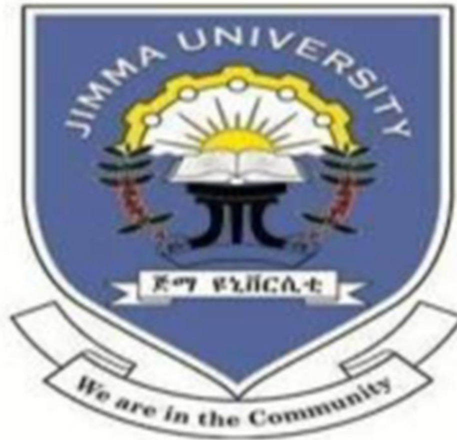
DISSOCIATIVE EXPERIENCE AND RELATED FACTORS AMONG RESIDENTS OF JIMMA TOWN, SOUTH WEST ETHIOPIA



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ABSTRACT

BACKGROUND: Dissociation is currently conceptualized as interference, interruption, and/or discontinuity of the normal, subjective integration of potentially any aspect of experience and cognition, including behavior, memory, identity, conscious awareness, emotion or feeling, perception, body representation, and motor control. Studies from various countries clearly demonstrated that dissociative disorders constitute a common mental health problem, not only in clinical practice but also in the community as well. This study provides information regarding prevalence of dissociative experience and related factors in Southwest Ethiopia.

OBJECTIVE: To assess prevalence of dissociative experience and related factors among Jimma town residents, Southwest Ethiopia in 2021 G.C.

METHODS: A community-based cross-sectional study was conducted in Jimma town, southwestern Ethiopia in September 2021. A structured interviewer administered questionnaire was used to collect information regarding dissociative experience and related factors. Data were entered to Epi-data version 4.6 and analyzed using Statistical Package for Social Sciences (SPSS) version 28. Bi-variate analysis was used to identify the factors related with dissociative experience in the study population. Comparison of means was used and magnitude of the mean with respective p value was used to determine the significance.

RESULTS: The lifetime experience of any dissociative symptoms among Jimma town residents was 95.4%**.** The mean Dissociative experience scale (DES) score of the study population was **4.9** with standard deviation of 3.79. Residents above age 64 have mean DES score 11.47 (95% CI= 7.68-15.27) which is higher than that of adolescents' mean DES score 3.94 (95% CI= 2.63-5.25) and adults' mean DES score 4.84 (95% CI= 4.54-5.13). Residents who suffered sexual abuse have mean DES score 12.39 (95% CI= 6.03-18.75), which is much higher than those who didn't encounter sexual abuse mean DES score 4.81 (95% CI= 4.54-5.08).

CONCLUSION: This study showed mean DES score in general population is similar with other community study findings. Being widowed, having sexual and physical abuse, symptoms of severe depression was associated with having high mean DES. This screening finding implies further study using diagnostic tools should be done and curative and preventive measures taken.

KEY WORDS: dissociative experience, related factors, Jimma town residents, Ethiopia

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ACRONYMS AND ABBREVIATIONS

ASSIST- Alcohol, smoking and substance involvement screening test

BPD- borderline personality disorder

CI- confidence interval

CTI- childhood trauma interview

CTQ- childhood trauma questionnaire

DDIS- Dissociative Disorders Interview Schedule

DES- Dissociative Experiences Scale

DES II- Second version of DES

DID- Dissociative Identity Disorder

DSM-V- Diagnostic and statistical manual of American Psychiatric Association, 5th edition

ETB- Ethiopian Birr

FMS- False Memory Syndrome

GAFS- Global assessment of functioning scale

NOS- Not otherwise specified

OPD- Outpatient department

PHQ-9- Patient health questionnaire-9

PTD- possession trance disorder

DTD- dissociative trance disorder

PTSD- Post-traumatic stress disorder

SCID-D Structured Clinical Interview for DSM-IV TR dissociative disorder

CHAPTER ONE: INTRODUCTION

1.1. Background of study

According to diagnostic and statistical manual of American Psychiatric Association, 5th edition (DSM-V), dissociative disorders are classified as dissociative identity disorder (DID); dissociative amnesia (DA); Depersonalization/ Derealization disorder; other specified dissociative disorders; and unspecified dissociative disorders(1). Dissociation is currently conceptualized as interference, interruption, and/or discontinuity of the normal, subjective integration of potentially any aspect of experience and cognition, including behavior, memory, identity, conscious awareness, emotion or feeling, perception, body representation, and motor control(1)(2).

Dissociative amnesia with dissociative fugue is the "purposeful travel or bewildered wandering that is associated with amnesia for identity or for other important autobiographical information including awareness of time, awareness of self, and ability to mentally represent self-existence across time"(3). Depersonalization/derealization disorder is characterized by clinically significant persistent or recurrent depersonalization (i.e., experiences of unreality or detachment from one's mind, self, or body) and/or derealization (i.e., experiences of unreality or detachment from one's surroundings)(1).

In psychiatry and psychology, dissociative disorders are the focus of controversies that include the longstanding debates between mentalists and behaviorists, between psychodynamically oriented and behaviorally oriented clinicians, between various researchers in cognitive psychology, between cognitive researchers and clinical researchers and practitioners, and between different theoretical schools at odds over the nature of hypnosis(2).

Psychiatry has focused on schizophrenia and mood (depression, bipolar disorder) but has paid less attention to intrusions into and gaps in consciousness, such as those occur in dissociative identity disorder and dissociative amnesia. Dissociation calls for reintegration, with an emphasis on acknowledging, bearing, and putting into perspective stressors that contribute to the fragmentation of identity, memory, and consciousness(1).

1.2. Statement of the problem

Overall, independent studies from various countries clearly demonstrate that dissociative disorders constitute a common mental health problem not only in clinical practice but also in the community as well. The lack of dissociative disorder sections in commonly used general psychiatric screening instruments has led to the omission of dissociative disorders in large-scale epidemiological studies for many decades(4)(5).

Peer-reviewed publications concerning dissociative disorders have appeared in the international literature from clinicians and investigators in at least 26 countries, from different continents across the world. These publications include clinical case series and case reports; psychophysiological, neurobiological, and neuroimaging research; discussion of the development of diagnostic instruments; descriptions of open clinical trials and treatment outcome studies; and descriptions of treatment, treatment modalities, and treatment dilemmas. They consistently provide evidence that DID is a valid cross-cultural diagnosis that has validity comparable to or exceeding that of other accepted psychiatric diagnoses (6).

From different sources dissociative disorder prevalence may range from less than 1% to greater than 75%, depending on population surveyed and other factors(1)(2)(7)(8). Random samples of the general population in Canada and Turkey (female sample, 50% of whom were illiterate) found a life-time prevalence of DD of 12.2% and 18.3% respectively. A general population study in New York State found a 1-year prevalence of 9.1% for the DD. In Canada and New York, prevalence of DID was 1.3% and 1.5% of the population respectively. In Turkey, the lifetime prevalence of DID was 1.1% and the prevalence of DSM-IVTR Dissociative Disorder Not Otherwise Specified (DDNOS) “with multiple personality states” was 4.1%(2).

Dissociative disorders, however, have not been included in former epidemiological research in our country, or in the African continent, perhaps because of limited local attention to these disorders, and the lack of culturally validated evaluation instruments. In addition, there are no community based prevalence studies done in our country or our continent regarding dissociative disorders except few published case reports(3)(9)(10). Therefore, this study will try to fill the gap regarding lack of data on dissociative experience in Ethiopian setting.

1.3. Significance of the study

Accurate clinical diagnosis affords early and appropriate treatment for the dissociative disorders. Considering there is no previous study done in community bases, regarding the topic, the impact from this research will have on researchers is undisputable. It will definitely be fundamental (foundational) research to proceed on next directions. It may also help as a basis for general management of dissociative disorders in the community settings.

DID patients spend an average of 5-12.4 years in the mental health system before correct diagnosis, receiving an average of 3-4 incorrect diagnoses. In epidemiological studies, DID individuals had significantly lower mean GAF scores compared to other psychiatric disorders, even after controlling for age and gender, and have been characterized as having a severe, chronic, persistent mental illness. Failure to properly diagnose and treat DD has a very high human cost. (2)

Hopefully, this result may give us clues on prevalence of dissociative experience in the study population with related factors. Depending on the findings, Jimma University medical center psychiatry department will make efforts to help people experiencing dissociation. Health sector of the town will put efforts to prevent future occurrence of dissociative disorders by minimizing or avoiding risk factors. Finally federal ministry of health may use this community based research to expand other researches in other areas of the country and act accordingly.

CHAPTER TWO: LITERATURE REVIEW

2.1. Overview of literature

Across community-based studies, dissociative identity disorder had a prevalence of about 1 to 1.5 percent in the general population, similar to that of schizophrenia(1). In another different studies of the general population, a prevalence rate of DID of 1% to 3% of the population has been described. Clinical studies in North America, Europe, and Turkey have found that generally between 1% and 5% of patients in general inpatient psychiatric units; in adolescent inpatient units; and in programs that treat substance abuse, eating disorders, and obsessive-compulsive disorder may meet Diagnostic and Statistical Manual of Mental Disorders diagnostic criteria for DID(11)(8)(14).

Dissociative symptoms can be relatively common in the context of traumatic events. A sense of numbing and reduction in awareness of one's environment has been reported in 40% of earthquake survivors, 30% of accident survivors, and 53% of witnesses to an execution. Estimated rates of depersonalization among trauma survivors have ranged from 25% to 54%. Dissociative amnesia has been reported in as few as 5% of World War II combatants, and as many as 61% of tornado survivors(15).

Screening studies on dissociative disorders in various countries using different instruments yielded life time prevalence rates of approximately 10% (range 4.3-45.2%) in clinical Psychiatric setting and in the general population. Dissociative amnesia has been reported in a range of approximately 2 to 6% of general population. For depersonalization/derealization disorder, one survey found a 1-year prevalence of 19% in the general population(14).

According to the study done in Finland to assess the prevalence of pathological dissociation in the general population, and the relationship between pathological dissociation and socio-demographic and several psychiatric variables with stratified population sample on 2001 samples, prevalence of pathological dissociation (DES $\geq$ 20) was 3.4% in the general population(16).

According to DSM-5 data, the 12-month prevalence of dissociative identity disorder among adults in a small U.S. community study was 1.5%. The prevalence across genders in that study was 1.6% for males and 1.4% for females(1).

The study done to assess history of trauma and dissociation in a group of juvenile delinquents and to assess how adolescents would respond to a structured interview for dissociative symptoms in California State, USA, 28.3% met criteria for a dissociative disorder and 96.8% endorsed a history of traumatic events. There were significant positive correlations between childhood trauma interview (CTI) and childhood trauma questionnaire (CTQ) trauma scores and structured clinical interview for DSM-V dissociative disorders (SCID-D) dissociative symptoms. All dissociative symptoms were endorsed, but depersonalization was the most common experience(17).

Community-based epidemiological studies describe the full extent and distribution of the disorder in the population. This is because clinical epidemiology research is affected by local utilization patterns for mental health services, as determined by accessibility factors and variations in the severity and impairment associated with the disorder. Unfortunately, community -based research on DID is limited. One representative sample from Manitoba, Canada found a lifetime prevalence of 3.1% for DID using the DDIS and DSM-III-R criteria. A representative sample of women in Sivas City, Turkey (N=648) had a lifetime prevalence of 1.1% using the DSM-IV version of the DDIS(7).
From study done in Germany, patients with DID frequently experience disturbances in their sexual identity, and many patients with DID have sexually oriented changes in alter-personalities, so that special significance is to be attributed to these disorders with respect to the differential diagnosis of transsexualism(18).

Dissociative disorders, however, have not been included in former epidemiological research in our country, or in the African continent, perhaps because of limited local attention to these disorders, and the lack of culturally validated evaluation instruments. Head of the Department of Psychiatry at Mbarara University, Uganda, noticed that her Ugandan colleague psychiatrists did not provide dissociative diagnoses (probably due to lack of knowledge about the category). In Uganda, dissociative phenomena could be expected to occur as 'normal behavior' connected to

cultural and religious rituals but also as pathological signs and consequence of the recent traumatic history the country has gone through(10).

In the above study in Uganda which was qualitative type and done through Focused group discussion and supplemented with key informants, they found DA, Depersonalization, PTD and DTD as valid diagnoses in the community, DF as questionable and they couldn't find the presence of DID altogether. Comparing western diagnostic categories with local categories risks committing a category fallacy, where a diagnosis developed in one culture is applied to another culture without first establishing its validity (10).

2.2. Etiology and associated factors

Factors that may foster the development of highly elaborate systems of identities are multiple traumas, multiple perpetrators, significant narcissistic investment in the nature and attributes of the alternate identities, high levels of creativity and intelligence, and extreme withdrawal into fantasy, among others. The theory of "structural dissociation of the personality," another etiological model, is based on the ideas of Janet and attempts to create a unified theory of dissociation that includes DID(16).

90% of all patients with DID report at least one type of childhood abuse and/or neglect (incest and other types of sexual abuse, physical and emotional abuse, physical and emotional neglect). Following exposure to potentially traumatizing events, the personality as a whole system can become divided into an "apparently normal part of the personality" dedicated to daily functioning and an "emotional part of the personality" dedicated to defense(11).

According to "sociocognitive" model, DID is a socially constructed condition that results from the therapist's cueing (e.g., suggestive questioning regarding the existence of possible alternate personalities), media influences (e.g., film and television portrayals of DID), and broader sociocultural expectations regarding the presumed clinical features of DID. The socio-cognitive model of DID understands the disorder as a series of role enactments which are directed towards achieving social reinforcements by therapists who create and maintain these maladaptive behaviors in susceptible individuals who are fantasy prone(5). Despite these arguments, there is

no actual research that shows that the complex phenomenology of DID can be created, let alone sustained over time, by suggestion, contagion, or hypnosis. (1)(2)

From one meta-analysis of 98 studies of college students regarding the prevalence of dissociative disorders, they tried to compare Trauma Model (TM) and Fantasy Model (FM). Among the parameters, premises like prevalence rates should be constrained by the prevalence rate of childhood trauma (TM) or fantasy proneness (FM), rates should be consistent with trauma prevalence (TM) or fantasy proneness prevalence (FM), cross national prevalence rates should be able to represent either trauma rate (TM) or fantasy proneness rates (FM) and dissociative disorders should be persistent over time (TM) or decline substantially in the last 30 years (FM) were in favor of TM(4).

According to TM, ongoing dissociative symptoms are a consequence, if not a continuation, of previous, particularly childhood responses to physical, sexual and emotional abuse, emotional and physical neglect, a disorganized attachment to the primary caregiver, and other severe stress or trauma such as witnessing domestic violence. The antecedents of dissociation in the TM are sexual or physical maltreatment, sudden unexpected negative events, frightening parental behavior or parental abandonment, which are both mediated and moderated by the childhood environment, developmental level, post-trauma social support, pre-trauma and post-trauma life stress, and genetic and biological vulnerabilities(4).

Traditions in Muslim societies allow for dissociated and somatised distress to be expressed in a ways that reinforce the supremacy of male-dominated society and validate religion. The solution is for a religious healer to exorcise the spirit, or to appease God or the possessing agents, which then frees the person from the affliction(5). This may imply, our study community with high population following Muslim religion may have high prevalence of DD.

Many experts propose a developmental model and hypothesize that alternate identities result from the inability of many traumatized children to develop a unified sense of self that is maintained across various behavioral states, particularly if the traumatic exposure first occurs before the age of 5. These difficulties often occur in the context of relational or attachment disruption that may precede and set the stage for abuse and the development of dissociative coping(11).

Traumatic stress resulting from civil conflicts, poverty, and epidemics may be manifested in Africa through symptoms that are locally understood to originate from spirits or witchcraft(5). Individuals who have been diagnosed with dissociative identity disorder have their risk for a number of complications, as well as other associated disorders increased(13). These include: Suicidal thoughts and/or behavior, self-harm or self-mutilation, drug and alcohol abuse, personality disorders, sexual dysfunction, anxiety disorders, eating disorders, depression disorders, PTSD (post-traumatic stress disorder), Sleep disorders (insomnia, sleep walking, nightmares), significant difficulties and issues in work and personal (social) relationships

Instead of showing visibly distinct alternate identities, the typical DID patient presents a polysymptomatic mixture of dissociative and posttraumatic stress disorder (PTSD) symptoms that are embedded in a matrix of ostensibly nontrauma-related symptoms (e.g., depression, panic attacks, substance abuse, somatoform symptoms, and eating-disorder symptoms). The prominence of these latter, highly familiar symptoms often leads clinicians to diagnose only these comorbid conditions. When this happens, the undiagnosed DID patient may undergo a long and frequently unsuccessful treatment for these other conditions(11).

The alternative post-traumatic model of DID maintains that the disorder is an outcome of childhood neglect and abuse and that traumatised children compartmentalise their intolerable and inescapable experiences into alternate personality states(5). Besides being linked to the development of posttraumatic stress disorder (PTSD), developmental, physical, and psychological trauma is reported at a significantly high rate in adult patients suffering from major depression, panic disorder, dissociative identity disorder, and borderline personality disorder(17).

Conceptual framework of the study on dissociative experience and related factors

This conceptual framework is derived from literature review that shows relaated factors of dissociative experiences

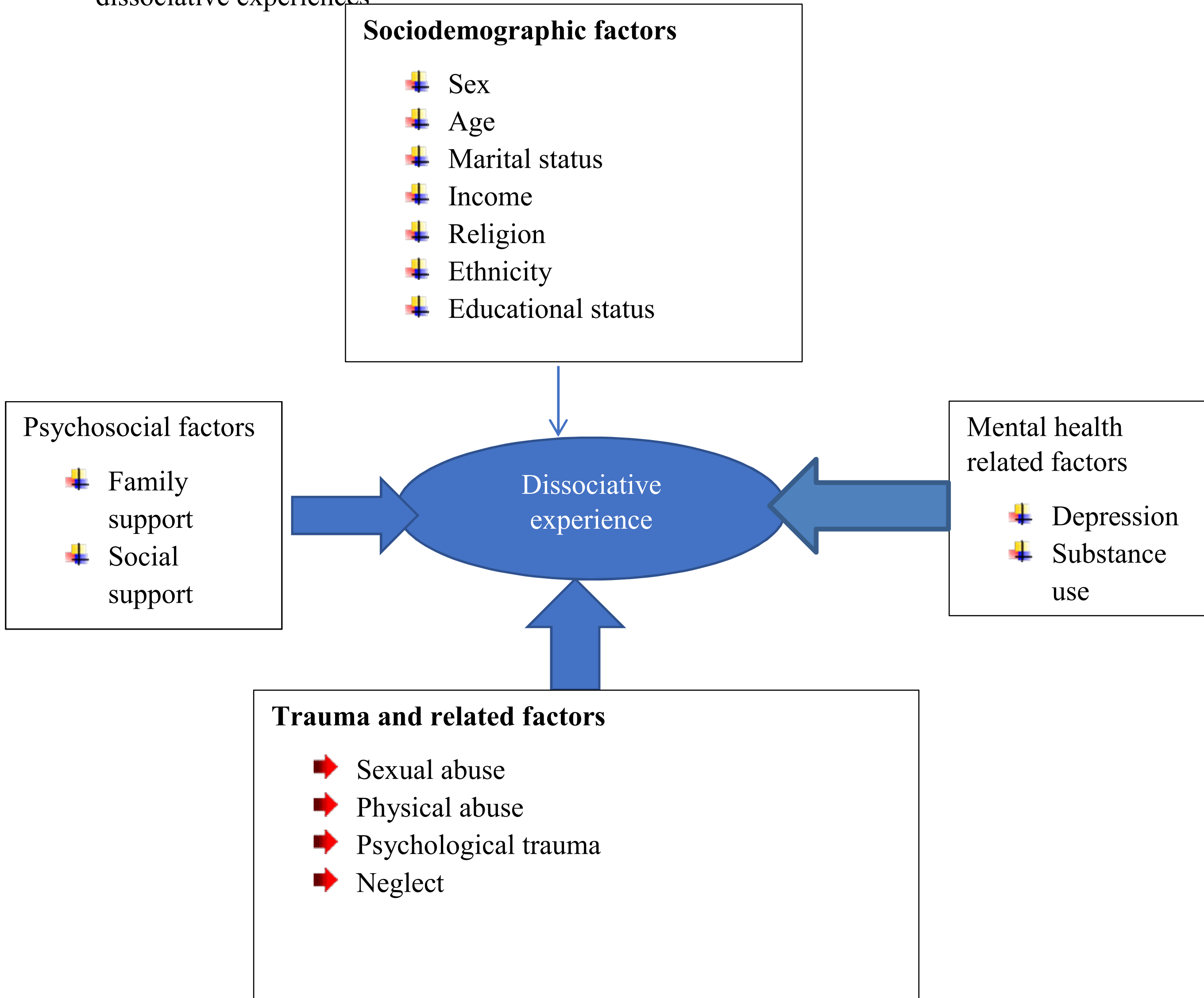

Figure 1: Conceptual framework for factors related with dissociative experience among Jimma town residents

CHAPTER THREE: OBJECTIVES

3.1. General Objective

- To assess prevalence of dissociative experience and related factors among Jimma town residents, Southwest Ethiopia.

3.2. Specific objectives

- To assess overall prevalence of dissociative experience in Jimma town residents.
- To assess factors related with dissociated experiences in the Jimma town residents.

CHAPTER FOUR: METHODS AND MATERIALS

4.1. Study Area and Period

Jimma town is political and trade center of Jimma zone, one of administrative zones in Oromia region, Ethiopia. The town has 17 urban kebeles. Jimma town is located in Southwest Ethiopia around 352 K.M far from Addis Ababa, capital city of Ethiopia. Jimma is located at $7^0$40'N and $36^0$50'E. Elevation from sea level is 1,780 m. According to 2012 G.C census, the total population was 207,573. From the census data, there were 32,191 households and in average 3.76 people per household.

Out of the total population, 46.84% were Muslim, while 39.03% and 13.06% were Orthodox Christianity and Protestant followers respectively.

Data were collected from September 01-30/2021.

4.2. Study design

A cross sectional study design was used.

4.3. Population

4.3.1. Source population

Source population was all Jimma town residents.

4.3.2. Study population

Residents of Jimma town age above 14 during the study period.

4.4. Inclusion and exclusion criteria

4.4.1. Inclusion criteria

Age above 18 who consented for the study, for adolescents below 19 years, those whose parents/gurdians gave consent, and those who stayed at least 6 months in the town were included.

4.4.2. Exclusion criteria

Those who were seriously ill, couldn't communicate (due to reasons like hearing problem, speech problem etc) and lived in the town for less 6 months.

4.5. Sampling

4.5.1. Sample size determination

Because there was no previous research on dissociative experience in study area or similar other areas in the country, assumed 50% for dissociative experience prevalence rate was used. The sample size was determined by using Cochran's formula of sample size determination.

According to Cochran the formula for sample size is

$n = \frac{z^2 \, p(1-p)}{e^2}$, where n is the required sample size

Z is the value corresponding for level of confidence required

P is the probability of occurrence of state or condition

e is the level of maximum error required (the level of precision)

For this study we used confidence level of 95% with precision level 5%. From this the sample size of the study was;

$$n = \frac{(1.96)^2 \, 0.5(1-0.5)}{(0.05)^2}$$

$$=385$$

Adding 10% non-respondent rate, sample size became 424. Because used multistage sampling technique, I multiplied this sample size by 1.5 by considering design effect which gave final sample size of 636.

4.5.2. Sampling procedure

All kebeles were registered on separate registration book. From 17 available kebeles, 3 were selected by using lottery method. After this proportional households were assigned from each selected kebeles using stratified random sampling technique. From each house if eligible people were more than 1, lottery method was used to select one. First K (house at which the study was started was selected by lottery method from first kebele)

Using diagram, I summarized it as follows.

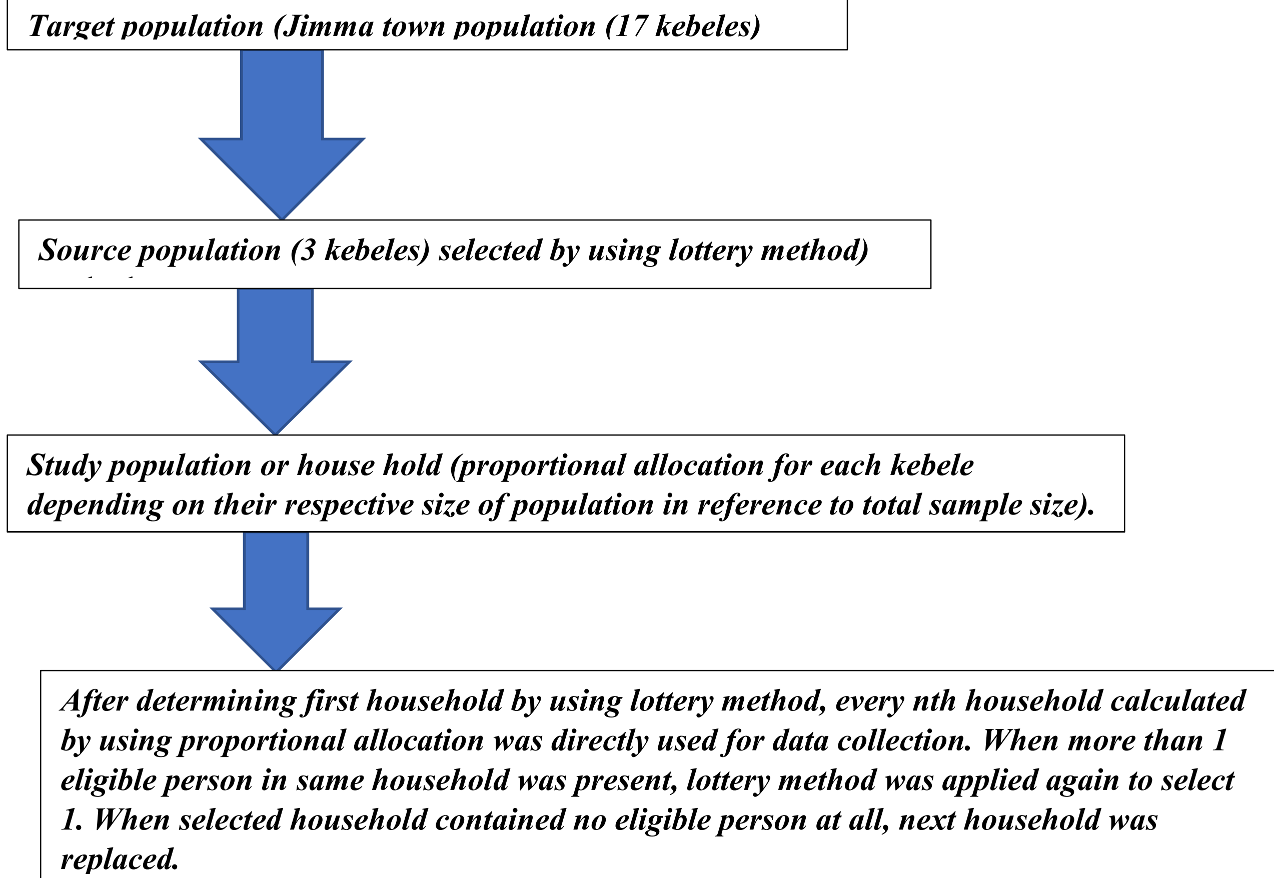

Figure 2: summary of sampling procedure

4.6. Data collection tool and procedure

Data collection was done by using interviewer administered structured questionnaire. Dissociative experience of the respondents was assessed by using dissociative experience scale revised version according to DSM-V (DES-II). It contains 28 questions each scored from 0% to 100%. It has high test-retest reliability (r= .84) and cronbach's alpha of .95 which is done in western setups.

12 questions adapted from DDIS of DSM-5 version was used to assess trauma history of the respondents. It assesses presence or absence of physical and sexual abuse and psychological trauma. Other included questions are used to assess the age at which trauma started and ended and who inflicted the trauma in the respondent if they have any form of trauma. Its reported cronbach's alpha value is 0.966 for US sample (23).

Depressive symptoms were assessed using the 9-item patient health questionnaire (PHQ-9), a 9-item questionnaire developed to assess probable depression in the primary care setting. The respondents are classified according to their total score as minimal depression (1-4), mild depression (5-9), moderate depression (10-14), moderately severe depression (15-19) and severe depression (20-27).

Data on social support was collected by Oslo-three item social support scale. It is classified depending on the total score as poor social support (below 9), moderate social support (9-11) and strong social support (12-14). It was reliable in the study (Cronbach's α = 0.91) done at Wolaita Sodo University.

ASSIST (Alcohol, Smoking and Substance Involvement Screening Test), which is developed by WHO, was used to collect data related to psychoactive substances. In addition Sociodemographic data was collected by using close ended questions.

Then, this questionnaire was translated to Amharic and Afaan Oromoo language then retranslated back to English so as to see and keep the consistency. The Amharic and afaan oromoo version of the questionnaire was used for actual data collection

4.7. Variables of the study

- Dependent variables
  - Dissociative experience.
- Independent variables
  - Sex,
  - Age,
  - Income or economic status,
  - Religion,
  - Marital status,
  - Educational status,
  - Ethnicity and
  - History of trauma (physical, sexual and psychological)
  - Depressive symptoms

- Level of social support
- Substance use.

- **Operational definitions**

Dissociative experiences scale (DES): from different references DES mean above 20, 25 and 30 is assumed as indicative of presence of dissociative disorders in a person(20)(21)(19)(22). Because there was no baseline research finding to guide us in our community to use any cut off point to categorize the population, we only did mean DES of the study population to see the severity and related factors of dissociative experiences in our current research.

Any history of trauma: participant's exposure to any kind of traumatic life experiences which may include but not inclusive of sexual, physical or psychological abuse or neglect in their entire life.

Social support: it is scored by using Oslo scale and classified as poor, moderate and strong social support.

Substance use: use of any psychoactive substances in current or lifetime.

Depressive symptoms: scored according to PHQ9. Total score below 5 is taken as minimal depression, 5-9 is mild depression, 10-14 is moderate depression, 15-19 is moderate to severe depression, and 20-27 is severe depression.

Psychological trauma: exposure to or witnessing war, parent conflict, car accident, execution of relative etc

4.8. Data quality control

Principal investigator gave training for data collectors and supervisors. The training focused on explaining purposes of the study, how to interview questions and fill the questionnaires, neutrality of interviewers, responsibilities of data collector, and rights of respondents. Before starting the actual survey, the questionnaire was pretested on 5% respondents in another population (non-selected kebeles) to know the length, content, question wording and language understandability of the question. All the questionnaires were checked daily to ensure that whether they are appropriately filled or not. Missing data were confirmed before the start of the next day's interview. In addition, qualities of data collection were ensured through close supervision and emergency visits of the data collectors by the principal investigator.

4.9. Data processing and analysis

After the completion of data collection process, all the questionnaires were checked for completeness, clarity and consistency. Missed values were identified and labeled by using specific codes. Graphs and tables were used to show the results.

Data were entered and cleaned using Epi-data version **4.6** and analyzed by SPSS version **28** (24). Bivariate analysis method (compare means (One-Way ANOVA) was used to identify factors related with dissociative experiences. Test of normal distribution for dependent variable (mean dissociative experience score) has shown abnormal distribution with multiple extreme values. Therefore the best method of analysis chosen for this research is One-Way ANOVA. By entering mean DES score as dependent variable and entering all other categorical variables as independent variables, results were presented using descriptive statistics such as percentages, means, standard deviation and 95% CI, with their repective p value. Those groups with higher mean than population mean and significant p value were taken as risk factors.

4.10. Ethical consideration

Before the study began ethical clearance was obtained from the ethical review committee of Jimma University. Ethical clearance was taken from Jimma Zone health bureau and finally, permission was taken from this bureau to each kebeles administrators. The study subjects were informed about the objective and purpose of the study and written consent was obtained from them. Confidentiality of the information was assured and information was collected secretly. To enhance the confidentiality, whenever there were multiple people in the house during interview process, separate private room was chosen to continue the interview. For adolescents below age 19, consent was taken from parents/guardian. Those who reported depressive symptoms or any other distress were given psychoeducation to visit mental clinic, those who are interested were enrolled to social media (telegram channel etc) and provided with phone number of responsible bodies.

4.11. Dissemination plan

The plan of dissemination of the research result includes presentation at Jimma University institute of health, medicine faculty; department of Psychiatry, Research Conferences. The findings will be published in peer reviewed journal.

CHAPTER FIVE: RESULTS

5.1. Socio-demographic characteristics

Among a total of 636 people selected, 634 participated giving 99.7% response rate. The mean (± SD) age of respondent's was 36.5 (± 12.1) years and range was 15-82 years. Majority (93.8%, 595/634) participants were adults followed by adolescents between 15 and 18 years (3.6%, 23/634). Out of the total participants 317 (50%) were males, while 311 (49%) were females. The majority (n= 382, 60.3%) of the respondents were married. Concerning educational status, about 94.8%, (n=601) of the respondents attained at least primary school and above.

Approximately 1/4th (24.6%) were government employee, while about 1/5th (21.8%) were merchants. The monthly household income of participants ranged from 200 to 20,000 Eth Birr with a mean of 3940 (± 2585) ETB. More than half of the study participants (58.7%, n=372) were Oromoo ethnic group followed by Amhara (16.1%, n= 102). Considering religion composition, 54.9% of the respondents were Muslim while 28.2% were Orthodox Christian. (See table 1)

Table 1: Socio-demographic characteristics of respondents (n=634).

Variables	Categories	frequency	Percent
Age	19-64 years	595	93.8
	15-18 years	23	3.6
	>64 years	13	2.1
	Missing	3	0.5
Gender	Male	317	50
	Female	311	49.1
	Missing	6	0.9
Marital status	Married	382	60.3
	Single	162	25.5

	Divorced	43	6.8
	Widowed	32	5
	Missing	15	2.4
Education	Tertiary and above level	236	37.2
	Secondary education	188	29.7
	Primary education	177	27.9
	Illiterate	19	3
	Missing	14	2.2
Occupation	Government employee	156	24.6
	Merchant	138	21.8
	Student	46	7.3
	Others	281	44.3
	Missing	13	2
Monthly income	<4000 birr	317	50
	≥4000 birr	301	47.5
	Missing	16	2.5
Ethnicity	Oromo	372	58.7
	Amhara	102	16.1
	Dawro	31	4.9
	Others	68	10.7
	Missing	**61**	9.6
Religion	Muslim	348	54.9

	Orthodox Christianity	179	28.2
	Protestant Christianity	96	15.1
	Catholic	8	1.3
	Other	1	0.2
	Missing	2	0.3

Other occupations= housewife, daily laborer, pensioner, jobless

Other ethnicity= Kaffa, Gurage, Tigre, Yem

5.2. Dissociative experience

The average score of dissociative experience of Jimma residents ranges from minimum score of 0 to maximum score of 43.6. Overall average score for the whole study population was 4.9%. (See graph 3)

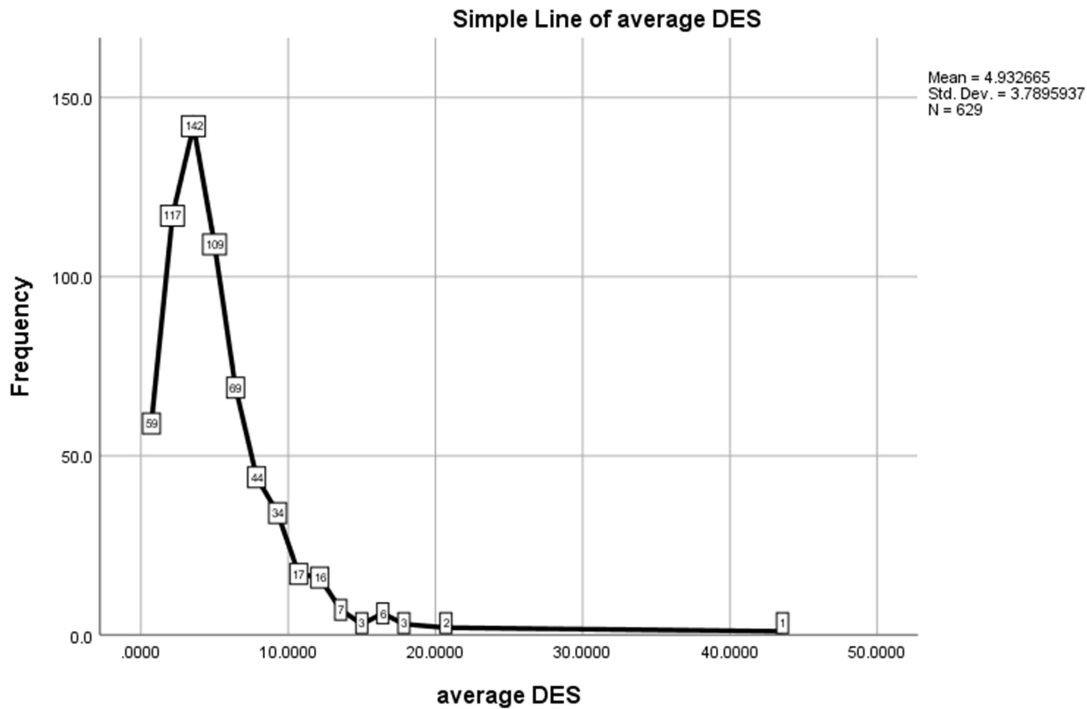

Figure 3: Average DES score of the Jimma town residents (n=629)

5.3. Factors related with dissociative experience.

From independent variables analyzed in One-Way ANOVA; age, educational status, marital status, and occupation of respondents have difference of mean DES score between groups. Age

above 64 years has mean DES score of **11.47**, (95% CI = 7.68, 15.27) and SD of 6.28 with P-value <0.001. This value is higher than mean DES score of adolescents **3.94** (95% CI= 2.63, 5.25) and adults **4.84** (95% CI= 4.54, 5.13). Residents with educational status of primary school has mean DES score of **6.12**, (95% CI = 5.37, 6.87) and SD of 5.03 with P-value <0.001. This value is higher than those who are illiterate with mean DES score of **4.85** (95% CI= 3.03, 6.68), those with primary school level mean DES score of **4.80** (95% CI= 4.32, 5.27), and those with tertiary school level mean DES score of **4.19** (95% CI= 3.83, 4.55). Regarding marital status, those who are widowed has mean DES of **8.15**, (95% CI = 6.30, 10.00) and SD of 5.05 with P-value <0.001. This score is higher than that of single mean DES score of **4.21** (95% CI= 3.72, 4.70), married mean DES score of **4.89** (95% CI= 4.52, 5.27) and divorced mean DES score of **5.81** (95% CI= 4.36, 7.26). (See table 2)

Table 2: Bivariate analysis of Sociodemographic factors related with dissociative experience in Jimma town residents (n=629)

Variable	Categories	N	Mean of DES (95% CI)	SD	P
Age	Age below 19	23	3.94 (2.63-5.25)	3.02	**<0.001**
	Age 19-64	590	4.84 (4.54-5.13)	3.63	
	Age above 64	13	11.47 (7.68-15.27)	6.28	
Gender	Male	314	4.69 (4.29-5.10)	3.63	0.172
	Female	309	5.11 (4.67-5.55)	3.92	
Education	Illiterate	19	4.85 (3.03-6.68)	3.79	**<0.001**
	Primary school	176	6.12 (5.37-6.87)	5.03	
	Secondary school	187	4.80 (4.32-5.27)	3.32	
	Tertiary school	234	4.19 (3.83-4.55)	2.80	
Income	< 4000 ETB	315	4.63 (4.23-5.03)	3.58	0.081
	≥ 4000 ETB	299	5.17 (4.71-5.62)	4.00	

Marital status	Single	160	4.21 (3.72-4.70)	3.14	**<0.001**
	Married	381	4.89 (4.52-5.27)	3.71	
	Divorced	43	5.81 (4.36-7.26)	4.70	
	Widowed	31	8.15 (6.30-10.00)	5.05	
Religion	Orthodox Christian	177	4.93 (4.39-5.46)	3.63	0.833
	Muslim	345	5.04 (4.66-5.42)	3.61	
	Protestant Christian	96	4.62 (3.65-5.58)	4.77	
	Catholic	8	4.04 (2.62-5.47)	1.71	
Ethnicity	Oromo	370	4.85 (4.44-5.25)	3.96	0.721
	Amhara	100	4.66 (4.03-5.30)	3.19	
	Dawro	31	5.07 (3.81-6.33)	3.44	
	Others	68	4.34 (3.60-5.09)	3.08	
Occupation	Farmer	2	1.79 (-7.29-10.86)	1.01	**0.023**
	Gov't employee	154	4.43 (3.98-4.89)	2.85	
	Merchant	137	5.08 (4.45-5.71)	3.71	
	Student	46	3.85 (3.01-4.69)	2.84	
	Other	278	5.35 (4.83-5.86)	4.37	

Those who have physical abuse scored mean of **7.24** (95% CI= 5.79, 8.68) with SD of 4.33 compared with those who have no physical abuse history whose mean is **4.81** (95% CI= 4.50, 5.11) and SD of 3.72, p value <0.001. Similarly, those who have sexual abuse scored mean of **12.39** (95% CI= 6.03, 18.75) with SD of 10.52 compared with those who have no sexual abuse history whose mean is **4.81** (95% CI= 4.54, 5.08) and SD of 3.37, p value <0.001. Those who have psychological trauma scored mean of **5.95** (95% CI 5.34, 6.85) with SD of 4.15 compared

with those who have no psychological trauma history mean **4.58** (95% CI= 4.24, 4.91) and SD of 3.56, p value <0.001. (See table 3)

Table 3: Bivariate analysis of trauma related independent factors related with dissociative experience in Jimma town population (n=629)

Variable	Category	N	Mean of DES (95% CI)	SD	Sig.
Physical abuse	Yes	37	7.24 (5.79-8.68)	4.33	**<0.001**
	No	585	4.81 (4.50-5.11)	3.72	
Concurrent sexual abuse	Yes	11	8.28 (5.24-11.32)	4.53	0.399
	No	24	6.90 (5.05-8.75)	4.39	
Physical abuse by whom?	Father	6	6.31 (3.41-9.21)	2.76	0.109
	Mother	3	3.37 (-4.41-11.15)	3.13	
	Stepfather	10	9.50 (5.61-13.39)	5.44	
	Stepmother	2	12.86 (-77.90-103.62)	10.10	
	Relative	7	6.52 (5.02-8.02)	1.62	
	Other	6	6.70 4.30-9.10)	2.29	
Sexual abuse	Yes	13	12.39 (6.03-18.75)	10.52	**<0.001**
	No	603	4.81 (4.54-5.08)	3.37	
Sexual abuse by whom?	Stepfather	5	13.29 (7.37-19.2)	4.76	0.122
	Relative	2	24.82 (-213.42-263..06)	26.52	
	Other	6	7.50 (3.38-11.62)	10.52	
# of sexual abuse before 14	1-5	3	8.57 (0.84-16.31)	3.11	0.127
	6-10	4	9.29 (5.40-13.17)	2.44	
	Unsure	3	24.52 (-18.29-67.34)	17.24	

Psychological trauma	Yes	182	5.95 (5.34-6.55)	4.15	**<0.001**
	No	431	4.58 (4.24-4.91)	3.56	
What type of psychological trauma?	Car accident	49	5.52 (4.18-6.85)	4.65	0.433
	Murder	7	4.25 (0.10-8.40)	4.49	
	War	13	5.57 (2.07-9.06)	5.78	
	Loss, death	43	6.28 (5.24-7.32)	3.39	
	Parent conflict	64	6.55 (5.58-7.52)	3.88	
	Other	4	3.44 (0.40-6.48)	1.91	

Regarding PHQ-9 responses, those who have severe depressive symptoms (PHQ9 score above 20), have mean DES score of **9.78** (95% CI = 7.51, 12.05) with p-value <0.001. In the opposite extreme, those who have no depressive symptoms (PHQ9 score below 5) scored mean DES of **4.39** (95% CI= 4.11, 4.67).

Looking at social support responses, residents with poor social support has mean DES score of **5.67** (95% CI= 4.44, 6.90) with SD of 4.72 and p-value of 0.019. We can compare it with those who have moderate and strong social support, **5.46** (95% CI= 4.74, 6.15) and **4.63** (95% CI= 4.30, 4.95) respectively. (See table 4)

Table 4: Bivariate analysis of presence of depressive symptoms and social support score related with dissociative experience in Jimma town residents (n=629)

Variable	Category	N	Mean DES (95% CI)	SD	Sig.
PHQ9	Minimal	416	4.39 (4.11-4.67)	2.94	**<0.001**
	Mild	159	5.39 (4.63-6.15)	4.84	
	Moderate	25	6.98 (5.04-8.93)	4.72	
	Moderate to severe	6	8.42 (5.03-11.81)	3.23	
	Severe	18	9.78 (7.51-12.05)	4.56	

Oslo1	Poor	59	5.67 (4.44-6.90)	4.72	**0.019**
	Moderate	158	5.46 (4.74-6.15)	4.40	
	Strong	1408	4.63 (4.30-4.95)	3.34	

Those who used any substance in their life have mean DES of **5.27** (95% CI= 4.94, 5.61) and those who didn't use any substance in life time mean DES score of **4.00** (95% CI= 3.37, 4.63). The p-value is <0.001. (See table 5)

Table 5: Bivariate analysis of substance use related with dissociative experience in Jimma town residents (n=629)

Variable	Category	N	Mean (95% CI)	SD	Sig.
Substance use	Yes	464	5.27 (4.94-5.61)	3.65	**<0.001**
	No	161	4.00 (3.37-4.63)	4.05	

CHAPTER SIX: DISCUSSION

This study revealed that mean DES of study population is **4.9**. From the total respondents 605 (95.4%) had experienced at least 1 dissociative symptom in their life. This finding is comparable to the finding of study done in Canada; Winnipeg which found 93.4% (985/1055) of community has experienced at least 1 dissociative symptom in life time. (25)

Our mean DES score is higher than that was found in Memphis, Tennessee which is **3.49**. The difference between the 2 studies may be related to tool used to assess DES. In our study, we used DES (28- item questionnaire) while the study done in Memphis used DES-T (which is 8 questions summarized from 28 DES questions). (22)

In our study, average mean DES score of male and female are not significantly different. This finding is in line with one study done in Australia, in which prevalence of pathological dissociation in the general population did not differ significantly between genders. Another large prospective study done in Finnish general population also reported that males and females didn't differ on rates of pathological dissociation. (2, 17, 27)

Among trauma related factors, presence of all forms of trauma (sexual abuse, physical abuse and psychological trauma) is significantly associated with difference in mean DES among categories. This finding is consistent with the finding of research done in Germany, University of Konstanz which reported that sexual and physical abuse is found to be risk factors for dissociative disorders (20). Another indirect evidence for this finding may be also explained by finding of meta-analysis of over 1500 studies concluded that there is strong empirical support for the hypothesis that trauma causes dissociation. (2, 28)

The study done in USA, California, San Mateo county on trauma and dissociation in delinquent adolescents found 28.3% sample has dissociative disorders and 96.8% endorsed history of traumatic events. According to their finding, there was significant positive correlation between Childhood trauma interviews (CTI) and Childhood trauma questionnaire (CTQ) trauma scores and SCID-D dissociative symptoms. They concluded that their study provided support for an early link between history of trauma and dissociation. (17, 26)

In this study, respondents with symptoms of severe depression had highest mean DES score when compared with those who have no or mild depressive symptoms. Our finding is supported by the finding on the research done in Australia which has shown people with depression have higher dissociation score compared with those who have no depression. (16)

Regarding substance use, those who used substance in their life have mean DES higher than those who didn't. Our finding is similar to study done in USA, which has shown difference in DES mean among substance users when compared with nonusers. (22). It also goes with finding that reported dissociative disorders were seen in 17.2% of large inpatient group seeking treatment for substance abuse (karadag et.al, 2005). (27)

6.1 Strength and Limitation of Study

- **Strength of study**

We were able to do community based study with limited resource allocated for the study on fairly large sample size. Our topic is novel and no similar topic was done in the country nd continent level. It might be used us reference in future for interested researchers.

- **Limitation of Study**

It is impossible to establish cause-effect relationship due to cross sectional study design. There might be also recall bias to some questions which need recalling past especially dissociative experiences and history of trauma. The challenge was huge because all the data collected are through self report. Some terms in questionnaire had no direct translation in Amharic or afaan oromoo which forced data collectors to invest additional time to explain the terms in local terms.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS

7.1. Conclusion

This study has shown that experience of dissociative experiences in general population is high. Being widowed, having sexual and physical abuse, severe depressive symptoms were associated with having highest mean DES. The study findings show that dissociative disorders need attention from responsible bodies. We hope the study will be used as reference for future studies in the same topic.

7.2. Recommendations

Based on the findings mentioned above the following recommendations are forwarded for the followings concerned bodies;

- **Federal Ministry of Health**

Ministry of health should try best to work on diverting focus on dissociative disorders and other trauma related disorders.

- **Zonal Health department and NGOs**

Health office in particular, needs to give due attention to increase awareness of dissociative disorders, prevention of traumatic experiences and abusive environment for people.

- **Researchers**

Researchers are recommended to do further investigation on this issue in order to familiarize concerned bodies with the problem since:-

- This study is the first one in the community and should be supported or refuted by other investigators.
- The design is cross-sectional and doesn’t show cause effect relationship, therefore other study designs should be considered.
- We strongly recommend other researchers to do similar researches by using diagnostic tools because our current study is only done by using screening tools.

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ANNEXES:

Annex 1: English, Afaan Oromoo and Amharic version questionnaire

1. **Information sheet**

My name is ---. I am a data collector in a survey being conducted about dissociative experiences. The investigator is Dr. Mathewos Masane, specialty certificate in psychiatry candidate from Jimma University, institute of Health, department of Psychiatry. The aim of this study is to estimate prevalence of dissociative experiences in Jimma town residents, southwestern Ethiopia; 2021. The study may help stakeholders, policy makers, responsible body and others to take actions based on the finding. The study comprises various socio-demographic and DES questions. You are chosen to participate in this study. Interview will take not more than 25 minutes.

We assure you that there is no risk or harm in participation of this study. All information will be kept confidentially. Name of a participant will not be written or specified. Your privacy will also be protected and no one shall know your response.

This study benefits you that, you have the right to know about dissociative experiences. If you are found to have evidences of dissociative disorders, you will be referred for proper advice and further diagnosis and treatment. There is no incentive or payment for participating in this research. Likewise, findings of the study will show the magnitude of dissociative disorders in the community. This in turn will help to design effective and appropriate measure for support and treatment for people with dissociative disorders.

You have full right whether or not to participate in this study. You may respond to all questions or you may not answer to the questions you don't want to or you may quit your participation totally at any time you want. You can ask any questions which is not clear for you.

Informed consent

As to the information given ahead, participating in this study has no risk. In order to attain the objective of the study, your participation is vital. For this reason, we are requesting your free will. You are enumerated in this study and your name will not be written on this form and the information you give will never be shared to others. Your genuine response to the interviews will be very important for the purpose of the study.

I have read this form or it has been read to me in the language I comprehend and understand all condition stated above.

Are you willing to participate in this study?

Yes No

If “Yes" ...proceed with the interview.

If “No” ....thank you and end.

Name of the principal investigator: Dr. Mathewos Masane (R3)

Advisors:

1. Dr. Alemayehu Negash (MD, Psychiatrist, associate professor)
2. Dr. Elias Tesfaye (MD, Psychiatrist, associate professor)
3. Dr. Bezaye Alemu (MD, Psychiatrist, assistant professor)

Cell phone Number: +251910849626 Email: mathygimjabet@gmail.com

Name of interviewer___________________ Signature__________

Date of interview (Ethiopia calendar) _____/_____/_____

Result of interview: 1. Complete 2. Refuse 3. Partially complete 4. Respondent not available

Checked by supervisor: Name______________ Signature_________ Date___/_____/___

1/ Sociodemographic data

No	Questions	Responses
1.1	Age	---------year old
1.2	Gender	1.Male 2.Female
1.3	Marital status	1. Single 2. Married 3. Divorced 4. Widowed
1.4	Educational status	1. Unable to read and write 2. Primary school 3. Secondary school 4. College and above
1.5	Estimated income	----------ETB
1.6	Occupation	1. Farmer 2. Government employed 3. Self-employed 4. Student
1.7	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Others (specify)
1.8	Ethnicity	1. Oromo 2. Amhara 3. Dawro 4. Others (specify)

2/ DES-II

No	Questions	Responses
2.1	Some people have the experience of driving or riding in a car or bus or subway and suddenly realizing that they don't remember what has happened during all or part of the trip. Select the number to show what percentage of the time this happens to you. (0% never, 100% always)	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.2	Some people find that sometimes they are listening to someone talk and they suddenly realize that they didn't hear part or all of what was said.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

2.3	Some people have the experience of finding themselves in a place and have no idea how they got there.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.4	Some people have the experience of finding themselves dressed in clothes that they don't remember putting on.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.5	Some people have the experience of finding new things among their belongings that they don't remember buying.	0-10-20-30-40-50-60-70-80-90-100
2.6	Some people sometimes find that they are approached by people that they don't, know who call them by another name or insist that they have met them before.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.7	Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.8	Some people are told that they sometimes don't recognize friends or family members.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.9	Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation).	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.10	Some people have the experience of being accused of lying when they don't think that they have lied.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.11	Some people have the experience of looking in a mirror and not recognizing themselves.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

2.12	Some people have the experience of feeling that other people, objects and the world around them are not real.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.13	Some people have the experience of feeling that their bodies doesn't seem to belong to them.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.14	Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.15	Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.16	Some people have the experience of being in a familiar place but finding it strange and unfamiliar.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.17	Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.18	Some people find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.19	Some people find that they sometimes are able to ignore pain.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.20	Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of passage of time.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

2.21	Some people sometimes find that when they are alone they talk out loud to themselves.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.22	Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.23	Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situation, etc.).	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.24	Some people sometimes find that they can't remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it)	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.25	Some people find evidence that they have done things that they don't remember doing.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.26	Some people sometimes find writings, drawings, or notes among their belongings that they must have done but can't remember doing.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.27	Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.28	Some people sometimes feel as if they are looking at the world through a fog, so that people and objects appear far away or unclear.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

3/ Trauma History

No	Questions	Responses
3.1	Were you physically abused as a child or adolescent? If the answer is no, go to question 3.6	Yes --- No --- Unsure ---
3.2	Was the physical abuse independent of episodes of sexual abuse?	Yes --- No --- Unsure ---
3.3	If you were physically abused, was it by	a. father b. mother c. stepfather d. stepmother e. brother f. sister g. relative h. other
3.4	If you were physically abused, how old were you when it started?	------years 0 if below 1 year, 89 if unsure
3.5	If you were physically abused, how old were you when it stopped?	-----years, current age if ongoing, 0 if below 1 year, 89 if unsure
3.6	Were you sexually abused as a child or adolescent? (includes rape or any type of unwanted sexual touching or fondling) If the answer is yes or unsure, the interviewer should state the following before asking further questions on sexual abuse. "***The following questions concern detailed examples of sexual abuse you may or may not have experienced. Because of the explicit nature of these questions, you have the option not to answer any or all of them. The reason I am asking these questions is to try to determine the severity of the abuse that***	Yes --- No --- Unsure ---

	you experienced. You may answer yes, no, unsure or not give any answer to each question." If the answer is no, go to question 3.11	
3.7	If you were sexually abused, was it by	a. father b. mother c. stepfather d. stepmother e. brother f. sister g. relative h. other
3.8	If you were sexually abused, how old were you when it started?	------years 0 if below 1 year, 89 if unsure
3.9	If you were sexually abused, how old were you when it started?	-----years, current age if ongoing, 0 if below 1 year, 89 if unsure
3.10	How many separate incidents of sexual abuse were you subjected to up until age 14?	1-5 =1, 6-10=2, 11-50=3, >50=4, unsure=5
3.11	Have you ever experienced other traumatic life events other than sexual and physical abuse before age 15?	Yes --- No --- Unsure ---
3.12	If yes for question 3.11 above, which of the following?	a.witnessing severe car accident b. witnessing murder of family member or relative c. witnessing war d. unexpected loss/death of family member e. witnessing conflict of parents f. others (specify)

4/ Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Score; 0 if not at all 1 if several days 2 if more than half the days 3 if nearly every day

No	Questions	Responses
4.1	Little interest or pleasure in doing things	
4.2	Feeling down, depressed, or hopeless	
4.3	Trouble falling or staying asleep, or sleeping too much	
4.4	Feeling tired or having little energy	
4.5	Poor appetite or overeating	
4.6	Trouble concentrating on things, such as reading the newspaper or watching television	
4.7	Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	
4.8	Feeling bad about yourself or that you are a failure or have let yourself or your family down	
4.9	Thoughts that you would be better off dead, or of hurting yourself	

5/ **Social Support Part (Oslo Social Support Scale)**

No	Questions	Responses
5.1	How many people are so close to you that you can count on them if you have great personal problems?	1 'none' 2 '1–2' 3 '3–5' 4 '5+
5.2	How much interest and concern do people show in what you do?	1 'none' 2 'little' 3 'uncertain' 4 'some'

		5 'a lot'
5.3	How easy is it to get practical help from neighbors if you should need it?	1 'very difficult' 2 'difficult' 3 'possible' 4 'easy' 5 'very easy

6/ Substance use history

No	Questions	Responses
6.1	Did (do) you use any substance in your life?	Yes… No…
6.2	If yes for question 6.1 above, which of the following?	a.tobacco products b. alcohol beverages c. cannabis d. khat e. inhalants f. others (specify)

MIILTOO

Afgaaffii Hiikkaa Afaan Oromoo

1. Fuula odeeffannoo

Maqaan kiyyaa ________________________________ jedhama. Qorannoo hunda geettii dhimma “dissociative disorders” jedhurrattin raga funanaa jira. Qorataan qorannoo kanaa Dr. Maatewoos Maassanee, yuunvarsiitii jimmaa instiitiyuutii fayyaa muummee saaykaatiriitti kaadhiamaa saayikaatirii dha. Kaayyoon mummee qorannoo kanaa hangamtaa “dissociative disorders” magaala jimmaa tilmamuudhaaf yemmuu tahu bu’aan qorannoo kanaas dhimmaatoota adda addaaf kanneen akka warra poolisii bocaniifayiif itti galtee hojii taha.

Qorannoon kun seenduuba hirmaattotaafi iskeelii gaaffilee of keessaa qabaata. Ati akka qorannoo kana keessaatti qooda fudhattuuf filatamteetta. Afgaaffiin kun ammo daqiiqaa 25f qofa kan fudhatu taha.

Hirmaannaankee miidhaa tokollee akka sirratti hin qabne gamanumaan siif mirkaneessina. Maqaakee barreessun hin barbaachisu; Ragaalee ati kennitu hundi hicciitiidhaan kan qabaman tahu; hicciitiin dhuunfaakee kan eegamu taha; fayyidaa hirmannaankee siif kennu keessaas dhimma qoratamu kana, “dissociative disorders”, irratti mirga hubannaa horachuu ni qabaatta; rakkookeetif yaala argachuu ni malta. Haatahu maleessa, hirmaakeef kaffaltiin maallaqaa siif kennamu akka hin jirre beekuun barbaachisaadha.

Dhumarratti, addemsa gaaffiifi deebii kana keessatti waan siif hin galle gaafachuun mirgakeeti akkasumas hirmaankee yeroo barbaaddetti adda kutuunis mirgakee tahuun beekuun garridha.

Heyyama hirmaataa

Haaluma duratti tuqametti, qorannoo kana keessatti hirmaachuunkee miidhaa qabsiisu hin qabu. Kanaaf hirmaankee adeemsa qorannoo kanaaf barbaachisaadha. Kanaaf, murtii dhuunfaakeetiin akka hirmaatte mirkaneessuu barbaadna.

Ani yaadolees armaan olitti tuqaman dubbisee hubachuudhaan hirmaannaan kiyyaa miidhaa tokkollee kan hin qabne tahuu hubadheera. Kanaafuu, fedhii kiyyaan kanan hirmaadhe tahuukoon mirkaneessa.

Qorannoo kana keessatti hirmachuuf fedhii qabdaa?

Eeyyee ________ Lakkii ________

Deebiinkee yoo **“eeyyeen”** tahe, afgaaffii kana itti fufi

Deebiinkee yoo **“lakkii”** tahe, galtoomii siin jenna afgaafficha asumatti adda kutuu dandeessa

Maqaa qorataa adda duree: Dr. Maatewoos Maassanee (R3)

Gorsitoonni

1. DR. Alamaayyoo Nagaash (MD, Saayikaatirii, Gargaaraa Piroofesaraa)
2. DR. Eeliyaas Tasfaayee (MD, Saayikaatirii, Gargaaraa Piroofesaraa)
3. DR. Beezaay Alamayyoo (MD, Saayikaatirii, Gargaaraa Piroofesaraa)

Lakk bilbilaa: +251910849626 Email: mathygimjabet@gmail.com
Maqaa gaafataa___________________ mallattoo__________
Guyyaa gaaffiin itti gaggeeffame (Akka Lakkoofsa Itoophiyaatti) _____/_____/_____
Bu’aa afgaaffichaa: 1. guutuudha 2. Ni didame 3. Gamtokkeen guutuudha 4. Hirmaataan hin argamne
Suparvaayizara mirkaneesse: maqaa_____________mallattoo_________ Guyyaa ___/_____/___

1/ Ragaa seen-duubaa

Lakk	Gaaffilee	Deebii	Yaada
1.1.	Umurii	Bara _________dha	
1.2.	Saala	1. Dhiira	
		2. Dubara	
1.3.	Gaa'ela	1. Kan hin fuune/heerumne	
		2. Kan fuudhe/heerume	
		3. Kan hike/kte	
		4. Kan du'aan adda bahe/baate	
1.4.	Seena barnootaa	1. Dubbisuufi barreessuu hin danda'u	
		2. Mana barumsaa sadakaa tokkoffaa	
		3. Mana barumsaa sadarkaa lammaffaa	
		4. Dhabbata sadarkaa ol'aanaa	
1.5.	Hanga galii (tilmaamaan)	Qarshii _________	
1.6.	Haala Hojii	1. Qonnaan bulaadha	
		2. Miindeffamaa mootummaati	
		3. Ofiin kan of-miindessedha	
		4. barataadha	
1.7.	Amantaa	1. Ortoodoxiidha	
		2. Miisiliimadha	
		3. pirotestaantiidha	

		4. kan biro (yoo jiraate)
1.8	Qooqaa	1. Oroomo 2. Amhara 3. Dawro 4. Kambirawo

2/ DES-II

Lakk	Gaaffilee	Deebii
1	Namoonni tokko tokko geejibarra osoma jiranuu maaltu akka tahaa jiru ykn deemsa keessa turan ni dagatu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2	Namoonni gariin dubbii namaa ni dhaggeffatu garuu dubbii namichaa gartokkee yon guutummaatti hin hubatiin hafu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
3	Namoonni gariin bakka tokko deemanii maaliif akka deemanii akkamiin akka achi dhufan garuu hin beekan	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
4	Namoonni garii uffata maalii akka huffatan osoo hin beekiin uffatanii argamu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
5	Namoonni gariin maammiloota isaanii irraa maal akka bitaniirufaa ni dagatu.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
6	Namoonni gariin yeroo tokko tokko namoota hin beekneen walitti siqanii argamu; akka waan walbeekanii itti fakkaata	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
7	Namoonni gariin yeroo tokko tokko akka waan namni tahe bira	0- 10- 20- 30- 40-

	dhaabbatee isaan ilaaluutti ykn akka waan ofiin ilaalaniitti yaadu	50- 60- 70- 80- 90- 100-
8	Namoonni tokko tokko hiriyyota/maatii isaanii dagatu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
9	Namoonni gariin taateewwan ciccimoo kan akka gaa'ela isaaniifaa ni dagatu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
10	Namoonni gariin osoo hin beekiin yeroo soban argamu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
11	Namoonni gariin fuulleen of ilaalanii kayanii akka of ilaalan ni dagatu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
12	Namoonni gariin nama dabalatee wantonni naannoo isaaniitti argaman dhugaa akka hin taane yaadu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
13	Namoonnii gariin qaamni isaanii akka kan isaanii hin tahiinnitti yaadu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
14	Namoonni gariin yeroo tokko tokko taateewwan darban yaadachuudhaan akka miira waa dandamachuu horatanitti yaadu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
15	Namoonni gariin wantoonni isaan yaadatan tokko tokko akka waan tahaa hin jirreetti yaadu ykn akka abjootaniitti yaadu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

16	Namoonni tokko tokko akka waan bakka beekanii tokko jiraniitti yaadanii garuu bakka hin beekne tokkotti argamu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
17	Namoonni gariin yeroo televizniinii ilaalan taateewwan naannoo isaanii jiru hin beekan	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
18	Namoonni gariin gammachuu tasaa keessa yeroo seenan inumaayyuu akka waan taateen sun dhugaa tahetti fudhafu.	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
19	Namoonni gariin miira badaa dhagahuuf fedhii hin qaban	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
20	Namoonni gariin bakka tokko yeroo dheeraaf tayaanii akka yeroo isanii darbe hin beekan	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
21	Namoonni gariin yeroo tokko tokko sagaleessanii qofaasaanii odeessu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
22	Namoonni gariin akka nama lam atahniitti haala garaa garaa keessatti amala gara garaa yeroo mul'isan argamu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
23	Namoonnii gariin yeroo tokko tokko hojii isaanitti ulfaatu haala nama ajaa'ibuun hojjetanii argamu (fknf kan ispoortii, hawaassummaa)	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
24	Namoonni gariin hojii tokko hojjechuu isaanii ykn yaaduu isaani ni dagatu (akka e-mail barreessanii erguu dagachuu)	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

25	Namoonni gariin akka hojjetan hin yaadatan garuu hojiin qabatamaan hojjetamee argu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
26	Namoonni tokko tokko barreefamoonni, fakkiilen ykn yaadannoo gara garaa hiriyyoota isaaniif barreeffamee argu garuu akka kana godhan hin yaadatan	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
27	Namoonni tokko tokko sammu isaanii keessaa sagalee ajajaa dhagahuudhaan yeroo waa hojjetan argamu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
28	Namoonni tokko tokko wantoota naannoo isaanii akka waan bararreetti argu kanaaf waantoonni sun irraa fagaatanii argamu	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

3/ Senaa balaa

Lakk	Gaffii	Debii
3.1	Yeroo da'imumaa ykn dargagguma midhaa qamaatif saxilamattee bektaa ?debiin kee miti tanaan gara gaffii 3.6 darbii	Eeyyee ________ Miti _______ Hin Bekuu ________
3.2	Midhaa qamaa sirittii gudedammuun alaa?	Eeyyee ________ Miti _______ Hin Bekuu ________
3.3	Midhaa qamaa sirattii ga'ee taanan eenyuun siraa ga'e?	a)Abbaa b) hadhaa c)Abbaa bidenna d) Hadhaa bidenna e) obbollessaa f) obbolettii g)firaa h) kan biraa
3.4	Yeroo midhaan qama siraa ga'uu umuriin kee meqaa turee ?	_______waggaa 0, yoo umurin kee 1 gadi ta'ee 1, hin bekuu
3.5	Midhaan qama siraa ga'aa turee umurii meqaa	________waggaa

	dhabatee?	0, yoo umurin kee 1 gadi ta'ee 1, hin bekuu
3.6	Ijollummaa ykn yeroo n dargagummaa kee irrattii gudedammun isiin irraa ga'ee jira? (gudedammuu ykn qama salaam tutukammuu wal ni qabata) Debii eeyyee ykn hin bekuu yoo ta'ee, funnanaan qorattaa wa'ee wa'ee gudeddammuu halaan ibsu qabaa. debiin yoo hin jiru ta'ee gara gaffii 3.11 darcii	Eeyyee ________ Miti _______ Hin Bekuu ________
3.7	Balaa gudedammuun eenyuun sira ga'aa turee?	a) Abbaa b) Hadhaa c) Abbaa bidennaa d) hadhaa bidennaa e) obbollessaa f) obbolettii g) fira h) kan biraa
3.8	Balaa gudedammuun yeroo jalqabaa sira ga'uun umurii kee meqaa ture?	0, yoo umurin kee 1 gadi ta'ee 1, hin bekuu
3.9	Balaa gudedammuun umuri meqaa irrattii dhabate?	0, yoo umurin kee 1 gadi ta'ee 1, hin bekuu
3.10	Hangaa umurii 14 gudedammuun yeroo meqaaf saxilamate?	1-5=1, 6-10=2, 11-50=3, >50=4,Hin Bekuu =5
3.11	Hanga umurii 15 gudedammuun fi midhaa qamaan ala balaa sir ga'ee jira?	Eeyyee _______ Hin jiru _________ Hin Bekuu ________
3.12	Yoo gaffii 3.11tiif debiin kee Eeyyee tanan kammetuu siridha?	a) Balaa konkollataa ijaan argu b) ajechaa mattii ykn firaa ijaan arguu c) warranaa d) mattii ykn fira du'aan dhabuu e) waliti bu'insaa Matii f) Kan biraa

4/ gaaffiillee halaa fayaa dhukkubasattaa waliin wal-qabataan (PHQ-9)

Torbee laman darbaan kessaa yeroo hagamiif rakkollee armaan gadiif isiin qunnamee bekaa?

0. gonkummaa 1 darbee darbee 2 yeroo bayee 3.guyyaa guyyaan

La kk	**Gaffii**	gonkumm aa	darbee darbee	yeroo bayee	guyyaa guyyaan

1	Fedhii xiqoo ykn gamachuu Hojii hojechuuf dhabuu.	0	1	2	3
2	muka’uu ykn gamachuu dhabuu	0	1	2	3
3	Rakkoo hiribbaa rafuu ykn hiribbaa bayissuu.	0	1	2	3
4	Dhaadhabii cimaa ykn annisaa dhabuu.	0	1	2	3
5	Rakkoo fedhii nyaata dhabuu ykn bayee nyaachu.	0	1	2	3
6.	Yadoo of gad xiqeessuu qabaachuu.				
7.	Rakkoo xiyyeefanoo kenuu dhadhaabuu.	0	1	2	3
8.	Sutaa demuu ykn hassa’uu, namoota kan biroo waliin yeroo illalamuu.	0	1	2	3
9.	Yaddaa of ajjessuu qabachuu ykn yaluu.	0	1	2	3

5/ gaaffiillen arman gadii gargaarsa hawaassumma waliin kan wal qabattanniidha (Oslo Social Support Scale)

Lakk	**Gaffii**	Debii
5.1	Yoo rakkoon cimaan si qunaame namoota hagaamtu si waliin ta’uu danda’aa? (tokkoo qofa filaadhu)	1= ‘hin jiru’ 2= ‘1–2’ 3= ‘3–5’ 4= ‘5+’
5.2	Hojii hojjaattu irrattii hangam namootnii xiyeffannoo siif kennuu? (tokkoo qofa filaadhu)	1= ‘hin jiru’ 2= ‘bayee xiqoo’ 3= ‘hin bekamuu’ 4= ‘bayee’ 5= ‘bayee bayee’
5.3	Gargarsa barbaadde maatii ykn firaa kee irraa argaachun hangam sitti salphaata? (tokkoo qofa filaadhu)	1 ‘bayee ulfata’ 2 ‘ni ulfataa’ 3 ‘ni danda’ama’ 4 ‘salphaa ’ 5 ‘bayee salphaa’

Kutaa 6 : Gaaffiille haala fayyadaama araadaa gadhe waliin kan wal-qabatan Alcohol, smoking and substance involvement screening test (ASSIST V 3.0)

Qajeelfama: gaaffilleen armaan gadii kun fayadaama araadaa gadhe waliin wal-qabaata. Deebii hirmaataan sirriitti ibsu danda'uu irrattii marsii.

Lakk	Gaffii	Debii
6.1.	Jiruu kee keessaa araadoota addaa addaa fayaadamtee beektaa?	1. Eeyyeen 2. miti
6.2.	Yoo deebiin gaaffii 1 "eeyyeen" ta'e araadaa gosaa kam fayyadaamta?	1.alkoolii (biraa, waynii, araake, daadhii, faarso) 2.caatii 3.tamboo 4.kan biro

የአማርኛ ቅጅ መጠይቆች

የመረጃ ቅጽ

ይህ ቅጽ የጅማ ከተማ ማህበረሰብ ውስጥ ዲሶሼቲቭ ኤክስፒሬንስ፤እና ተያያዥነት ያላቸዉን ጉዳዮችን በተመለከተ ለሚደረገው ጥናት የጥናቱ ተሳታፊዎችን ስምምነት መጠየቂያ ነው፡፡

ስሜ_______________ይባላል፡፡ የዚህ ጥናት መረጃ ሰብሳቢ ስሆን ጥናቱ የሚካሄደው ጅማ ከተማ ማህበረሰብ ላይ ነው፡፡ ጥናቱን የሚያጠናው ዶ/ር ማቴዎስ ማሳኔ ይባላል፡፡ ዶ/ር ማቴዎስ በጅማ ዩኒቨርሲቲ ጤና ኢንስቲትዩት በህክምና ፋካልቲ በስነ-አዕምሮ ትምህርት ክፍል በአዕምሮ ጤና ስፔሻሊቲ የድህረ ምረቃ ተማሪ ነው፡፡ የጥናቱ ዓላማም በጅማ ከተማ ውስጥ ያለውን ዲሶሼቲቭ ኤክስፒሬንስና ተያያዥነት ያላቸዉን ጉዳዮች ለማወቅ ነው፡፡ ስለዚህ ከዚህ ጥናት ጋር የተያያዙ ጥያቄዎችን እጠይቆታለሁ፡፡ ለዚህ ጥናት የተዘጋጁ ጥቂት ቃለ መጠይቆች ይኖሩኛል ቃለ መጠይቁም እስከ 25 ደቂቃ ሊፈጅ ይችላል፡፡

የእርሶ ስምም ሆነ እርሶን የሚገልጽ ማንኛውም መረጃ ለማንኛውም አካል አይገለጽም፡፡ የጥናቱ ተሳታፊ መሆን ምንም አይነት ጉዳት የለውም፡፡ ለቃለ መጠይቁ ከሚፈጀው ጊዜ ውጪ እርሶ የሚሰጡን ማንኛውም መረጃ በጥብቅ ሚስጥር ይያዛል፡፡ የእርሶ በዚህ ጥናት መሳተፍ ሙሉ በሙሉ በእርሶ ፍቃደኝነት የተመሰረተ ነው፡፡ በቃለ መጠይቆቹም ምቾት ካልተሰማዎት የማቋረጥ መብቶ የተጠበቀ ነው፡፡ በጥናቱ ላይ ማንኛም ጥያቄ ካለዎት ወይም የጥናቱን የመጨረሻ ውጤት ማወቅ ከፈለጉ እባክዎን አጥኚውን ለማግኘት ወይም ማነጋገር ስለሚቻል ስሜቶን ያሳውቁን በሚከተሉት አድራሻዎች ማግኘት ይችላሉ፡፡

የአጥኚው ስም ዶ/ር ማቴዎስ ማሳኔ

ስልክ ቁጥር + 251 9-10-84-96-26

E-mail mathygimjabet@gmail.com

በጥናቱ ለመሳተፍ ፍቃደኛ ኖት?

1. አዎ _______________ ወደሚቀጥለው ገጽ ይሂዱ

2. አይደለሁም ____________ አመስግነው ወደሚቀጥለው ተሳታፊ ይሂዱ

የስምምነት መጠየቂያ(መቀበያ) ቅጽ

እኔ የዚህ ጥናት ተሳታፊ በዚህ ቅጽ ላይ የፈረምኩት በጥናቱ ለመሳተፍ ሙሉ በሙሉ ፈቃደኛ መሆኔን በማረጋገጥ ነው፡፡

የጥናቱ ርዕስ "በጅማ ከተማ ማህበረሰብ ውስጥ ያለው ዲሶሼቲቭ ኤክስፒሬንስ እና ተያያዥ ጉዳዮችን ለማወቅ" የሚል ሲሆን የጥናቱ ዓላማም፤በጅማ ከተማ ማህበረሰብ ውስጥ ያለውን ዲሶሼቲቭ ኤክስፒሬንስና ተያያዥ ጉዳዮችን ለማወቅ ነው፡፡፡

በዚህ ጥናት መሳተፌ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ መሆኑን ተገንዝቢያለሁ፡፡ ለቃለ መጠይቁ የምሰጣቸው ምላሾችም ሆነ የኔ ማንነት በምንም መልኩ እንደማይታወቅና ለሌላ ሰው ወይም ለሦስተኛ ወገን ተላልፎ እንደማይሄድ ተነግሮኛል፡፡

የእኔ በጥናቱ መሳተፍም ሆነ አለመሳተፍ በእኔ ላይ ተጽእኖ ወይም ጉዳት እንደሌለውም ተነግሮኛል፡፡ እንዲሁም በዚህ ጥናት መሳተፍ ምንም አይነት ጉዳት እንደማያመጣብኝ ተግንዝቤያለሁ፡፡ በዚህ ጥናት ለሚኖሩኝ ጥያቄዎችም በጥናቱ ተሳታፊነቴ ላለኝ መብት ማነጋገርም ሆነ ኃላፊነት ያለበት ግለሰብ ዶ/ር ማቴዎስ ማሳኔ መሆኑን በግልጽ አውቂያለሁ፡፡

የጥናቱ ተሳታፊ ፊርማ (የወላጅ) ________________

ቃለ መጠይቁ የተደረገበት ቀን _________________

የተጀመረበት ሰዓት_________________ የተጠናቀቀበት ሰዓት_________________

ቃለመጠይቁን ያደረገው በለሙያ

ስም __________________________________

ፊርማ _________________

ቀን _________________

የተቆጣጣሪው ስም __________________________________ ፊርማ_________________

1/ ማህበራዊ (ሶሺዮዲሞግራፊክ) ባህሪዎች

ተ.ቁ	ጥያቄዎች	መልሶች
1.1	ዕድሜ	---------ዓመታት
1.2	ፆታ	1. ወንድ 2. ሴት
1.3	የጋብቻ ሁኔታ	1. ያላገባ 2. ባለትዳር 3. የተለያየ/የተፋታ 4. መበለት
1.4	የትምህርት ደረጃ	1. ማንበብና መጻፍ የማይችል 2. የመጀመሪያ ደረጃ 3. ሁለተኛ ደረጃ ትምህርት ቤት 4. ዲፕሎማ እና ከዚያ በላይ
1.5	ወርሃዊ ገቢ	----------የኢትዮጵያ ብር
1.6	ሥራ	1. አርሶ አደር 2. የመንግስት ሰራተኛ 3. የግል ሰራተኛ 4. ተማሪ
1.7	ሃይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ሌሎች (ይግለጹ)
1.8	ብሄር	1.ኦሮሞ 2. አማራ 3. ዳውሮ 4. ሌሎች (ይግለጹ)

2/ ዲኢኤስ

ተ.ቁ	ጥያቄዎች	ምላሾች
1.	አንዳንድ ሰዎች በመኪና ወይም በአውቶቡስ ወይም በመሬት ውስጥ ባቡር ውስጥ የመንዳት ወይም የማሽከርከር ልምድ አላቸው እና በሁሉም ወይም በከፊል የተከሰተውን እንደማያስታውሱ በድንገት ይገነዘባሉ። ይህ ለእርስዎ የሚደርስበትን የጊዜ መቶኛ ለማሳየት ቁጥሩን ይምረጡ። 0% በጭራሽ, 100% ሁልጊዜ)	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
2.	አንዳንድ ሰዎች አንዳንድ ጊዜ አንድ ሰው ሲያወራ ሲያዳምጡ እና እነሱ የተናገረውን በከፊል ወይም ሁሉንም እንዳልሰሙ በድንገት ይገነዘባሉ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

3.	አንዳንድ ሰዎች እራሳቸውን በአንድ ቦታ የማግኘት ልምድ አላቸው እና ምንም ሀሳብ የላቸውም እንዴት እዚያ እንደደረሱ::	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
4.	አንዳንድ ሰዎች እራሳቸው የለበሱትን ልብስ መልበሳቸውን ሳያስታውሱ ለብሰው ያገኙታል::	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
5.	አንዳንድ ሰዎች በንብረቶቻቸው መካከል አዳዲስ ነገሮችን የማግኘት ልምድ አላቸው መግዛታቸውን አያስታውሱም::	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
6.	አንዳንድ ሰዎች አንዳንድ ጊዜ እነሱ የማያውቅዋቸው ሰዎች እንደቀረቡአቸው ይሰማቸዋል፣ በሌላ ስም ማን እንደጠራቸው ወይም ከአሁን በፊት አስቀድመው እንዳገኘወቸው አጥብቀው ይሰማቸዋል::	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
7.	አንዳንድ ሰዎች አንዳንድ ጊዜ እንደ ቆሙ የመሰማት ልምድ አላቸው ከራሳቸው አጠገብ ወይም እራሳቸውን አንድ ነገር ሲያደርጉ ማየት እና እነሱ በእርግጥ ያዩታል እራሳቸውን እንደ ሌላ ሰው እንደሚመለከቱ::	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
8.	አንዳንድ ሰዎች አንዳንድ ጊዜ ጓደኞቻቸውን ወይም የቤተሰብ አባላታቸውን እንደማያውቁ ይነገራቸዋል ::	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
9.	አንዳንድ ሰዎች በሕይወታቸው ውስጥ አንዳንድ አስፈላጊ ክስተቶችን የማስታወስ ችሎታ እንደሌላቸው ይገነዘባሉ (ለምሳሌ ፣ ሠርግ ወይም ምረቃ)::	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

10.	አንዳንድ ሰዎች ዋሽተሀል በሚል በሐሰት ይወነጀላሉ የተወነጀለው ግን አለመዋሸቱን ያስባል/እያወቀ ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
11.	አንዳንድ ሰዎች በመስታወት ውስጥ እራሳቸው እየተመለከቱ እና እራሳቸው የማወቅ/የመለየት ችግር አላቸው ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
12.	አንዳንድ ሰዎች ሌሎች ሰዎችን ፣ ዕቃዎችን ፣ ዓለምን እና ሌሎች በዙሪያቸው ያሉትን እውን አይደሉም የሚል ስሜት የመሰማት ልምድ አላቸው ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
13.	አንዳንድ ሰዎች አካሎቻቸው የእነሱ እንዳልሆነ ያህል የሚል ስሜት አላቸው።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
14.	አንዳንድ ሰዎች አንዳንድ ጊዜ ያለፈውን ክስተት በጣም በደንብ የማስታወስ ልምድ አላቸው ያንን ክስተት በመተማመን ያህል እንደሚያስታውሱትም ይሰማቸዋል።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
15.	አንዳንድ ሰዎች ነገሮች እንዳሉ እርግጠኛ አለመሆን ልምድ አላቸው/በእርግጥ እንደተከሰተ ወይም እነሱ ብቻ ያዩዋቸው እንደሆነ/እንደመቃዠት አይነት ስሜት ይሰማቸዋል።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
16.	አንዳንድ ሰዎች በሚያውቁት ቦታ እየኖሩ ፣ ለቦታው የእንግዳነት/ቦታውን እንደማያውቁት አይነት ስሜት ያስተናግዳሉ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
17.	አንዳንድ ሰዎች ቴሌቪዥን ወይም ፊልም ሲመለከቱ በጣም ከመመሰጣቸው የተነሳ በዙሪያቸው ስለሚከሰቱ ሌሎች ክስተቶች ግንዛቤ ያጣሉ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
18.	አንዳንድ ሰዎች በሀሳብ/ምኞት ወይም የቀን ቅዠት ውስጥ ሆኖ በእርግጥም የሚያልሙት እየሆነ ያለ ይመስል ይሰማቸዋል።	0- 10- 20- 30- 40- 50-

		60- 70- 80- 90- 100-
19.	አንዳንድ ሰዎች አንዳንድ ጊዜ ህመምን ችላ ሊሉ እንደሚችሉ ይገነዘባሉ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
20.	አንዳንድ ሰዎች አንዳንድ ጊዜ ወደ ጠፈር /ሰማይ እያዩ ቁጭ ብለው ይቀመጣሉ። እና የጊዜን ማለፍ አያውቁም።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
21.	አንዳንድ ሰዎች አንዳንድ ጊዜ ብቻቸውን ሲሆኑ ለእራሳቸው ጮክ ብለው ይናገራሉ ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
22.	አንዳንድ ሰዎች በአንድ ሁኔታ ውስጥ በጣም ፍጹም የተለያዩ ድርጊቶችን የሚፈጽሙ ያህል ይሰማቸዋል። በተጻራሪው ግን ከእነሱ ጋር ሲነፃፀሩ እነሱ ሁለት የተለያዩ ሰዎች እንደሆኑ ያህል ይሰማቸዋል።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
23.	አንዳንድ ሰዎች ብዙውን ጊዜ ለእነሱ አስቸጋሪ የሚሆነውን ነገሮችን በተወሰኑ ሁኔታዎች ውስጥ አስገራሚ፣ ቀላል እና ድንገተኛነት (ለምሳሌ ፣ ስፖርት ፣ ሥራ ፣ ማህበራዊ ሁኔታ ፣ ወዘተ) ማድረግ መቻላቸውን ይገነዘባሉ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
24.	አንዳንድ ሰዎች አንዳንድ ጊዜ ያደረጉትን ማስታወስ እንደማይችሉ ይገነዘባሉ የሆነ ነገር ወይም ያንን ነገር ስለማድረግ አስበው የነበረውን (ለምሳሌ ፣ አለማወቅ አንድ ደብዳቤ በፖስታ መላክም ሆነ ስለእሱ መላክ አስበው እንደሆነ)።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
25.	አንዳንድ ሰዎች የማያስታውሷቸውን ነገሮች እንደሠሩ ማስረጃ ያገኛሉ ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
26.	አንዳንድ ሰዎች ከንብረቶቻቸው መካከል አንዳንድ ጊዜ ጽሑፎችን ፣ ሥዕሎችን ወይም ማስታወሻዎችን ያገኛሉ እነሱ ያደረጉአቸው ወይም የሰሩአቸው መሆኑን ሳያስታውሱ።	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

27.	አንዳንድ ሰዎች አንዳንድ ጊዜ በጭንቅላታቸው ውስጥ የሚነግራቸውን ድምጽ ይሰማቸዋል ድምጹም ትእዛዝ ያዛቸዋል ወይም በሚያደርጉት ድርጊት ላይ አስተያየት ይሰጣቸዋል::	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-
28.	አንዳንድ ሰዎች አንዳንድ ጊዜ ዓለምን በጭጋግ እንደሚመለከቱ ይሰማቸዋል ፣ ስለዚህ ሰዎች እና ዕቃዎች በሩቅ ወይም ግልጽ ሳይሆኑ ይታያቸዋል::	0- 10- 20- 30- 40- 50- 60- 70- 80- 90- 100-

3/ የአደጋ/ጥቃት ታሪክ

ተ.ቁ	ጥያቄዎች	መልሶች
3.1	ህጻን ወይም ልጅ እያሉ አካላዊ ጥቃት አጋጥምዎት ያውቃል? መልስዎ አይ ከሆነ ወደጥያቄ ቁጥር 3.6 ይሂዱ	አዎ --- አይ --- እርግጠኛ አይደለሁም ---
3.2	አካዊ ጥቃቱ ከጾታዊ ጥቃቱ በተለየ ጊዜ የተከሰተ ነበር?	አዎ --- አይ --- እርግጠኛ አይደለሁም ---
3.3	አካላዊ ጥቃቱ በማን የተፈጸመ ነበር?	a. አባት b. እናት c. እንጀራ አባት d. እንጀራ እናት e. ወንድም f. እህት g. ዘመድ h. ሌላ (ይጠቀስ)
3.4	አካላዊ ጥቃቱ መፈጸም ሲጀምር ስንት አመተዎ ነበር?	------አመት 0 ከ1 አመት በታች, 89 ካላወቁ
3.5	አካላዊ ጥቃቱ መፈጸም ሲያቆም ስንት አመተዎ ነበር?	-----አመት, አሁንም የቀጠለ ከሆነ የአሁን እድሜ, 0 ከ1 አመት በታች, 89 ካላወቁ
3.6	ህጻን ወይም ልጅ እያሉ አካላዊ ጥቃት አጋጥምዎት ያውቃል? (አስገድዶ መድፈርና ማንኛውንም ጾታ ነክ የሆነ መነካካትን	አዎ --- አይ --- እርግጠኛ አይደለሁም ---

	ያጠቃልላል) መልሱ አዎ ወይም እርግጠኛ አይደለሁም ከሆነ ጥያቄ አቅራቢው ሌሎች ጥያቄዎችን ከመጠየቅ በፊት የሚከተለውን ማሳሰቢያ መናገር አለበት፡፡ "ቀጥሎ ያሉ ጥያቄዎች ስለጾታ ጥቃት ዘርዘር እና ጠለቅ ያሉ ስለሆነ እንዲሁም ግልጸኝነት የሚፈልጉ ስለሆነ መመለስም አለመመለስም ይቻላል፡፡ ጥያቄውን የምጠይቅበት ምክንያት የደረሰብዎት ጥቃት ምን ያክል ከባድ እንደሆነ ለመረዳት ስለፈለግኩኝ ነው፡፡ መለስዎ አዎ፣ አይ፣ እርግጠኛ አይደለሁም ማለት ወይም ዝምታ ሊሆን ይችላል፡፡ መልሱ አይ ከሆነ ወደ ጥያቄ ቁጥር 3.11 ይሂዱ	
3.7	ጾታዊ ጥቃቱ በማን የተፈጸመ ነበር?	a. አባት b. እናት c. እንጀራ አባት d. እንጀራ እናት e. ወንድም f. እህት g. ዘመድ h. ሌላ (ይጠቀስ)
3.8	አካላዊ ጥቃቱ መፈጸም ሲጀምር ስንት አመተዎ ነበር?	------አመት 0 ከ1 አመት በታች, 89 ካላወቁ
3.9	አካላዊ ጥቃቱ መፈጸም ሲያቆም ስንት አመተዎ ነበር?	-----አመት, አሁንም የቀጠለ ከሆነ የአሁን እድሜ, 0 ከ1 አመት በታች, 89 ካላወቁ
3.10	ከ14 አመት ዕድሜዎ በፊት ስንት የተለያዩ ጊዜ የሚደርስ ጾታዊ ጥቃት ደረሰብዎት?	1-5 =1, 6-10=2, 11-50=3, >50=4, እርግጠኛ አይደለሁም=5
3.11	ከ15 አመት በፊት ከአካላዊና ጾታዊ ውጭ ሌላ ደርሶብዎት ያውቃል?	አዎ --- አይ --- እርግጠኛ አይደለሁም ---
3.12	ለጥያቄ ቁጥር 3.11 መልስዎ አዎ ከሆነ ቀጥለው	a.ከባድ መኪና አደጋ ማየት b.

ከዘተረዘሩት የትኛው ነው?	ቤተሰብ ወይም ዘመድ ሲታረድ ማየት c. ጦርነትን ማየት d. ድንገተኛ የሆነ ቤተሰብ ሞት e. ወላጆች ሲደባደቡ ማየት f. ሌላ (ይጠቀስ)

4/ የሕመምተኛ የጤና መጠይቅ (PHQ-9)

ባለፉት 2 ሳምንቶች ውስጥ ከታች በሚከተሉት ማናቸውም ችግሮች ምን ያህል ተቸግረዋል?

ተ.ቁ	ጥያቄዎች	በጭራሽ	ብዙ ቀናት	ከቀናት ከግማሽ በላይ	በየቀኑ ማለት ይቻላል
4.1	ነገሮችን ለማድረግ ፍላጎት ወይም ደስታ ማጣት	0	1	2	3
4.2	የድብርት ስሜት ወይም ተስፋ መቁረጥ	0	1	2	3
4.3	መተኛት አለመቻል ወይም ተኝቶ መቆየት፣ ወይም ከመጠን በላይ መተኛት ችግር	0	1	2	3
4.4	የድካም ስሜት ወይም አቅም ማነስ	0	1	2	3
4.5	ደካማ የምግብ ፍላጎት ወይም ከልክ በላይ መብላት በራስዎ ዝቅ አርጎ ማየት ወይም ስለራስ በመጥፎ ስሜት መሮር ወይም ራስዎን ወይም ቤተሰብዎን እንዳሳፈሩ ማሰብ	0	1	2	3
4.6	እንደ ጋዜጣ በማንበብ ወይም ቴሌቪዥን በመመልከት ባሉ ነገሮች ላይ በማተኮር ወይም ሃሳብን መሰብሰብ ላይ ችግር	0	1	2	3
4.7	በጣም በዝግታ መንቀሳቀስ ወይም መናገር ሌሎች ሰዎች ሊያስተውሉት ይችሉ ነበር ወይም በተቃራኒው በጣም ጨዋነት የጎደለው ወይም እረፍት የሌለው በመሆኑ ከወትሮው በበለጠ ብዙ መንቀሳቀስ	0	1	2	3
4.8	ብሞት ይሻላል ማለት ወይም እራስዎን መጉዳት ሀሳብ	0	1	2	3

5/ ማህበራዊ ድጋፍ ሚዛን (ኦስሎ ማህበራዊ ድጋፍ ሚዛን)

ተ.ቁ	ጥያቄዎች	መልሶች	ምርመራ
5.1	እርስዎ ምን ያህል ሰዎች ለእርስዎ በጣም ቅርብ ናቸው ፣ ስለሆነም	1 'የለም'	

	ትልቅ የግል ችግሮች ካሉዎት በእነሱ ላይ ሊተማመኑ ይችላሉ?	2 '1-2' 3 '3-5' 4 '5+'
5.2	ሰዎች እርስዎ በሚያደርጉት ነገር ምን ያህል ፍላጎት እና አሳቢነት ያሳያሉ?	1 'የለም' 2 'ትንሽ' 3 'እርግጠኛ ያልሆነ' 4 'አንዳንድ' 5 'ብዙ'
5.3	ከፈለጉ ከጎረቤቶች ተግባራዊ እርዳታ ለማግኘት ምን ያህል ቀላል ነው?	1 'በጣም ከባድ' 2 'ከባድ' 3 'ይቻላል' 3 'ቀላል' 5. 'በጣም ቀላል

6/ ሱስ አጠቃቀም ታሪክ

ተ.ቁ	ጥያቄዎች	መልሶች
6.1	አሁን ወይም በፊት ሱስ አምጪ ነገሮችን ይጠቀማሉ ወይም ተጠቅመው ያውቃሉ?	አዎ… አይ…
6.2	ከላይ ለ6.1 መልስዎ አዎ ከሆነ ቀጥሎ ከተዘረዘሩት የትኛውን (የትኞችን ነው)?	a. የትምባሆ ውጤቶች b. አልኮል መጠጦች c. ካናቢስ d. ጫት e. የሚሳቡ ነገሮች f. ሌሎች (ይግለጹ)