

Consent Form

Jimma University College of Public Health and Medical Sciences Department of Nursing

This questionnaire is prepared to assess predictors of self-care strategies utilized to manage their symptoms by PLWHA who are on ART in JUSH.

Consent Form, Introduction:

My name is _____. I am working with Mr. Fikadu Balcha who is doing a research as partial fulfillment for the requirement of Masters in Adult Health Nursing at Jimma University Department of Nursing. We are interviewing PLWHA to determine self-care strategies utilized by them to manage their symptoms. I am going to ask you some questions that could be important for PLWHA and organizations working on HIV/AIDS. Your name will not be written in this form and the information you give will be kept confidential. If you don't want to answer all of or some of the questions, you do have the right to do so. However your willingness to answer all of the questions would be appreciated.

Would you participate in responding to the questions in this questionnaire?

Yes

No

Thank you for agreeing to be part of this study.

Age of the key inform _____

Sex of the key informant _____

Time interview started _____

Time interview completed _____

In depth interview questions

S.N^o	Guiding Questions	PROBS
1	Have you been experiencing any symptom since the last one week?	How frequently?
2	If “yes” would you describe those symptoms?	What else?
3	Would you explain the severity of those symptoms?	Anything else?
4	Would you describe how much those symptoms bother you?	What else?
5	Would you describe how those symptoms affect your daily life?	How often? Can you give me examples?
6	What self-care strategies have you been using for the management of those symptoms?	Anything else? How? Any challenges?
7	Were you given any education related to self care strategy during your follow up?	Was it helpful? What should be improved?

Thank you for your participation

Date: _____

Signature of the interviewer: _____

Appendix III: Amharic Questionnaire

መጠይቅ 1

የስምምነት ቅፅ

የጅም ዩኒቨርሲቲ ህብረተሰብ ጤናና ሜዲካል ሳይንሶች ኮሌጅ ነርስ ዲፓርትመንት

ይህ መጠይቅ የተዘጋጀው ከኤችአይቪ/ኤድስ ጋር የሚኖሩት ሰዎች ያላቸውን የህመም ምልክቶችን በራሳቸው የሚንከባከቡትን ስልቶችንና አነዚህን መንገዶችን የሚያመለክቱ ሁኔታዎችን ለማጥናት ነው።

መግቢያ

እኔ -----እባለሁ። የምሰራውም ይህን ጥናት ለድህረ ምረቃቸው ሚሚያ ከሚሰሩት ከአቶ ፍቃዱ ባልቻ ጋር ነው። የጥናቱ ተሳታፊዎቼም ከችኤቪ/ኤድስ ጋር የሚኖሩ ሰዎች ሲሆኑ ጥናቱም እነዚህ ሰዎች ያላቸውን የህመም ምልክቶችን ለመንከባከብ የሚጠቀሙበትን ስልቶችንና ጠቋሚ ሁኔታዎችን ለማጥናት ነው። እኔም እዚህ ቅፅ ውስጥ ያሉትን ጥያቄዎች ልጠይቅህ/ሽ ስለሆን፣ ከአንተ/አንቺ የምናገኛቸው መረጃዎችም ለወደፊቱ ከቫይረሱ ጋር ለሚኖሩ ሰዎችና በኤችአይቪ/ኤድስ ላይ ለሚሰሩ ደርጅቶች ጠቃሚ ሊሆን ይችላል።

ማሳሰቢያ

- ❖ ስምህ/ሽ በዚህ ቅፅ ላይ አይጻፍም።
- ❖ ከአንተ/አንቺ የምናገኘው መረጃዎችም ለሌላ አካል ተላልፎ አይሰጥም።
- ❖ የተወሰኑትን ወይንም ሁሉን ጥያቄዎች ያለመመለስ ሙሉ መብት አለህ/ሽ፣ ነገር ግን ከአንተ/ቺ የምናገኛቸው መረጃዎች በጣም ጠቃሚ ናቸው።

ስለዚህ በዚህ ቅፅ ውስጥ ያሉትን ጥያቄዎች ለመመለስ ፈቃደኛ ነህ/ሽ?

አዎ የለም

ትዕዛዝ ለጠያቂዎች

1. ለእያንዳንዱ ጥያቄ ከፊለፊት ባለው ሳጥን ውስጥ ይህን ምልክት (✓) ያድርጉ
2. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ፣ የምልክቱ አሳሳቢነትን፣ የምልክቱ ክብደትን በተመለከተ ተጠያቂዎች የሚያሳዩት ቁጥር ወይም ቦታ ላይ ያክብቡ።

ክፍል 1: አጠቃላይ መረጃ

የካርድ ቁጥር:-----

1.1. ፆታ: ወንድ ሴት

1.2. እድሜ-----

1.3. ብሔር

አሮሞ

ጉራጌ

አማራ

ዳውሮ

ከፋ

ሌላ (ይገለጹ):-----

1.4. ሀይማኖት

ሙስሊም

ካቶሊክ

ኦርቶዶክስ

ሌላ (ይገለጹ):-----

ፕሮቴስታንት

1.5. የጋብቻ ሁኔታ

ያላገባ/ች

የተፋታ/ች

ያገባ/ች

የሞተችበት/የሞተባት

1.6. የአኗኗር ሁኔታ

ከቤተሰብ ጋር

ከሌላ ሰው ጋር

ለብቻ

ሌላ (ይገለጹ):-----

1.7. የትምህርት ደረጃ

ያልተማረ/ች

ከ7- 8 ክፍል

ማንበብና መጻፍ ብቻ

ከ9- 12ኛ ክፍል

ከ1-6 ክፍል

ኮሌጅ/ ዩኒቨርሲቲ ያጠናቀቀ/ች

1.8. ስራ

የመንግስት ቅጥር

ተማሪ

ነጋዴ

የቤት እመቤት

አሽከርካሪ

ስራ የሌለው / የሌላት

ገበሬ

ሌላ (ይገለጹ):-----

1.9. መኖሪያ

ከተማ

ገጠር

1.10. ከሚታዘዙት ወይም ለህመም ከሚወስዱት መድሀኒቶች ውጭ ሌላ የምትወስዳቸው/የምትወስዳቸው መድሀኒቶች አሉ?
 አዎ የለም

1.11. ለጥያቄ 1.10 መልሱ "አዎ" ከሆነ ከሚከተሉት ውስጥ የትኞቹን ትጠቀማለህ/ሽ

- ጫት
- አልኮል
- ኮኬን
- ሐሮይን
- ፔቲዲን
- ሌላ (ይገለጹ):-----

ክፍል 2: ART, INH, Cotrimoxazole እና CD4 በተመለከተ

- 2.1. አሁን ወይም በቅርብ የተሰራውን ያንተን/ያንቺን ሲዲ 4/CD4/ ቁጥር ታውቃለህ/ሽ?
አዎ የለም
- 2.2. ለጥያቄ 2.1. መልሱ "አዎ" ከሆነ ስንት ነው? -----ቁጥር/ሚ.ሜ ኩይብ::
- 2.3. ለጥያቄ 2.1. መልሱ "የለም" ከሆነ ከካርድ በቅርብ የተሰራውን የCD4 መጠን ይውሰዱ::
 -----ቁጥር/ሚ.ሜ ኩይብ ::
- 2.4. በአሁኑ ጊዜ ከሚከተሉት የትኞችን መድሀኒት/ቶች የወሰድክ/ሽ ነው? ወይም ከካርድ ይውሰዱ
 ART
 INH
 Cotrimoxazole
 ሌላ (ይገለጹ):-----

ክፍል 3: የህመም ምልክቶች (symptoms)፣ የራስ እንክብካቤ ስልት (self-care strategies) እና የራስ እንክብካቤ ስልቶችን የሚያመለክቱ (predictors of self-care strategies) በተመለከተ::

- 3.1. ካለፈው አንድ ሳምንት ጀምሮ የድካም ስሜት አለህ/ሽ
አዎ የለም
- 3.2. ለጥያቄ 3.1. መልሱ "አዎ" ከሆነ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት::
- | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|------|---|---|---|---|---|---|---|---|----|------|---|---|---|---|---|---|---|---|----|
| | ዝቅተኛ | | | | | | | | | | ከፍተኛ | | | | | | | | | |
| 3.2.1. የምልክቱ ክብደት | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3.2.2. የምልክቱ አሳሳቢነት | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3.2.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
- 3.3. ለጥያቄ 3.1. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?
 ትንሽ/ቀላል ስራዎችን መስራት
 ሀይል ሰጪ ፈሳሾችን መጠጣት/ ወይም በአፍ ተተኪ ፈሳሽ መውሰድ
 ከተኛህበት/ከተኛሽበት ለመነሳት መጀመሪያ ተቀምጠህ/ሽ ከዚያን ቀስ ብለህ/ሽ መቆም
 ዘና የሚያደርጉ ወይም ውጥረትን የሚቀንሱ ድርጊቶችን መሞከር
 በቀን ሶስቱ ከ2-3 ነጭ ሽንኩርት ማግኘት
 ገንፎ በማርማራት/በቅቤ መብላት
 የፈላ የቀይ ስር ፈሳሽ መጠጣት

- በስራ መሀል እረፍት መውሰድ
- በቤት ውስጥ ወይም ከቤት ውጭ በየቀኑ በራስህ/ሽ የእርምጃ ፍጥነት የእግር ጉዞ ማድረግ
- የሚከተሉትን ምግቦች በብዛት መውሰድ
 - የአጃ አጥሚትና ሌሎች የእህል ጥራጥሬዎች
 - ፍራፍሬና ጥሬ አትክልት
 - ከጥራጥሬ የተዘጋጁ ምግቦች
 - እርጎና የወተት ምርቶች
- አልኮልና ሌሎች የራስህን ሁኔታን የሚቀይሩና (mood altering) ያለጤና ባለሙያ የሚታዘዙ መድሀኒቶችን (ለምሳሌ: ኮኬይን፣ ካናቢስ) መቀነስ ወይም መተው
- ዘወትር በተመሳሳይ ሰዓት ምሽት ወደ መኛታ መሄድና ጥዋት ከእንቅልፍ መንቃት
- መድሀኒት በታዘዘው መሰረት መውሰድና ማንኛቸውንም የጎንዮሽ ጠንቆችን ወይም የተዛቡ ነገሮችን ሀኪም/ነርስን ማሳወቅ።
- ሌላ (ግለፅ/ጭ)-----

3.4. ካለፈው አንድ ሳምንት ጀምሮ **ክፍቶህ/ሽ** (depression) ነበር?

- አዎ የለም

3.5. ለጥያቄ 3.1. መልሱ "አዎ" ከሆነ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

	ዝቅተኛ					ከፍተኛ				
	1	2	3	4	5	6	7	8	9	10
3.5.1. የምልክቱ ክብደት										
3.5.2. የምልክቱ አሳሳቢነት										
3.5.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ										

3.6. ለጥያቄ 3.4. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ዘና የሚያደርጉ ወይም ውጥረትን የሚቀንሱ ድርጊቶችን መሞከር
- ስለ ክፋት ስሜት/ድብርት ማንበብና መማር
- እርዳታ ሰጪ አካል/ቡድን ለመከተል ጥረት ማድረግ
- አልኮልና ሌሎች የራስህን ሁኔታን የሚቀይሩና (mood altering) ያለጤና ባለሙያ የሚታዘዙ መድሀኒቶችን (ለምሳሌ: ኮኬይን፣ ካናቢስ) መቀነስ ወይም መተው
- በቤት ውስጥ ወይም ከቤት ውጭ በየቀኑ በራስህ/ሽ የእርምጃ ፍጥነት የእግር ጉዞ ማድረግ
- ዘወትር በተመሳሳይ ሰዓት ምሽት ወደ መኛታ መሄድና ጥዋት በተመሳሳይ ሰዓት ከእንቅልፍ መንቃት

- ዘወትር በተመሳሳይ ሰዓት ከአልጋህ/ሽ መነሳት፣ መታጠብና መልበስ
- መድሀኒት በታዘዘው መሰረት መውሰድና ማንኛቸውንም የጎንዮሽ ጠንቆችን ወይም የተዛቡ ነገሮችን ሀኪም/ነርስን ማሳወቅ
- በማህበረሰብ፣ በእርዳታ ሰጪና ቤተክርስቲያን/መስጊድ ቡድኖች እና የህዝብ ክበባትና ስፖርት ውስጥ መሳተፍ
- ሌላ (ግለፅ/ጭ)-----

3.7. ካለፈው አንድ ሳምንት ጀምሮ የመርሳት ችግር አለህ/ሽ?

- አዎ የለም

3.8. ለጥያቄ 3.1. መልሱ "አዎ" ከሆነ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት::

	ዝቅተኛ										ከፍተኛ										
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
3.8.1. የምልክቱ ክብደት																					
3.8.2. የምልክቱ አሳሳቢነት																					
3.8.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ																					

3.9. ለጥያቄ 3.8. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ዘወትር በተመሳሳይ ሰዓት ምሽት ወደ መኛታ መሄድና ጥዋት ከእንቅልፍ መንቃት
- ቀጠሮዎችን ወይም ሊተገበሩ የታቀዱትን በማስታወሻ መፃፍ
- ጓደኞችህ/ሽ ወይም ቤተሰቦችህ/ሽ ቀጠሮዎችን ወይም ሊተገበሩ የታቀዱትን በማስታወስ እንዲረዱህ/ሽ መጠየቅ
- ዘወትር የምታደርጋቸውን/የምታደርገውን (ለምሳሌ ቁልፍህ/ሽንና የማስታወሻ ደብተርህ/ሽን) ተመሳሳይ ቦታ ማስቀመጥ
- መድሀኒትን አስታውሰህ ለመውሰድ በቀላሉ የመድሀኒት ማስቀመጫ ሳጥን ወይም ለመድሀኒት ማስቀመጫ የተዘጋጀ ቦታ ማስቀመጥ
- የቀጠሮ ቀንህ/ሽን ለማስታወስ እንዲረዱህ/ሽ የጤና ባለሙያህን/ሽን ከቀጠሮ ቀንህ/ሽ በፊት እንዲቀጥሩህ/ሩሽ መጠየቅ
- አልኮልና ሌሎች የራስህን ሁኔታን የሚቀይሩና (mood altering) ያለጤና ባለሙያ የሚታዘዙ መድሀኒቶችን (ለምሳሌ፡ ኮኬይን፣ ካናቢስ) መቀነስ ወይም መተው
- በቀን/በሳምንት የምትሰራቸውን/ሪውን መጻፍና በተቻለ መጠን በዚህ መሰረት ለመስራት መሞከር
- ሌላ (ግለፅ/ጭ)-----

3.10. ካለፈው አንድ ሳምንት ጀምሮ የመጨነቅ ስሜት ነበረህ?

- አዎ የለም

3.11. ለጥያቄ 3.10. መልሱ "አዎ" ከሆነ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት::

3.11.1. የምልክቱ ክብደት

ዝቅተኛ										ከፍተኛ									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

3.11.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
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3.11.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
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3.12. ለጥያቄ 3.8. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ዘና የሚያደርጉ ወይም ውጥረትን የሚቀንሱ ድርጊቶችን መሞከር
- እርዳታ ሰጪ አካልን/ቡድን ለመከተል ጥረት ማድረግ
- የምታስበውን/ቢውንና የሚሰማህን/ሽን በማስታወሻ መመዝገብ
- ስኳርና ጨው ያላቸውን ምግቦች በትንሹ መውሰድ
- በቤት ውስጥ ወይም ከቤት ውጭ በየቀኑ በራስህ/ሽ የእርምጃ ፍጥነት የእግር ጉዞ ማድረግ
- ወደ አልጋ ለእንቅልፍ ከመሄድ በፊት አንድ ከባድ የፈላ ወተት ወይም ሻይ መጠጣት
- መድሀኒት በታዘዘው መሰረት መውሰድና ማንኛቸውንም የጎንዮሽ ጠንቆችን ወይም የተዛቡ ነገሮችን ሀኪምን/ነርስን ማሳወቅ
- አነስተኛ ካፊዬን ያላቸውን መጠጦችን መጠጣት
- ሌላ (ግለፅ/ጭ)-----

3.13. ካለፈው ሳምንት ጀምሮ የማዘር ስሜት ይሰማሃል?

- አዎ የለም

3.14. ለጥያቄ 3.13. መልሱ "አዎ" ከሆነ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት::

3.14.1. የምልክቱ ክብደት

ዝቅተኛ										ከፍተኛ									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

3.14.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
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3.14.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
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3.15. ለጥያቄ 3.13. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ወደ ጭንቅላት የደም ዝውውር የተሸለ ለማድረግ ተቀምጦ ጭንቅላት ከጉልበት በታች ማድረግ
- ፈሳሾች /ውሃ፣ ጭማቂ/ በብዛት መጠጣት--ቢያንስ በቀን ከ5-8 ብርጭቆ
- ከተኛህበት/ሽበት ለመነሳት መጀመሪያ መቀመጥና ከዚያ ቀስ ብሎ መቆም

- ሀይል ሰጪ ምግቦችን መውሰድ
- የተመጣጠነ ምግቦችን መመገብ
- የብረት ንጥረ ነገርን ለመጨመር አረንጓዴ አትክልቶችን መብላት
- በቂ አየር መውሰድ/መተንፈስን ማረጋገጥ
- ተኝቶ እግርን ከጭንቅላት በላይ ከፍ ማድረግ
- ሌላ (ግለፅ/ጭ)-----

3.16. ካለፈው አንድ ሳምንት ጀምሮ ያተኩሱ/ሽ ነበር?

- አዎ
- የለም

3.17. ለጥያቄ 3.16. መልሱ "አዎ" ከሆነ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት::

3.17.1. የምልክቱ ክብደት

ዝቅተኛ					ከፍተኛ				
1	2	3	4	5	6	7	8	9	10

3.17.2. የምልክቱ አሳሳቢነት

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3.17.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

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3.18. ለጥያቄ 3.16. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ሀይል ሰጪ ምግቦችን መውሰድ
- ሀይል ለመቆጠብና ድካምን ለመቀነስ በቂ እረፍት ማድረግ
- ትኩሳትን ለመቀነስ በጤና ባለሙያ የታዘዘን መድሀኒት መውሰድ
- እንደ አንቲባዮቲክስ (antibiotics) ያሉ መድሀኒቶችን በትካዝ መሰረት ማጠናቀቅ
- የህመም ስሜት ሲሰማህ/ሽ የሰውነት ሙቀትህን/ሽን መለካት
- ሙቀቱ ከ38 ድ.ሴ በላይ ሲሆን በድጋሜ ከ3-4 ሰዓት ጊዜ ውስጥ የሰውነት ሙቀትህን/ሽን መለካትና መመዘግብ
- የሰውነት ቆዳን አድርቆና ሸፍኖ ማቆየት
- ሰውነትን በረጠበ ጨርቅ ማርጠብን ወይም ማርገብን ማስወገድ
- ሌላ (ግለፅ/ጭ)-----

3.19. ካለፈው አንድ ሳምንት ጀምሮ ማታ ማታ ያልበህ/ሽ ነበር?

- አዎ
- የለም

3.20. ለጥያቄ 3.19. መልሱ "አዎ" ከሆነ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት::

3.20.1. የምልክቱ ክብደት

ዝቅተኛ					ከፍተኛ				
1	2	3	4	5	6	7	8	9	10

3.20.2. የምልክቱ አሳሳቢነት

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3.20.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

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3.21. ለጥያቄ 3.19. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- የሰውነት ቆዳ አድርቆና አሙቆ ማቆየት
- ለመኝታ ከመሄድ በፊት የሚወስድ መድሀኒት ካለ የጤና ባለሙያን ማማከር
- ንጹህ አየር ወደ ቤት ውስጥ እንዲገባና እንዲናፈስ መስኮት መከፋፋት
- ፈሳሾች /ውሃ፣ ጭማቂ/ በብዛት መጠጣት--ቢያንስ በቀን ከ5-8 ብርጭቆ
- ቀዝቃዛ ውሃ መጠጣት
- ለብ ባለ ውሃ ሰውነትን ማርጠብ
- በየጊዜው ልብስንና አንሶላን መቀየር
- በጣም ሲያልብህ/ሽ ፎጣ ትራስ ላይ ማድረግ
- ከአልጋ ስትወጣ/ጩ በፎጣ ሰውነትህን/ሽን ማድረቅ፣ ሎሽን ወይም ሌላ መቀባትና የደረቀ ልብስ መልበስ
- ለቅያጭ የደረቀ ልብስና አንሶላ በአቅራቢያ ማስቀመጥ
- ቀላል የጥጥ ልብስ መልበስና ቀላል ብርድልብስ መልበስ
- ሌላ (ግለፅ/ጭ)-----

3.22. ካለፈው አንድ ሳምንት ጀምሮ የሆድ ድርቀት አለብህ/ሽ?

- አዎ
- የለም

3.23. ለጥያቄ 3.22. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት::

3.23.1. የምልክቱ ክብደት

ዝቅተኛ										ከፍተኛ									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

3.23.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
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3.23.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
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3.24. ለጥያቄ 3.22. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ከደንዳንዴ (አንጀት) እጥበት/Enema/ በፊት በነርስ/ሀኪም መታየት
- ዘውትር የአካል እንቅስቃሴ ማድረግ
- ፈሳሾች /ውሃ፣ ጭማቂ/ በብዛት መጠጣት--ቢያንስ በቀን ከ5-8 ብርጭቆ
- የፓፓያ ጭማቂ ጥዋት ከቁርስ ጋር መውሰድ
- በራፊጅ (roughage) የበለጠ ምግቦችን (ለምሳሌ የብርዕ እህል ምርቶች እና ፍራፍሬና አትክልት) በብዛት መውሰድ
- እንዲርብህ/ሽ አለማድረግ
- በቅርብ ያለን የጤና ባለሙያ በማነጋገር በእጅ የደረቀ ሠገራ ማውጣት
- ለብ ያለ ውሃ ከምግብ በኋላ መጠጣት
- ሌላ (ግለፅ/ጭ)-----

3.25. ካለፈው አንድ ሳምንት ጀምሮ ያስቀምጥህ/ሽ ነበር?

- አዎ የለም

3.26. ለጥያቄ 3.25 መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

3.26.1. የምልክቱ ክብደት

ዝቅተኛ					ከፍተኛ				
1	2	3	4	5	6	7	8	9	10

3.26.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
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3.26.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
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3.27. ለጥያቄ 3.25 መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ምግብ በትንሹ ትንሹ ቶሎ ቶሎ መብላት
- ከሚከተሉት ምግቦች/ፈሳሾች የትኞቹን የምትወስደው/ጂው፡
- ከተፈጨ አጃ የተዘጋጀ አጥሚት፣ ድንች፣ ፓም/አፕል፣ ሙዝ፣ እርጎ፣ ገንፎ፣ የፍራፍሬ ጭማቂ፣ በጅንጅብል የፈላ ሻይ መውሰድ
 - በቀን 10 ብርጭቆ ውሃ፣ በአፍ የሚወሰድ ትኪ ፈሳሾች፣ ቀሪቦ/ኬኔቶ፣ እርጎ፣ በውሃ የተበጠበጠ ስኳር፣ ወተት፣ የእንቁላል ዱቄት፣ ኃይል ሰጪ ፈሳሾችን መውሰድ
- ከሚከተሉት ምግቦች/ፈሳሾች የትኞቹን የማትወስደው/ጂው፡
- ካፌይን ያላቸው ምግቦች፣ የጾም ምግቦች፣ ተፈጭቶ የታሸገ ስጋ፣ የተጠበሰ ዓሳ፣ ቺፕስ፣ ከእርጎ ውጭ ሌሎች የወተት ምርቶች፣ ጥራጥሬ፣ የበቆሎ ውጤቶች፣ የስንዴ ውጤቶች፣ ለውዝ
 - ካፌይን ያላቸው የአልኮል መጠጦች
- በጤና ባለሙያ የታዘዙና ያለትዛዝ መድሀኒቶችን መውሰድ
- ከቤት የራቀ ጉዞ ከታቀደ የሰውነት መታጠቢያ መኖሩን ማረጋገጥ
- ከቤት ርቀው ረዘም ላለ ጊዜ የሚሄዱ ከሆነ የቅያሬ የውስጥ ልብስና የማጸዳጃ ቁሶችን መያዝ
- የሚያስቀምጥህ/ሽ ከሆነ ልብስ እንዳይበላሽ ማድረቂያ ጨርቅ መጠቀም
- ከመጸዳጃ በኋላ መታጠብና በደንብ ማድረቅ
- የሰውነት ቆዳ ካልቆሰለ ቫስሊን ወይም ሌላ ነገር መጠቀም
- እንፌሽን (infection) ወይም ክፍት ቁስል ካለ ጠንከር ያለ የሚቀባ መድሀኒት እንዲታዘዝልህ/ሽ የጤና ባለሙያ ማማከር
- ከቤት ራቅ ብለው ሲሄዱ ከመጸዳጃ በኋላ ለመታጠብ ሙቅ ውሃና አስፈላጊ ነገሮችን መያዝ
- ሌላ (ግለፅ/ጭ)-----

3.28. ካለፈው አንድ ሳምንት ጀምሮ የማቅለሽለሽ ስሜት ወይም ተውከት ነበረህ/ሽ?

- አዎ የለም

3.29. ለጥያቄ 3.28. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

	ዝቅተኛ										ከፍተኛ										
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
3.29.1. የምልክቱ ክብደት																					
3.29.2. የምልክቱ አሳሳቢነት																					
3.29.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ																					

3.30. ለጥያቄ 3.28. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- የማቅለሽለሽ ወይም ተውከት ስሜትን የሚቀሰቅሱ ሽታዎችን፣ እይታዎችን፣ ድምጾችን ማስወገድ
- በአፍ የሚወሰዱ ተተኪ ፈሳሾችን መውሰድ
- ውሃን በተደጋጋሚ በትንሽ በትንሹ መውሰድ
- ንጹህ አየር ወደ ውስጥ መተንፈስ
- ጥሩ መከላ ያላቸው ነገሮችን (ለምሳሌ፣ ሎሚ፣ የሎሚ ልጣጭ ወይም ጅንጅብል) ማሸተት
- ዘና የሚያደርጉ ወይም ውጥረትን የሚቀንሱ ድርጊቶችን መሞከር
- እይታን ወይም ሀሳብን የሚያስደስት ነገር ላይ ማቶከር
- የተጠበሱ ቅባታማ ምግቦችንና አልኮል አለመውሰድ
- በመጠኑ ከታመሙ ምግብ አሳንሶ መውሰድ
- ደረቅ ምግቦች (ለምሳሌ፣ ደረቅ ቂጣ፣ ብስኩት፣ ቆሎና የመሳሰሉ) ለመውሰድ መሞከር
- ዘወትር ከምግብ በኋላ ቢያንስ ለ30 ደቂቃዎች ቁጭ እንዳሉ እረፍት መውሰድ
- የህመም ስሜት ከሌለህ/ሽ ፈሳሽ መውሰድና ምግብ መብላት
- ምርጫ ምግቦችህን/ሽን ጤናማ ስሜት ሲሰማህ/ሽ ለመብላት ማቆየት
- መድሀኒት በታዘዘው መሰረት መውሰድና ማንኛቸውንም የጎንዮሽ ጠንቆችን ወይም የተዛቡ ነገሮችን ሀኪም/ነርስን ማሳወቅ
- ሌላ (ግለፅ/ጭ)-----

3.31. ካለፈው አንድ ሳምንት ጀምሮ የትንፋሽ መቆራረጥ/ የመተንፈስ ችግር አለብህ/ሽ?

- አዎ የለም

3.32. ለጥያቄ 3.31. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

	ዝቅተኛ										ከፍተኛ										
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
3.32.1. የምልክቱ ክብደት																					
3.32.2. የምልክቱ አሳሳቢነት																					
3.32.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ																					

3.33. ለጥያቄ 3.31. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ዘና የሚያደርጉ ወይም ውጥረትን የሚቀንሱ ድርጊቶችን መጥከር
- ደረትህን/ሽን በተቻለህ መጠን ሰፋ ለማድረግ ቀጥ ብሎ መቀመጥ
- በቤት ውስጥ ወይም ከቤት ውጭ በየቀኑ በራስህ/ሽ የእርምጃ ፍጥነት የእግር ጉዞ ማድረግ
- ቀስ ብለህ/ሽ እስከ ሁለት እየቆጠርክ/ሽ ትንፋሽ በአንፍጫ በመውሰድና ከናፍርህን/ሽን ለማፋጨት እንደተዘጋጁ አድርገህ/ሽ ወደ ውጭ በአፍ አየር ማውጣት (pursed lips breathing)
- ቀስ ብለህ/ሽ እስከ ሁለት እየቆጠርክ/ሽ ትንፋሽ በአንፍጫ በመውሰድና ከናፍርህን/ሽን ለማፋጨት እንደተዘጋጁ አድርገህ/ሽ ወደ ውጭ በአፍ አየር እያወጣህ ፈጣን እርምጃ ማድረግ፣ ደረጃዎችን መውጣት ወይም ከበድ የሚል ነገር መንሳት
- ለተጨማሪ ትእዛዝ ወይም ለሌላ አስተንፋፈስ ስልት የጤናባለሙያን ማማከር
- ሌላ (ግለፅ/ጭ)-----

3.34. ካለፈው አንድ ሳምንት ጀምሮ ያሰለህ/ሽ ነበር?

- አዎ
- የለም

3.35. ለጥያቄ 3.31. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

	ዝቅተኛ					ከፍተኛ				
3.35.1. የምልክቱ ክብደት	1	2	3	4	5	6	7	8	9	10
3.35.2. የምልክቱ አሳሳቢነት	1	2	3	4	5	6	7	8	9	10
3.35.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ	1	2	3	4	5	6	7	8	9	10

3.36. ለጥያቄ 3.34. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ጉሮሮ የሚከረክሩ ጠጣር ምግቦችን አለመወሰድ
- ሻይ በሎሚ መጠጣት
- የፈላ ውሃን እንፋሎት መታጠን
- እንፋሎት መሳብ (መወሰድ)
- ሙቅ ውሃን ፋት ፋት ማድረግ
- ፀበል፣ ሻይ፣ ቡና መጠጣት
- የሣል ሽሮፕ መጠቀም
- ለተጨማሪ ህክምና ህኪምን/ነርስን መማከር
- ሌላ (ግለፅ/ጭ)-----

3.37. ካለፈው አንድ ሳምንት ጀምሮ አፍህ/ሽ ወስጥ ነጫጭ እራፊዎች (white patches) ወጥተውብህ/ሽ ነበር?

- አዎ የለም

3.38. ለጥያቄ 3.37. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

3.38.1. የምልክቱ ክብደት

ዝቅተኛ					ከፍተኛ				
1	2	3	4	5	6	7	8	9	10

3.38.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
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3.38.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
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3.39. ለጥያቄ 3.37. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ምግብ ቀይሮ ለስለስ ያሉ ምግቦችን እንደ ገንፎ መውሰድ
- ነጫጮችን እራፊዎችን ግላይሴሪንን (Glycerin) መቀባት
- አፍን በፀረ ህዋስ (antiseptic) መጉሞጥሞጥ
- አፍን ጨወ በተደረገበት ሙቅ ውሃ ማጽዳት
- ሌላ (ግለፅ/ጭ)-----

3.40 ካለፈው አንድ ሳምንት ጀምሮ ሰውነት ላይ እባጭ ወይም ቡጉንጅ መጥቶት/ሽ ነበር

- አዎ የለም

3.41. ለጥያቄ 3.40. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

3.41.1. የምልክቱ ክብደት

ዝቅተኛ					ከፍተኛ				
1	2	3	4	5	6	7	8	9	10

3.41.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
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3.41.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

3.42. ለጥያቄ 3.41. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- የባቂላ ቅጠልን ጨምቆ ቁስሎ ላይ ማድረግ
- ቡጉንጅ ላይ ሁለት የሽኩርት ልጣጭን ማድረግና ጨወ ባለው ውሃ በረጠበ ጨርቅ መሸፈን
- የቆሰለውን ቦታ ማሞቅ
- እባጩን/ቡጉንጅን በፖም (apple) ከምጣጤ ማጠብ
- ቡጉንጅን/እባጩን በማፍረጥና ጨወ ባለው ውሃ አጥቦ በንጹህ ጨርቅ መሸፈን
- በፕሮቲን (ስጋ፣ ወተት፣ እንቁላልና ሌሎች) ሺታሚን ሲ (ሎሚ፣ ጎመን፣ ድንች፣ ማንጎና ሌሎች) የበለጸጉ ምግቦችን መመገብ
- ሌላ (ግለፅ/ጭ)-----

3.43. ካለፈው አንድ ሳምንት ጀምሮ ሰውነትህ/ሽ ላይ **ዉሃ የቋጠሩ ሽፍታዎች** ወጥተውብህ ነበር?

አዎ የለም

3.44. ለጥያቄ 3.43. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

3.44.1. የምልክቱ ክብደት

ዝቅተኛ										ከፍተኛ									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

3.44.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
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3.44.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
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3.45. ለጥያቄ 3.43. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ዉሃ የቋጠረውን ሽፍታ በፖታሲየም ፐርማንጎት ወይም በጨው ማጠብ
- ህመምን የሚቀንሱ ፈሳሾችን መውሰድ
- ዉሃ የቋጠረው ቦታ ላይ ቀዝቃዛ ነገር እላይ ላይ በመያዝ ማቀዝቀዝ
- ሌላ (ግለፅ/ጭ)-----

3.46. ካለፈው አንድ ሳምንት ጀምሮ ሰውነትህ/ሽ ላይ **ሰውነትህ/ሽ ላይ ሽፍታ** ወጥቶ ነበር?

አዎ የለም

3.47. ለጥያቄ 3.47. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

3.47.1. የምልክቱ ክብደት

ዝቅተኛ										ከፍተኛ									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

3.47.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
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3.47.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
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3.48. ለጥያቄ 3.46. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ጸረ ህዋስ ባለው ሳሙና ገላን መታጠብ
- የጣት ጥፍሮችን ማሳጠርና ማጽዳት፡፡ ሰውነትን አለማከክ
- ገላን ከታጠቡ በኋላ ሰውነትን ማድረቅ
- በአልኮል አልባ ቅባት ሰውነትን ለማርጠብ መቀባት
- አልኮልና ሽታ አልባ ቅባቶችን ሰውነት ለማርጠብ መቀባት
- ኢንፍኬሽን ወደ ሌላ የሰውነት አካል ወይም ወደ ሌላ ሰዎች እንዳይተላለፍ ከሽፍታው የሚወጣውን ደም ወይም ፈሳሽ በባንዲኔ ወይም በንጹህ ጨርቅ መጥረግ
- ገላን ሽታ በሌለው ሳሙናና ሙቅ ዉሃ መታጠብ
- ፈሳሽ በብዛት መውሰድ
- በፀሃያማ ጊዜ ሰውነትን የማያስቆጣ/የማያቃጥል/ ቀላል ልብስና ባርኔጣ መጠቀም
- የሚቆጣ የሰውነት ቦታዎችን አንሶላ እንዳይነካ ማድረግ

- የሰውነት ማሳከክን ለመቀነስ ሰውነትን እንዳይቆጣ የሚያደርጉ መድሃኒቶችን (anti-irritants) የተጎዳ ቦታ ላይ መጠቀም
- የሰውነት ማሳከክን ለመቀነስ አጃን በወሃ ቀላቅሎ የተጎዳው ቦታ ላይ መቀባት
- የደረቀ የሰውነት ቦታዎችን አንዳንድ ቅባት (ለምሳሌ የለውዝ ቅባት) መቀባት
- ለተቀየረ የሰውነት ቆዳ ቀለም ትኩረት መስጠትና የጤና ባለሙያን ማማከር
- እጅን በተደጋጋሚ መታጠብ
- ፎጣን ወይም አንሶላን ከሌላ ሰው ጋር አለመጋራት
- ሁሌም ቀዝቃዛ ውሃን በመተወ ለብ ያለ ውሃ መጠቀም
- ሌላ (ግለፅ/ጭ)-----

3.49 ካለፈው አንድ ሳምንት ጀምሮ የእጅ፣ የክንድ ወይም የእግር ሕመም ወይም የመደንዘዝ ስሜት ነበረህ/ሽ?

- አዎ የለም

3.50. ለጥያቄ 3.49. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

3.50.1. የምልክቱ ክብደት

ዝቅተኛ							ከፍተኛ		
1	2	3	4	5	6	7	8	9	10

3.50.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
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3.50.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
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3.51. ለጥያቄ 3.49. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ቅዝቃዜን ተከትሎ ለሚመጣው ህመም በሚሞቅ ነገር ቦታውን ማሞቅ
- በጤና ባለሙያ በመታየት ህመሙ በስኳር በሽታ ምክንያት እንዳልሆነ ማረጋገጥ
- የእጅና እግር እንቅስቃሴ በራስ ማድረግ
- የእጅና እግር እንቅስቃሴ በጓደኛ ወይም በቤተሰብ እርዳታ ማድረግ
- እጅና እግርን ማሻሻት
- ሶሎ የተሸፈነ ቀላልና በትክክል የሚሆንህን/ሽን ጫማ ማድረግ
- ለረጅም ጊዜ በእግር መጓዝን ወይም መቆምን ማስወገድ
- በላብ ምክንያት የሚፈጠረውን እርጥት ለመቀነስ ነጭ ከጥጥ የተሰራ ካልሲን መጠቀም
- እጅና እግርን ማሞቅ፣ ነገር ግን እስከሚያልብህ/ሽ ሳይሆን
- ዘና የሚደርጉና ወጥረትን የሚቀንሱ እንቅስቃሴዎችን ማድረግ
- ሌላ (ግለፅ/ጭ)-----

3.52. ካለፈው አንድ ሳምንት ጀምሮ የእጅ፣ የክንድ ወይም የእግር እብጠት ነበረህ/ሽ?

- አዎ የለም

3.53. ለጥያቄ 3.52. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

3.53.1. የምልክቱ ክብደት

ዝቅተኛ										ከፍተኛ									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

3.53.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
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3.53.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
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3.54. ለጥያቄ 3.52. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ስታርፍ እጅን/እግርን ከፍ ማድረግ
- ረዘም ላለ ጊዜ መቆምን ወይም የእግር ጉዞን ማስወገድ
- ጨውና ጨዋማ ምግቦችን መቀነስ
- ሙቅ ወሃ ወስጥ እጅን/እግርን መዘፍዘፍ
- የደም ዝውውርና ክሰውነት የሚወገደውን ቆሻሻ ለመጨመር ሙቅ ወሃ መጠጣት
- በጤና ባለሙያ በታዘዙ እብጠት በሚቀንሱ ቅባት መድሃኒቶች እጅ/እግርን ማሸት
- ሌላ (ግለፅ/ጭ)-----

3.55. ካለፈው እንደ ሳምንት ጀምሮ የእንቅልፍ መረበሽ/ችግር/ ነበር

- አዎ የለም

3.56. ለጥያቄ 3.55. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

3.56.1. የምልክቱ ክብደት

ዝቅተኛ										ከፍተኛ									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

3.56.2. የምልክቱ አሳሳቢነት

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

3.56.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ

1	2	3	4	5	6	7	8	9	10
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3.57. ለጥያቄ 3.55. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ወደ መኝታ ከመሄድ በፊት በሙቅ ወሃ ገላን መታጠብ
- ወደ መኝታ ከመሄድ በፊት አንድ ኩባያ ትኩስ ወተት/ሻይ መጠጣት ነገር ግን ለሊት ከእንቅልፍ ለሽንት ላለመነሳት ብዙ ፈሳሽ አለመጠጣት
- ሰውነት መታሸት
- ወደ መኝታ ከመሄድ በፊት ከ4 እስከ 6 ሰዓት በፊት እንቅስቃሴ ማድግ
- ከማንቀላፋት በፊት ማንበብ
- ራስን ለማመቻቸት ብዙ ትራሶችን መጠቀም

- ሙዚቃ ወይም የመጽናፍ ንባብን በቴፕ ማዳመጥ
- የእንቅልፍ መርጃዎችን ከጤና ባለሙያ ትዛዝ ወጭ አለመጠቀም
- የወጭ ድምጽ እንዳይረብሽ ሙዚቃ መክፈት
- ዘወትር በተመሳሳይ ሰዓት ማታ ወደ መኝታ መሄድና ከእንቅልፍ ጥዋት በተመሳሳይ ሰዓት መንቃት
- በጊዜ በአጭሩ ሽለብ ማለት
- ሌላ (ግለፅ/ጭ)-----

3.58. ካለፈው አንድ ሳምንት ጀምሮ የሰውነት ክብደትህ/ሽ ሳይታቀድ ቀንሶ ነበር?

- አዎ የለም

3.59. ለጥያቄ 3.58. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት::

	ዝቅተኛ										ከፍተኛ										
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
3.59.1. የምልክቱ ክብደት																					
3.59.2. የምልክቱ አሳሳቢነት																					
3.59.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ																					

3.60. ለጥያቄ 3.58. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ብዙ መብላትና መጠጣት
- የምግብ ፍላጎት ለመጨርስ ትንሽ እንቅስቃሴ ማድረግ
- ሻይታሚኖች መውሰድ
- ምግብ በድንች መብላት
- ነጭ ሽንኩርት ከምግብ ጋር መብላት
- በየጊዜው በመመዘን ወይም የልብስን ልክ በማየት የሰውነትን ክብደት መከታተል
- ምግብ እንዲመችህ/ ሽ ወይም እንዲያስደስትህ/ ሽ ከጓደኛ ወይም ከቤተሰብ ጋር አብስሎ መብላት
- የለውዝ ቅቤ፣ ሳንዲዊች፣ አይብ፣ እርጎ የመሳሰሉ በፕሮቴንና በኃይል ሰጪነት የበለፀጉ ምግቦችንና መክሰሶችን መብላት
- በቀላሉ ሊዘጋጁ የምችሉ ምግቦችን በቤት ማኖር
- ፍሬሽ (fresah) ፍሬ-ፍሬዎችንና አትክልትን መብላት
- ጉዞ ሲያደርጉ ሀይል ሰጪ ምግቦች መያዝ
- ትንሽ በትንሹ ምግብ ቶሎ ቶሎ መብላት

ማኘክ/መዋጥ ካስችገረህ/ሽ

- አፍን በሎሚ ጭማቂ መግሞጥሞጥ

- የጤና ባለሙያን ማማከር
- ሻይ በሎሚ መጠጣት
- ቀዝቃዛ ምግቦችን መብላት
- ምግብ በወተት አርሶ መብላት
- የብርትኳንና የቲማቲም ጭማቂዎችንና ሌሎች ጨዋማ፣ አሲዳማና ቅመም ያልወጡ ምግቦችን አለመውስድ
- ጆሳሾችን በቱቦ መጠጣት

ምግብ ካልጣመህ/ሽ

- ቅመም ወይም ሌላ አጣፋጭ ነገር መጨመር
- ለጥርስና አፍ እንክብካቤ መስጠት
- ሌላ (ግለፅ/ጭ)-----

3.61. ካለፈው አንድ ሳምንት ጀምሮ **ብልት የማሳክክ፣ የማቃጠል ወይም የሚወጣ ፈሳሽ** አለ?

- አዎ የለም

3.62. ለጥያቄ 3.58. መልሱ "አዎ" ከሆነ፣ የሚከተሉትን በራስህ (ተጠያቂው) ከ1-10 ባሉት ደረጃዎች ገምት፡፡

	ዝቅተኛ										ከፍተኛ										
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
3.62.1. የምልክቱ ክብደት																					
3.62.2. የምልክቱ አሳሳቢነት																					
3.62.3. የምልክቱ የለት ተለት ኑሮ ላይ ያለው ተፅዕኖ																					

3.63. ለጥያቄ 3.62. መልሱ "አዎ" ከሆነ፣ ከሚከተሉት የራስ እንክብካቤ ስልቶች ውስጥ የትኛውን/ኞቹን ስትጠቀም/ሚ ነበር?

- ብሽሽት አከባቢ ለመታጠብ ባህላዊ ቅጠላ ቅጠሎችን መጠቀም
- ብሽሽት አካባ ለመታጠብ ጨው ወይም/ ፓታሲያም ፐርመንጋኒት መጠቀም
- ሽታ የሌለው የውስጥ ልብስ (ፓንት) ማድረግ
- ጠባብ ልብሶችን አለመልበስ
- በየቀኑ ግማሽ ኩባያ እርጎ መጠጣት
- ገላን ለመታጠብ ቀላል ሳሙና መጠቀምና ሽታ ያላቸውን ሳሙና፣ የሚረጨጨ ነገሮች ወይም ሶፍት ማስወገድ
- ግብረ ስጋ ግንኙነት እንፊክሽን እስኪጠፋ ድረስ አለማድረግ
- ሌላ (ግለፅ/ጭ)-----

መጠይቅ 2

የስምምነት ቅፅ

የጅም ዩኒቨርሲቲ ህብረተሰብ ጤናና ሜዲካል ሳይንሶች ኮሌጅ ነርስ ዲፓርትመንት

ይህ መጠይቅ የተዘጋጀው ከኤችአይቪ/ኤድስ ጋር የሚኖሩት ሰዎች ያላቸውን የህመም ምልክቶችን በራሳቸው የሚንከባከቡትን ስልቶችንና እነዚህን መንገዶችን የሚያመለክቱ ሁኔታዎችን ለማጥናት ነው።

መግቢያ

እኔ -----እባላለሁ። የምሰራውም ይህን ጥናት ለድህረ ምረቃቸው ሚሚያ ከሚሰሩት ከአቶ ፍቃዱ ባልቻ ጋር ነው። የጥናቱ ተሳታፊዎቼም ከችኤቪ/ኤድስ ጋር የሚኖሩ ሰዎች ሲሆኑ ጥናቱም እነዚህ ሰዎች ያላቸውን የህመም ምልክቶችን ለመንከባከብ የሚጠቀሙበትን ስልቶችንና ጠቃሚ ሁኔታዎችን ለማጥናት ነው። እኔም እዚህ ቅፅ ውስጥ ያሉትን ጥያቄዎች ልጠይቅህ/ሽ ስለሆን፤ ከአንተ/አንቺ የምናገኛቸው መረጃዎችም ለወደፊቱ ከቫይረሱ ጋር ለሚኖሩ ሰዎችና በኤችአይቪ/ኤድስ ላይ ለሚሰሩ ደርጅቶች ጠቃሚ ሊሆን ይችላል።

ማሳሰቢያ

- ❖ ስምህ/ሽ በዚህ ቅፅ ላይ አይጻፍም።
- ❖ ከአንተ/አንቺ የምናገኘው መረጃዎችም ለሌላ አካል ተላልፎ አይሰጥም።
- ❖ የተወሰኑትን ወይንም ሁሉን ጥያቄዎች ያለመመለስ ሙሉ መብት አለህ/ሽ፤ ነገር ግን ከአንተ/ቺ የምናገኛቸው መረጃዎች በጣም ጠቃሚ ናቸው።

ስለዚህ በዚህ ቅፅ ውስጥ ያሉትን ጥያቄዎች ለመመለስ ፈቃደኛ ነህ/ሽ?

አዎ የለም

በዚህ ጥናት ውስጥ ለመሳተፍ ፈቃደኛ በመሆኖት በጣም አመሰግናለሁ።

የተጠያቂው እድሜ-----

የተጠያቂው ጾታ-----

ቃለ መጠይቁ የተጀመረበት ሰዓት-----

ቃለ መጠይቁ የተጠናቀቀበት ሰዓት-----

ተ.ቁ	መጠይቅ	
1	ካለፈው ሳምንት ጀምሮ ማንኛቸውንም የህመም ምልክት አለዎት?	
2	ለ ጥያቄ 1 መልሱ አዎ ከሆነ ምን ምን ነበሩ?	ሌላስ?
3	የነዚህን ምልክቶች ክብደት ሊያስረዱኝ ይችላሉ?	ሌላ የሚነግሩኝ ካለ?
4	እነዚህ ምልክቶች ምን ያክል እንደ አሳሰብኩ ሊነግሩኝ ይችላሉ?	ሌላስ?
5	እነዚህ ምልክቶች ምን ያክል የለት ተለት ኑሮዎት ላይ ጫና እንዳሳደሩ ሊነግሩኝ ይችላሉ?	ምን ያክል ገዜ? ምሳሌ ሊሰጡኝ ይችላሉ?
6	እነዚህን ምልክቶች ለማከም በራስዎት የሚጠቀሙትን ስልቶች ሊነግሩኝ ይችላሉ?	ሌላ የሚነግሩኝ ካለ? እንዴት? ያጋጠምዎት ችግሮች ካሉ?
7	ከአሁን በፊት ክትትል ሲያደርጉ ምልክቶችን በራስ የሚያክሙበትን/ የሚንከባከቡበትን ስልቶች በተመለከተ ትምህርት ወስደው ያውቃሉ?	ጠቃሚ ነበሩ? ምን ቢሻሻል ጥሩ ይመስልዎታል?