

**A Cross-Sectional Survey for Identifying Risk Factors and Prevalence of
PTSD and Depression among Residents of Stepanakert Town**

Master of Public Health Integrating Experience Project

Professional Publication Framework

by

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Yerevan 2015

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LIST OF ABBREVIATIONS

PTSD- Post-traumatic Stress Disorder

WHO- World Health Organization

NK- Nagorno Karabakh

SES- Socio-economic Status

DSM-IV- Diagnostic and Statistical Manual of Mental Disorders- Forth Edition

CES-D- Center for Epidemiologic Studies Depression Scale

PCL-C- PTSD Checklist Civilian

CI- Confidence Interval

ABSTRACT

Background: Post-traumatic stress disorder (PTSD), which is an anxiety disorder according to Diagnostic and Statistical Manual IV (DSM-IV) classification; is one of the widespread mental illnesses worldwide. PTSD is a traumatic event-induced psychopathology that causes flashbacks, nightmares, sleeping disturbances, angry outbursts, feelings of guilt, sadness and/or worry. Depression is also a common mental disorder, often comorbid with PTSD in traumatized population groups. According to WHO, depression is characterized by sadness, loss of interest in activities, decreased energy and loss of confidence and self-esteem and it can result in death or suicide. The aim of this study was to examine the prevalence and possible risk factors of both PTSD and depression by looking at war-related and war-unrelated stressful life events among residents of Stepanakert town.

Methods: A cross-sectional survey was carried out in Stepanakert town of Nagorno Karabagh during the period of March to May, 2014. The study population was people aged 28 years old or older and residents of Stepanakert. The survey applied multistage cluster sampling strategy to select a household and interviewed one randomly selected eligible person per household. For measuring the prevalence of PTSD and depressive symptoms PCL-C and CES-D scales were used respectively. The data was entered into SPSS 16 data file and for addressing research questions logistic regression analysis was applied. Simple Logistic Regression analysis was performed between the outcomes and each independent/control variable for determining the crude effect of each on response variables, then Multiple Logistic Regression analysis was conducted with simultaneous inclusion of all variables with a significance level of <0.25 .

Results: From the total of 240 participants, 180 (75%) were female. The mean age of the studied sample population was 44.8 years. The prevalence of PTSD and depressive symptoms were 14.6% (n=35) and 13.8% (n=33) respectively. About 9.2% (n=22) of respondents had both PTSD and depressive symptoms. The final adjusted logistic regression analysis for PTSD/depressive symptoms and their risk factors found out that marital status (being divorced or widowed vs. single or marrieds) (OR=5.89, 95% CI: 2.41-14.36) (OR=3.29, 95% CI: 1.18-9.22), having a heart disease (OR=3.38, 95% CI: 1.28-8.91) (OR=4.95, 95% CI: 1.69-14.52) and reporting poor/fair health status (OR=5.45, 95% CI: 2.32-12.84) (OR=5.99, 95% CI: 2.23-16.17) were significantly associated with increased likelihood of both PTSD and depressive symptoms. Besides reporting a chronic back pain (OR=3.56, 95% CI: 1.35-9.37), losing home and/or work because of the war (OR=2.79, 95% CI: 1.06-7.31) and seeing someone's death (OR=3.73, 95% CI: 1.36-10.23) were also associated with increased chance of depressive symptoms.

Conclusion: The purpose of this survey was to find out the prevalence and risk factors of PTSD and depressive symptoms among residents of Stepanakert. The main risk factors associated with both outcome variables were: marital status, self-reported poor/fair health status and a heart disease.

1. LITERATURE REVIEW

1.1 Introduction

Mental and behavioral disorders are widespread all over the world. At least one member in each fourth family is likely to suffer from a mental or behavioral disorder (WHO 2001). Mental illnesses are among the leading causes of disability in the world (Murray and Lopez 1996). Besides causing disability, the cost of mental illnesses is high for both family and community as they results in reduction of productivity and loss of employment (WHO 2001).

One of the widespread mental illnesses is post-traumatic stress disorder (PTRD), which is an anxiety disorder (NIMH) according to Diagnostic and Statistical Manual IV (DSM-IV) classification; PTSD is a traumatic event-induced psychopathology that causes flashbacks, nightmares, bad sleeping, angry outbursts, guilty, sad or worried feelings. About 70% of general population experience at least one traumatic event during lifetime (Freedy and Donkervoet 1995). In recent years a number of studies have been conducted in the field of PTSD among persons who had undergone a traumatic event (Juan Luis Martín and Joaquín de Paúl 2006). Besides causing many psychological symptoms, PTSD is associated with functional impairment (Juan Luis Martín and Joaquín de Paúl 2006). PTSD also increases the risk of somatic symptoms and health impairment; it leads to health-related changes in daily functioning and consequently worsens overall well-being and quality of life (Jennifer, Jeremiah et al. 2008). According to several studies conducted in USA and Canada, the life time prevalence of PTSD has been estimated to range from 6.8% to 9.2% (Murray, John et al. 1997, Ronald, Patricia et al. 2005, Daniel and Ask 2012). Although traumatic events have high life time prevalence among general population (Freedy and Donkervoet 1995), only a portion of those who experienced traumatic events develops PTSD. For instance, in a study conducted by Creamer and colleagues, only 65% of men and 46% of women who experienced rape developed PTSD (Creamer, Burgess et al. 2001). The studies showed that experiencing multiple traumatic events increases the probability of the onset of PTSD (Juan Luis

Martín and Joaquín de Paúl 2006). Common PTSD-inducing factors include experiencing serious physical injury or threat to the physical integrity to self or another person, as well as experiencing sudden death of friends or relatives (Borwin, Manuel et al. 2012). Other factors may contribute to the onset of PTSD and depression, such as prior exposure to trauma in childhood, heredity, age. Frequently PTSD-inducing factors are war-related traumas, especially death of a friend or relative and physical attack (Brian, Thomas et al. 1997, Murray, John et al. 1997).

Depression is a common comorbid psychiatric condition of PTSD. According to WHO, depression is characterized by sadness, loss of interest in activities, decreased energy and loss of confidence and self-esteem and it can result in death or suicide (WHO 2001). Depression has been observed in 16.6% of people who participated in National Comorbidity Survey conducted in US (Ronald, Patricia et al. 2005). Juan Luis Martín and Joaquín de Paúl showed that those with PTSD had higher depression scores (Juan Luis Martín and Joaquín de Paúl 2006). Several studies found that suffering from both PTSD and depression may have more severe impact on health than each of these disorders alone (Touraj, Lars et al. 2012). The study by Touraj and colleagues in war zones of South Sudan showed that PTSD without depression and depression without PTSD had been observed in 28.1% and 6.4% of the respondents respectively, while comorbidity of the two disorders had been observed in 9.5% of the respondents (Touraj, Lars et al. 2012).

Displacement and mass conflicts continue to affect large number of people worldwide (Obermeyer, Murray et al. 2008). According to several studies (Neria, Nandi et al. 2007) populations of several geographic areas, where people have undergone wars, organized violence, and natural diseases, may have high rates of PTSD and depression. Experiencing high intensity warfare and chemical attacks could increase the risk of developing PTSD and depression (Farnoosh, Kaveh et al. 2006). In a study conducted in northwestern part of Iran it was shown that at least 9% of the adult refugees were diagnosed with PTSD, and approximately 5% met the criteria of major depression and generalized anxiety disorder. Among military service workers, exposure

to combat events is estimated to be a major cause of PTSD (Christopher, Cynthia et al. 2010). Magruder and colleagues pointed out that current and life time prevalence of PTSD for veterans who participated in war are 15% and 31% respectively (Kathryn, Christopher et al. 2004). In a study conducted among prisoners of war the lifetime prevalence of PTSD has been estimated to be 67% (Brian, Thomas et al. 1997). Several studies looked at delayed PTSD onset, one of these studies reported that PTSD has been developed after 1970 among 34% of veterans of the World War II (Cynthia, Brian et al. 2001). In war affected population of Afghanistan the prevalence of PTSD and depression were 42% and 68%, respectively, and in Vietnam population the prevalence of PTSD was 25% (Paula, Carole et al. 2004). A study among Bosnia refugees living in Croatia showed a depression prevalence of 68% and PTSD prevalence of 37% (Richard, Keith et al. 1999).

1.2 Current Situation in Stepanakert and Nagorno Karabakh

Nagorno Karabakh (NK) is situated east of Armenia. In 1923 during the Soviet period Nagorno Karabakh, being historically a part of Armenia, had been declared as a semi-autonomous region of Azerbaijan. In 1988 NK proclaimed itself independent from Azerbaijan which was the reason of starting armed conflict against NK. The armed conflict lasted till 1994, but even after stopping warfare for more than 20 years NK is still not internationally recognized as independent country. As a result of conflict more than 36,000 refugees were displaced from Azerbaijan to NK. The armed conflict (1988-1994) resulted in major economic decline in NK (Michael E. Tompson, Alina H. Dorian et al. 2010). The health status of population also suffered in terms of both physical and mental health. However, psychopathologies among the population of NK were never explored. Thus, this cross-sectional survey aims to investigate the prevalence and determinants of PTSD and depression among residents of Stepanakert - the capital city of NK.

2. Research Questions and Hypothesis

1. What are the risk factors for posttraumatic stress disorder among residents of Stepanakert?
2. What are the risk factors for depressive symptoms among residents of Stepanakert?
3. What is the prevalence of PTSD and depressive symptoms among residents of Stepanakert?

3. Methods

3.1 Sampling strategy

For this cross-sectional study we applied multistage cluster sampling strategy. The purpose of this strategy was to provide a representative sample of Stepanakert population aged over 28 years old (born before 1986) while being feasible and cost-effective. The age limit of over 28 years old was applied as several questions were about the war exposure and we needed the respondents to remember events related to the war. Actually, cluster sampling was the only choice we had as simple random sampling was not possible due to the lack of any population or household listing in Stepanakert. We used the map of Stepanakert to draw the starting points of our clusters. We divided the map to 2cm² squares and numbered them (204 squares in total), and then used random number generator to select 20 squares among these 204. For each square we selected a cluster starting point (the household located in the north-western corner of the square), and starting from that household completed twelve interviews in each square; always moving right or up. After finishing twelve questionnaires in one square we left the rest of the households in that square and went to the next square. In each household we asked to participate a person older than 28 years old whose birthday was the nearest to the interview day. If we completed the interview in a given household, we skipped three households moving right/up from that household and attempted the

forth. If the attempt in a given household was not successful, we attempted the next household always moving right/up.

3.2 Study population

According to the study hypothesis, we expected to observe depression among 25% of the participants. For sample size calculation we used the formula for testing difference in proportions for two equal independent samples:

$$N = 2 \cdot \frac{\left[z_{crit} \sqrt{2 \bar{p}(1-\bar{p})} + z_{power} \sqrt{p_1(1-p_1) + p_2(1-p_2)} \right]^2}{D^2}$$

Assuming that $\alpha=0.05$, power=0.80, and the minimal detectable difference is 15%, the sample size has been estimated to be:

$$n_1=n_2=\frac{(1.96\sqrt{(2(0.175)(0.825))+0.84\sqrt{(0.25)(0.75)+(0.1)(0.9))})^2}{0.15^2}=99$$

We multiplied the sample size by 1.2 design effect coefficient.

$$N=99*1.2=119$$

3.3 Instrument

For addressing all research questions we used structured questionnaire. The questionnaire contains seven domains:

- **Socio-demographic characteristics:** age, gender, marital status, family size, education level and employment status of the respondent.
- **Health status and behavior:** self-reported health status during last 30 days, smoking status, alcohol usage and frequency, self-reported chronic diseases and presence of a family member with mental disorders.

- ***Exposure to war***: presence and duration of being in Stepanakert/NK during 1988-1994, serving in the army during that period, experiencing violence, injuries, losing home and/or job, number of self-reported experiences of bombing, loss of family member and/or relative and seeing someone to be seriously injured or dead.
- ***Stressful event checklist***: the list of other stressful events which are not related to war.
- ***Armenian version of PTSD checklist (PCL-C)***
- ***Armenian adaptation of Depression scale (CES-D-16)*** (Radloff 1977)
- ***Utilization of Health Services and Socio-economic status***: health service usage during last 60 days, the reasons for not applying to doctor if there was a need, general living standards both during first 10 years after the war (1994-2004) and now, satisfaction level from household conditions, household monthly income and usage of a social benefit programs.

The questionnaire administration style was hybrid - combination of interviewer-administered and self-administered modes. The interviewer administered first four domains, which were: socio-demographic characteristics, health status and behavior, war-exposure and stressful life event exposure. The last three domains: the PCL-C, CES-D-16 scales, utilization of healthcare services and socio-economic status contained sensitive questions which participants completed on their own. The questionnaire is provided in Appendix I. For confidentiality considerations, all participants received identification numbers. On the cover page of the questionnaire we provided the date, time and ID number of a participant. The ID number consisted of five digits: the first three digits were the cluster number in the list of clusters, and the last two digits specified the number of the given visit/attempt in the journal form which is provided in Appendix II. Besides constructing the ID number, we used the journal form to calculate the refusal and non-response rates.

3.4 Data Entry and Analysis

We entered collected data using SPSS 16 software package then cleaned it and prepared for further analysis. First, each variable was analyzed descriptively, after which some variables were modified or merged based on their distribution patterns or for creating summative scores.

PCL-C scale consists of 17 questions with a five-point ordinal scale ranging from one for *not at all* to five for *extremely*. CES-D-16 scale consists of 16 questions with a four-point ordinal scale from one for *rarely or none of the time* to four for *all of the time*. The cut off points for PCL-C and CES-D scales have been estimated to be 49/50 and 18/19, respectively. The cut off points were taken from the validation study conducted in Gyumri to identify the diagnostic accuracy of PCL-C and CES-D scales (Movsisyan 2013). For addressing the research questions, Logistic Regression was applied. Firstly, Simple Logistic Regression analysis was performed between the outcomes and each independent/control variable for determining the crude effect of each on response variables. Then Multiple Logistic Regression analysis was conducted with simultaneous inclusion of all statistically significant variables.

3.5 Ethical Considerations

The Institutional Review Board of Human Research at American University of Armenia reviewed the study proposal and gave approval for conducting the survey. All ethical norms, including confidentiality and voluntary participation were assured throughout the survey. The names of participants were used nowhere and all the provided information was only used for research purpose. Only student investigator had access to all documents. The consent form is provided in Appendix III.

4. Results

4.1 Sample description

Overall 1232 attempts were made to complete 240 questionnaires (Figure 1). From 1232 attempts 493 houses were either unoccupied or nobody was at home. Out of the remaining 739, there were no eligible participants at home in 67 households, 33 participants interrupted the interview, and 399 participants refused to participate in the survey. The interview took approximately 32 minutes.

Among the completed 240 interviews, we interviewed 180 (75%) females and 60 (25%) males (see Table 1). The mean age of participants was 44.8 years (44.6 and 45.2 for females and males, respectively) (range 28-75). Males were more likely to be single/married (versus widowed/divorced) than females (98.3% vs. 80.0%, p-value 0.000), to be either employed or self-employed (93.3% vs. 67.8%, p-value 0.000), to report higher socio-economic status (SES score 9.8 vs. 9.1, p-value 0.047) and fewer chronic diseases (0.8 vs. 1.2, p-value 0.010).

4.2 Prevalence of PTSD and Depression

Descriptive statistics and comparisons between the groups with and without PTSD and with and without depressive symptoms are represented in Table 2. The PTSD without depression was observed among 14.6%, and the mean PCL-C score (range 17-85) was 58.8 compared with mean score 28.7 among the respondents without PTSD (p-value 0.000). The percentage of people having both PTSD and depressive symptoms were 9.2% (p-value 0.000) and the mean CES-D score (range 0-48) among respondents with PTSD was 22.3 vs. 7.5 among respondents without PTSD (p-value 0.000). All participants with PCL-C score more than 49 were female (p-value 0.000). The mean age was 50.1 among people with PTSD (vs. 43.9 among people without PTSD, p-value 0.000). Among respondents with high PCL-C score 45.7% was either divorced or widowed comparing with 10.2% among respondents with PCL-C score less than 49 (p-value 0.000). Besides almost 68.6% of respondents with PTSD reported to have poor/fair health status (vs. 20.5%, p-value 0.000), 34.3% to have a heart disease (vs. 8.8%, p-value 0.000) and 54.3% to have a back pain (vs. 25.0%, p-value 0.000). SES score was lower among respondents with high PCL-C score compared with respondents with low PCL-C score (7.7 vs. 9.5, p-value 0.000).

The depressive symptoms without PTSD were observed among 13.8% of respondents (p-value 0.000). The mean CES-D score was 27.7 among people with depressive symptoms compared to 6.8 among people without depressive symptoms (p-value 0.000). The PCL-C score among people with depressive symptoms was 53.5 vs. 29.9 among people without depressive symptoms (p-value 0.000). The 93.9% of respondents with CES-D score higher than 18 were female (p-value 0.000). The mean age of participants with depressive symptoms was 54.8 vs. 43.2 among participants without depressive symptoms (p-value 0.000). Among the respondents with high CES-D score 45.5% reported to be wither divorced or widowed (vs. 10.6%, p-value 0.000). Besides the SES score was lower among participants with depressive symptoms (7.8 vs. 9.5, p-value 0.000). Almost 72.7% of respondents with depressive symptoms reported to have poor/fair health status (vs. 20.3%, p-value 0.000), 39.4% to have a heart disease (vs. 21.3%, p-value 0.000) and 63.6% to have a back pain (vs. 24.6%).

Table 3 is the result of correlation analysis of PCL-C and CES-D scores. According to the 0.721 correlation coefficient there was a strong positive correlation between those two variables.

4.3 Univariable Logistic Regression

Tables 4 and 5 present the result of unadjusted univariable logistic regression analysis with Odds Ratios (OR), 95% Confidence Intervals (CI) and p-values. The models included either dichotomized PCL-C (49/50) or dichotomized CES-D (18/19) scales as dependent variables and all descriptive variables as independent factors.

Table 4 depicts the results of simple logistic regression with the outcome of PTSD. Being divorced or widowed was associated with substantially higher odds of having PTSD (OR=7.34, 95% CI: 3.3-16.48) compared to single or married. Besides there was association between PTSD and SES score (OR=7.51, 95% CI: 2.56-22.1). According to the model, ever smoking experience had a protective effect on the likelihood of PTSD (OR=0.1, 95% CI: 0.01-0.74). Self-reported poor/fair health status (OR=8.47, 95% CI: 3.84-18.66), a back pain (OR=3.41, 95% CI: 1.63-7.1) and a

heart disease (OR=5.42, 95% CI: 2.32-12.67) were associated with higher odds of having PTSD. Besides having less than secondary school education level (OR=3.54, 95% CI: 1.69-7.42) was increasing the likelihood of PTSD. Losing home and/or work during the war (OR=2.89, 95% CI: 1.39-6.0) was associated with increased chance of PTSD.

Table 5 represents the results of unadjusted simple logistic regression analysis with the outcome of Depressive symptoms. The odds of female to have a depressive symptoms was much higher (OR=6.03, 95% CI: 1.39-26.1) compared to male. According to the model, being 41-50 years old (OR=3.98, 95% CI: 1.19-13.29), 51-60 years old (OR=7.1, 95% CI: 2.31-21.22) or being elder than 61 years old (OR=8.1, 95% CI: 2.49-26.34) were associated with increased likelihood of depression symptoms compared with people younger than 40 years. As well as being divorced or widowed was associated with higher odds of having depressive symptoms (OR=7.01, 95% CI: 3.1-15.8) compared with single or married. There was an increase in likelihood of depression and low or medium satisfaction level of socio-economic status (OR=4.11, 95% CI: 1.58-10.68) (OR=9.51, 95% CI: 2.77-32.7) compared with high satisfaction level. Ever smoking experience had a protective effect on likelihood of depressive symptoms (OR=0.11, 95% CI: 0.01-0.8). Self-reported poor/fair health status (OR=10.48, 95% CI: 4.5-24.21), a heart disease onset (OR=7.27, 95% CI: 3.1-17.11), high blood pressure (OR=2.41, 95% CI: 1.11-5.22) and a back pain (OR=5.35, 95% CI: 2.46-11.64) were associated with increased chance of depressive symptoms. Losing the home and/or work during the war (OR=3.85, 95% CI: 1.8-8.19) and seeing someone's death because of the war (OR=2.99, 95% CI: 1.36-6.59) were associated with increased likelihood of depressive symptoms.

4.4 Multivariable Logistic Regression

Multivariable Logistic Regression was performed with manual entry of potential risk factors to investigate the controlled association between each risk factor and the outcomes of PTSD or Depressive symptoms. All the variables with a significance level of <0.25 in the simple logistic

regression analysis were tested in the multivariable models in different combinations. Non-significant variables were manually removed one at a time from the model. The final models with the covariates that were significantly associated with the outcomes are presented in Tables 6 and 7.

Table 6 demonstrates the final adjusted Logistic Regression analysis for PTSD risk factors. According to it, when controlling other significant variables, being divorced or widowed was associated with 5.89 times higher chance of PTSD (OR=5.89, 95% CI: 2.41-14.36) compared to single or married. Self-reported poor/fair health status (OR=5.45, 95% CI: 2.32-12.84) and a heart disease onset (OR=3.38, 95% CI: 1.28-8.91) were significantly associated with increased likelihood of PTSD.

Table 7 represents the final Multivariable Logistic Regression analysis for Depressive symptom risk factors. According to the model, being divorced or widowed (OR=3.29, 95% CI: 1.18-9.22), self-reported poor/fair health status (OR=5.99, 95% CI: 2.23-16.17), a heart disease onset (OR=4.95, 95% CI: 1.69-14.52) and a back pain (OR=3.56, 95% CI: 1.35-9.37) were associated with increased likelihood of depressive symptoms. Losing home and/or work because of the war (OR=2.79, 95% CI: 1.06-7.31) and seeing someone's death during the war (OR=3.73, 95% CI: 1.36-10.23) were increasing the chance of depressive symptoms.

5. Discussion

The aim of this survey was to exam the prevalence and risk factors for PTSD and depressive symptoms for Stepanakert residents. PTSD separately were found among 14.6% (n=35) and depressive symptoms separately among 13.8% (n=33). In several studies conducted in USA and Canada, the life time prevalence of PTSD was ranging from 6.8% to 9.2% (Murray, John et al. 1997) (Daniel and Ask 2012) (Ronald, Patricia et al. 2005). But in the survey conducted among

veterans who participated in war the current prevalence of PTSD was estimated to be 15% (Christopher, Cynthia et al. 2010). According to Ayazi et al, PTSD and depression were highly comorbid mental disorders, and people having comorbidity of those disorders reported severe symptoms and had higher level of disability compared with people who had either PTSD or depression (Touraj, Lars et al. 2012). In the survey among Bosnian refugees the rate of PTSD-depression comorbidity was 21% (Touraj, Lars et al. 2012). In the study in war zone of South Sudan PTSD without depression and depression without PTSD had been observed among 28.1% and 6.4% of the respondents, while the comorbidity of these two disorders were met among 9.5% of respondents (Touraj, Lars et al. 2012). In our survey the percentage of comorbidity of PTSD and depressive symptoms was observed among 9.2% (n=22) of participants.

In Ayazi et al survey the war-related events were the significant risk factors for either PTSD or comorbidity of PTSD-depression (Touraj, Lars et al. 2012). In our survey we have found the opposite results. After adjustment in final logistic regression analysis, loss of home and/or work because of the war and seeing someone's death during the war were significantly associated with increase in depressive symptoms only.

We have also found that being divorced or widowed were increasing the likelihood of both PTSD and depressive symptoms compared with single or married. In the paper about the risk factors of PTSD, it was stated that being divorced or widowed were the risk factors for PTSD (Sarah and Rachel 2000). As well as Creamer et al mentioned in their article that previously married (separated, divorced or widowed) men and women were at higher risk of PTSD than those who were married (Creamer, Burgess et al. 2001).

There are considerable data on the association between trauma and its negative effects on health (Kay 2007). Schnurr et al mentioned in their research that the likelihood of self-reported poor/fair health status were increased among people who undergone traumatic event (Schnurr 1996). According to Jankowski, PTSD explained the association between traumatic event and poor

health status (Kay 2007). In our survey we have found that self-reported poor/fair health status was significantly associated with likelihood of both PTSD and depression. As mentioned in Schnurr's study, the comorbidity of PTSD and other psychiatric disorders was increasing the risk of poor health status (Schnurr 1996). Besides leading to poor health, PTSD and depression were positively associated with self-reported heart diseases. The results of the studies conducted on both veterans and civilians who were exposed to traumatic event, showed that person with PTSD had an increased chance of coronary heart diseases(Coughlin 2011). Sidney and colleges mentioned in their research about PTSD and coronary heart disease that in the study among the World Trade Center disaster occurred on September 2001, PTSD was associated with a 62% increase in risk of heart disease among men and 68% increase among women(Stephen 2013). According to Musselman et al, major depression and depressive symptoms were usually diagnosed in patients with cardiovascular diseases (Musselman, Evans et al. 1998). The review of published literature showed that prevalence of depression among cardiovascular disease patients were approximately 18-19% (Musselman, Evans et al. 1998).

In the final model we have found out that a back pain was associated with increased chance of depressive symptoms. In the survey about the link between depression and physical symptoms, the authors mentioned that major depression are common among people with chronic pain (joint pain, limb pain, back pain etc.) (Trivedi 2004).

5.1 Study Limitations

Our study has several limitations that might influence the interpretation of our results. First, only residences of Stepanakert town were included in the survey, which means that conclusions can be made only for this town. Second, a recall bias was a possibility, especially for answering the war-related questions, as the respondents should recall situations happened over two decades ago. The third limitation is the high refusal rate (32%).

Despite these limitations, this cross-sectional survey had several strengths. First, we used validated scales to measure both PTSD and depressive symptoms, which helped to avoid misclassification bias. Second, the survey instrument had a hybrid style of administration, so participants answered sensitive questions on their own, which minimized the response bias. Third, anonymity as well helped to avoid response bias. Forth, the rigorous sampling methodology helped to avoid selection bias.

6. Conclusion

The present cross-sectional survey was the first one for investigating prevalence and risk factors of both PTSD and depressive symptoms among residents of Stepanakert. Overall findings of our survey were consistent with literature. The results of the survey suggested that being divorced or widowed, having a heart disease and reporting poor/fair health status were associated with both PTSD and depressive symptoms. Besides the likelihood of depressive symptoms increased if the respondents had reported to have a back pain, loss home and/or work because of the war and see someone's death during the war.

6.1 Recommendations

The first recommendation is to conduct another cross-sectional survey by integrating all regions of NK. Then merge those two data and re-run the analysis. The measurement tools should be kept the same for ensuring the comparability with the current survey.

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Figure 1 Number of Attempts

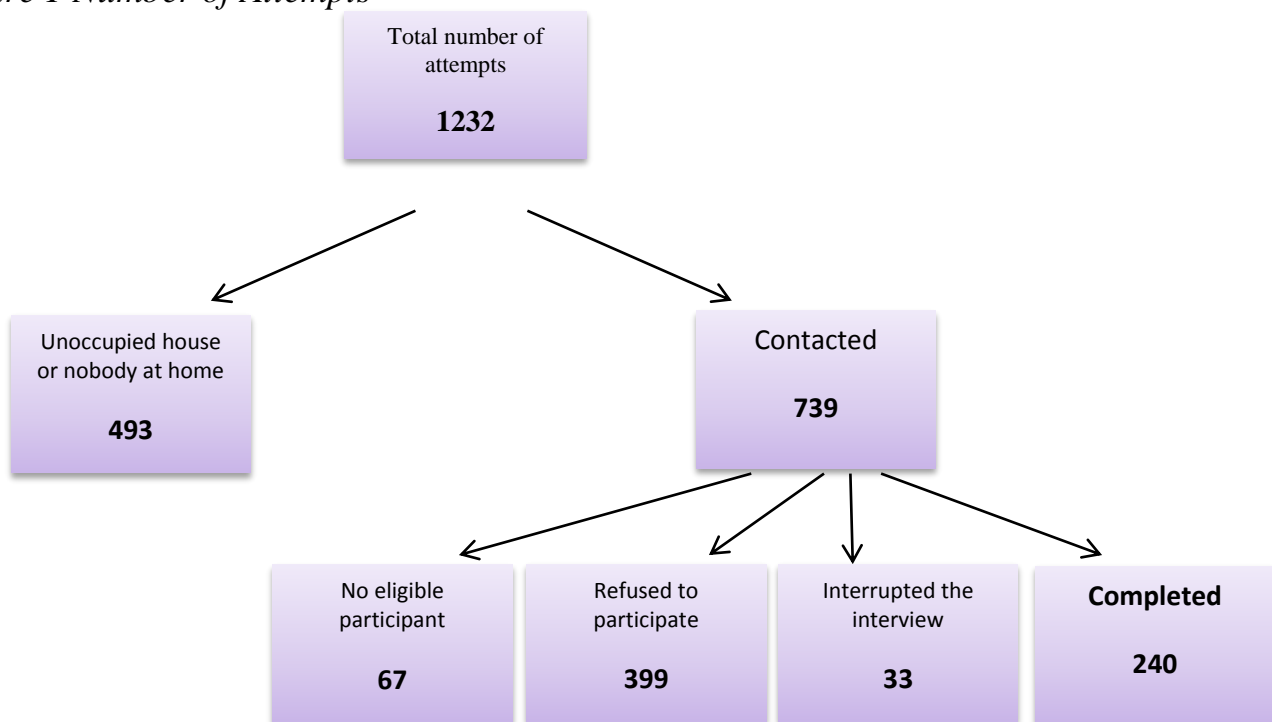


Table 1. Main Characteristics of the Study Population by Gender

		Female	Male	Total	P-value
		N=180	N=60	N=240	
Age, mean (SD)		44.6 (12.2)	45.2 (12.8)	44.8 (12.3)	0.761
Marital status, % (n)	Single or married	80% (144)	98.3% (59)	84.6% (203)	0.000
	Divorced or widowed	20% (36)	1.7% (1)	15.4% (37)	
Education, % (n)	Secondary or less	35% (63)	31.7% (19)	34.2% (82)	0.754
	High or more	65% (117)	68.3% (41)	65.8% (158)	
Employment status, % (n)	Unemployed	32.2% (58)	6.7% (4)	25.8% (62)	0.000
	Employed or self-employed	67.8% (122)	93.3% (56)	74.2% (178)	
Number of self-reported chronic diseases, mean (SD)		1.2 (1.2)	0.8 (S1.1)	1.1 (1.1)	0.010
SES Score, mean (SD)		9.1 (2.6)	9.8 (2.1)	9.3 (2.5)	0.047

Table 2. Descriptive statistics and comparisons between the groups with and without PTSD and with and without depressive symptoms.

	PTSD (49/50)			Depressive symptoms (18/19)			Total
	No	Yes	P-value	No	Yes	P-value	
	N=205	N=35		N=207	N=33		
<i>Socioeconomic variables</i>							
Age (years), mean (SD)	43.9 (12.2)	50.1 (12.0)	0.005	43.2 (11.8)	54.8 (10.9)	0.000	44.8 (12.3)
Family size, mean (SD)	4.1 (1.8)	4.2 (1.8)	0.679	4.1 (1.8)	4.3 (1.8)	0.331	4.1 (1.8)
Male gender, % (n)	29.3 (60)	0.0 (0)	0.000	28.0 (58)	6.1 (2)	0.005	25 (60)
Divorced/widowed (vs. married/single), % (n)	10.2 (21)	45.7 (16)	0.000	10.6 (22)	45.5 (15)	0.000	15.4 (37)
Education higher than secondary, % (n)	70.2 (144)	40.0 (14)	0.001	70.5 (146)	36.4 (12)	0.000	65.8 (158)
Employment (vs. unemployment), % (n)	75.6 (155)	65.7 (23)	0.217	76.3 (158)	60.6 (20)	0.084	74.2 (178)
SES score (range 0-15), mean (SD)	9.5 (2.2)	7.7 (3.1)	0.000	9.5 (2.3)	7.8 (2.8)	0.000	9.3 (2.5)
<i>Health behavioral variables</i>							
Ever smoked, % (n)	23.4 (48)	2.9 (1)	0.005	23.2 (48)	3.1 (1)	0.008	20.5 (49)
Current smoker, % (n)	16.1 (33)	2.9 (1)	0.059	15.9 (31)	3.1 (1)	0.058	14.2 (34)
Uses alcohol \geq once a week, % (n)	9.3 (19)	5.7 (2)	0.747	8.7 (18)	9.1 (3)	1.000	8.8 (21)
Binge drinker in family, % (n)	14.1 (19)	22.9 (8)	0.206	13.5 (28)	27.3 (9)	0.065	15.4 (37)
<i>Health status variables</i>							
Number of chronic diseases, mean (SD)	1.0 (1.0)	1.8(1.4)	0.000	1 (1.1)	2 (1.3)	0.000	1.1 (1.1)
Poor/fair self-related health, % (n)	20.5 (42)	68.6 (24)	0.000	20.3 (42)	72.7 (24)	0.000	27.5 (66)
High blood pressure, % (n)	22.4 (46)	31.4 (11)	0.283	21.3 (44)	39.4 (13)	0.029	23.8 (57)
Myocardial infarction, % (n)	2.9 (6)	2.9 (1)	1.000	2.9 (6)	3.0 (1)	1.000	2.9 (7)
Other heart diseases , % (n)	8.8 (18)	34.3 (12)	0.000	8.2 (17)	39.4 (13)	0.000	12.5 (30)
Diabetes, % (n)	3.4 (7)	5.7 (2)	0.623	3.4 (7)	6.1 (2)	0.358	3.8 (9)
Asthma, % (n)	1.5 (3)	2.9 (1)	0.470	1.4 (3)	3.0 (1)	0.449	1.7 (4)

	PTSD (49/50)			Depressive symptoms (18/19)			Total
	No	Yes	P-value	No	Yes	P-value	
	N=205	N=35		N=207	N=33		
Back pain, % (n)	25.0 (53)	54.3 (19)	0.001	24.6 (51)	63.6 (21)	0.000	30.0 (72)
Kidney/urinary problems, % (n)	16.1 (33)	22.9 (8)	0.334	16.4 (34)	21.2 (7)	0.464	17.1 (41)
Multimorbidity, % (n)	28.3(58)	51.4 (18)	0.010	27.1 (56)	60.6 (20)	0.000	31.7 (76)
Psychological problems among family members, % (n)	2.9 (6)	2.9 (1)	1.000	1.9 (4)	9.1 (3)	0.056	2.9 (7)
<i>Stressful event exposure variables</i>							
Months of stay in NK during the war, mean (SD)	58.2 (23.6)	65.7 (16.3)	0.075	58.2 (23.6)	66.2 (15.6)	0.060	59.3 (22.8)
Number of war-related stressful life events, mean (SD)	6.8 (12.2)	8.2 (10.2)	0.501	6.1 (9.6)	12.2 (20.9)	0.007	7.0 (11.9)
Participation in war, % (n)	9.3 (19)	5.7 (2)	0.747	9.2 (19)	6.1 (2)	0.747	8.8 (21)
Loss of work/home because of war, % (n)	26.8 (55)	51.4 (18)	0.005	26.1 (54)	57.6 (19)	0.001	30.4 (73)
Being attached during the war, % (n)	7.3 (15)	11.4 (4)	0.493	7.7 (16)	9.1 (3)	0.732	7.9 (19)
Being wounded during the war, % (n)	7.3 (15)	5.7 (2)	1.000	7.7 (16)	3.0 (1)	0.481	7.1 (17)
Experiencing bombing during the war, % (n)	81.0 (166)	88.6 (31)	0.347	81.2 (168)	87.9 (29)	0.466	82.1 (197)
Saw someone's death during the war, % (n)	44.4 (91)	62.9 (22)	0.046	43.0 (90)	69.7 (23)	0.008	47.1 (113)
Number of war-unrelated stressful life events, mean (SD)	2.1 (1.7)	2.4 (1.8)	0.273	2.1 (1.6)	2.2 (2.0)	0.795	2.1 (1.7)
Overall number of stressful life events, mean (SD)	8.8 (12.3)	10.7 (10.1)	0.916	8.3 (9.8)	14.4 (20.7)	0.006	9.1 (12.0)
PCL score (range 17-85), mean (SD)	28.7 (9.0)	58.8 (7.7)	0.000	29.9 (11.0)	53.5 (11.4)	0.000	33.1 (13.8)
Depression Score, mean (SD)	7.5 (6.7)	22.3 (10.5)	0.000	6.8 (5.2)	27.7 (6.9)	0.000	9.7 (9.0)
Depression status (18/19), % (n)	5.4 (11)	62.9 (22)	0.000				13.8 (33)
PTSD status(49/50), % (n)				6.3 (13)	66.7 (22)	0.000	14.6 (35)

Table 3. Correlation Coefficients

		PTSD (PCL-C) score	Depression score
PTSD (PCL-C) score	Pearson Correlation	1	.721**
	Sig. (2-tailed)		.000
	N	240	240
Depression score	Pearson Correlation	.721**	1
	Sig. (2-tailed)	.000	
	N	240	240
**. Correlation is significant at the 0.01 level (2-tailed).			

Table 4. Univariable Logistic Regression between PTSD and its possible risk factors.

Characteristics	OR	95% CI	P-value
Age (years)			
41-50	0.96	0.32 : 2.87	0.944
51-60	2.23	0.92 : 5.39	0.076
More than 61 vs less than 40	1.71	0.59 : 4.92	0.320
Family size			
3-4 people	1.52	0.52 : 4.45	0.448
5-7 people	1.58	0.53 : 4.73	0.418
More than 8 people vs 2 or less people	2.87	0.45 : 18.2	0.264
Gender			
Male vs female	0.0	0.0	0.997
Marital status			
Divorced/widowed vs single/married	7.38	3.3 : 16.48	0.000
Education level			
secondary school or less vs higher than secondary school	3.54	1.69 : 7.42	0.001
Employment status			
Unemployed vs employed/self-employed	1.62	0.75 : 3.48	0.219
SES score			
Medium	1.51	0.66 : 3.46	0.327
Low vs high	7.51	2.56 : 22.1	0.000
Ever smoked			
Yes vs no	0.1	0.01 : 0.74	0.025
Current smoking condition			
Yes vs no	0.16	0.02 : 1.19	0.074
Alcohol usage			
Once a week or more vs less than once a week	0.59	0.13 : 2.67	0.496
Binge drinker in the family			
Yes vs no	1.79	0.75 : 4.34	0.192
Number of self-reported chronic diseases			
1-2	1.82	0.73 : 4.54	0.198
3-5 vs no chronic condition	4.32	1.74 : 10.74	0.002
Self-reported health status			
Poor/fair vs good/excellent	8.47	3.84 : 18.66	0.000
High blood pressure			
Yes vs no	1.58	0.72 : 3.48	0.251

<i>Characteristics</i>	<i>OR</i>	<i>95% CI</i>	<i>P-value</i>
Myocardial infarction Yes vs no	0.98	0.11 : 8.36	0.982
Other heart diseases Yes vs no	5.42	2.32 : 12.67	0.000
Diabetes Yes vs no	1.71	0.34 : 8.61	0.513
Asthma Yes vs no	1.98	0.20 : 19.59	0.559
Back pain Yes vs no	3.41	1.63 : 7.1	0.001
Kidney/ urinary problems Yes vs no	1.54	0.65 : 3.69	0.329
Mental/psychological problems Yes vs no	6.0	0.38 : 98.22	0.209
Multimorbidity Yes vs no	2.68	1.29 : 5.56	0.008
Family member with psychological problems Yes vs no	0.98	0.11 : 8.36	0.982
Stay duration in NK (war period), months 13-24	0.0	0.0	0.999
25-48	1.65	0.25 : 10.9	0.603
More than 49 vs less than 12 month	2.22	0.49 : 9.9	0.299
Participation in war Yes vs no	0.59	0.13 : 2.67	0.496
Loss of home/work because of the war Yes vs no	2.89	1.39 : 6.0	0.004
Family member killed during the war Yes vs no	1.58	0.65 : 3.84	0.309
Being attached during the war Yes vs no	1.63	0.51 : 5.25	0.409
Being wounded during the war Yes vs no	0.77	0.17 : 3.51	0.733
Experiencing bombing during the war Yes vs no	1.82	0.61 : 5.46	0.285
Seeing someone's death because of the war Yes vs no	2.12	1.01 : 4.44	0.046

Table 5. Univariable Logistic Regression between Depression and its possible risk factors.

<i>Characteristics</i>	<i>OR</i>	<i>95% CI</i>	<i>P-value</i>
Age (years)			
41-50	3.98	1.19 : 13.29	0.025
51-60	7.1	2.31 : 21.22	0.001
More than 61 vs less than 40	8.1	2.49 : 26.34	0.001
Family size			
3-4 people	1.17	0.39 : 3.5	0.778
5-7 people	1.7	0.58 : 5.1	0.329
More than 8 people vs 2 or less people	2.9	0.45 : 18.2	0.264
Gender			
Female vs male	6.03	1.39 : 26.1	0.016
Marital status			
Divorced/widowed vs single/married	7.01	3.1 : 15.8	0.000
Education level			
secondary school or less vs higher than secondary school	4.19	1.94 : 9.1	0.000
Employment status			
Unemployed vs employed/self-employed	2.1	0.97 : 4.5	0.059
SES score			
Medium	4.11	1.58 : 10.68	0.004
Low vs high	9.51	2.77 : 32.7	0.000
Ever smoked			
Yes vs no	0.11	0.01 : 0.8	0.030
Current smoking condition			
Yes vs no	0.17	0.02 : 1.3	0.087
Alcohol usage			
Once a week or more vs less than once a week	1.1	0.3 : 3.8	0.941
Binge drinker in the family			
Yes vs no	2.39	1.01 : 5.69	0.047
Number of self-reported chronic diseases			
1-2	3.65	1.51 : 8.83	0.004
3-5 vs no chronic condition	4.98	1.89 : 13.1	0.001
Self-reported health status			
Poor/fair vs good/excellent	10.48	4.5 : 24.21	0.000
High blood pressure			
Yes vs no	2.41	1.11 : 5.22	0.026
Myocardial infarction			

	Yes vs no	1.1	0.12 : 8.9	0.967
<i>Characteristics</i>		<i>OR</i>	<i>95% CI</i>	<i>P-value</i>
Other heart diseases	Yes vs no	7.27	3.1 : 17.11	0.000
Diabetes	Yes vs no	1.84	0.37 : 9.28	0.458
Asthma	Yes vs no	2.13	0.21 : 21.1	0.520
Back pain	Yes vs no	5.35	2.46 : 11.64	0.000
Kidney/ urinary problems	Yes vs no	1.37	0.55 : 3.4	0.499
Mental/psychological problems	Yes vs no	6.44	0.39 : 105.5	0.192
Multimorbidity	Yes vs no	4.15	1.94 : 8.89	0.000
Family member with psychological problems	Yes vs no	5.08	1.08 : 23:79	0.039
Stay duration in NK (war period), months				
	13-24	3.83	0.32 : 46.69	0.292
	25-48	1.05	0.06 : 17.77	0.975
	More than 49 vs less than 12 month	4.45	0.58 : 34.24	0.152
Participation in war	Yes vs no	0.64	0.14 : 2.9	0.559
Loss of home/work because of the war	Yes vs no	3.85	1.8 : 8.19	0.000
Family member killed during the war	Yes vs no	1.8	0.71 : 4.59	0.219
Being attached during the war	Yes vs no	1.19	0.33 : 4.34	0.788
Being wounded during the war	Yes vs no	0.37	0.05 : 2.91	0.347
Experiencing bombing during the war	Yes vs no	1.68	0.56 : 5.1	0.354
Seeing someone's death because of the war	Yes vs no	2.99	1.36 : 6.59	0.007

Table 6. Final Logistic Regression model of PTSD risk factors.

<i>Characteristics</i>	<i>OR</i>	<i>95% CI</i>	<i>P-value</i>
Marital status Divorced/widowed vs single/married	5.89	2.41 : 14.36	0.000
Self-reported health status Poor/fair vs good/excellent	5.45	2.32 : 12.84	0.000
Other heart diseases Yes vs no	3.38	1.28 : 8.91	0.014

Table 7. Final Logistic Regression model of Depression risk factors.

<i>Characteristics</i>	<i>OR</i>	<i>95% CI</i>	<i>P-value</i>
Marital status Divorced/widowed vs single/married	3.29	1.18 : 9.22	0.023
Self-reported health status Poor/fair vs good/excellent	5.99	2.23 : 16.17	0.000
Other heart diseases Yes vs no	4.95	1.69 : 14.52	0.004
Back pain Yes vs no	3.56	1.35 : 9.37	0.010
Loss of home/work because of the war Yes vs no	2.79	1.06 : 7.31	0.037
Seeing someone's death because of the war Yes vs no	3.73	1.36 : 10.23	0.010

Appendix 1

ID number		
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Date ____/____/____

Start time ____:____

**A Cross-Sectional Survey for Identifying Risk Factors and Prevalence of PTSD and
Depression among Residents of Stepanakert**

This survey is conducted for collecting information on relation between war exposure and psychopathology among residents of Stepanakert. The questionnaire includes two parts; the first is interviewer-administered and the second is self-administered. You will be provided with instructions on filling the self-administered part. All the information you provide will be confidential. You can refuse to participate in the survey, or in case of agreement you can refuse to answer any specific question or stop the interview anytime.

PART ONE

Socio-Demographic Questions

1. Please, mention your birth date_____
2. Gender
 1. Male
 2. Female
3. Marital status
 1. Married
 2. Separated
 3. Divorced
 4. Widowed
 5. Single
4. How many people live in your household, including yourself? _____
5. How many people below 18 years live in your household?_____
6. Please, mention the highest level of education that you have completed.
 1. School (less than 10 years)
 2. School (10 years)
 3. Professional technical education
 4. Institute/ University
 5. Postgraduate

7. Please mention your current employment status.

1. Employed
2. Self employed
3. Unemployed, seeking for employment
4. Unemployed, not seeking for employment

8. How many people in your household (including yourself) are currently employed? _____

Health Status and Behavior

9. In general, how would you describe your health in the last 30 days?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

10. Have you ever smoked?

1. Yes
2. No- (*skip to Q. 11*)

11. Do you currently smoke?

1. Yes → If yes, how many cigarettes per day? _____
2. No

12. On average, how often do you drink alcoholic beverages?

1. Never
2. Less than once a week
3. One to three times a week
4. Four or more times a week

13. How many members of this household (including you) ever had periods in their life when they drunk 5 or more portions of any kind of alcoholic beverage almost every day?

_____ (*PUT 0 IF NONE*)

14. Here is a list of some chronic diseases. Please mention those you suffer from.

1. High blood pressure
2. Myocardial infarction
3. Heart diseases
4. Diabetes
5. Asthma
6. Allergic disease (except asthma)
7. Back pain
8. Kidney/urinating problems
9. Cancer
10. Mental or psychological problems
11. If you have other chronic diseases, which are not listed above please name them

15. In your family have anybody had mental disorders?

1. Yes
2. No (*skip to Q. 16*)

16. Please mention the relation of that person to you and the name of the mental disorder he/she suffers from.

1. Relation to you _____
2. Name of the mental disorder _____

Exposure to War (1988-1994)

17. Have you been in Stepanakert/Karabakh during the war?

1. Yes
2. No (*skip to Q. 25*)

18. How long did you stay in Stepanakert/Karabakh during the war? _____(months)
19. Have you served in the army during the war?
1. Yes (Please mention how long (months)_____
 2. No
20. Have you ever been attacked with gun, knife, weapon, experienced other physical violence related to war?
1. Yes (Please mention how many times)_____
 2. No
21. Have you ever been wounded or seriously injured because of war?
1. Yes (Please mention how many times?)_____
 2. No
22. Have you experienced bombing of your house or neighborhood during the war?
1. Yes (Please mention how many times?)_____
 2. No
23. Do you have a family member or close friend who has been killed because of war?
1. Yes
 2. No
24. Have you ever seen someone's death or badly hurt or killed because of war?
1. Yes (Please mention how many times?)_____
 2. No
25. Have you lost home and/or possession because of war?
1. Yes
 2. No

Stressful Event Checklist

26. Please mention whether any of these events have ever happened to you, if yes, indicate the year for each of these events and the extend that they affected you using the following options: **0.not stressful, 1.mildly stressful, 2.moderately stressful, 3.greatly stressful.**

	Events	a1.year	a2. effect	b1.year	b2. effect	c1.year	c.2 effect
1	Sudden serious injury or illness to you or close family member-not related to war						
2	Devastating disasters (earthquake, flood, fire etc.)						
3	Violence toward yourself (beating, rape, stabbing, gunshot)- not related to war						
4	Life threatening accident (e.g. automobile)						
5	Sudden (unexpected) death of a loved one- not related with war						
6	Sudden loss of home and possessions-not related to war						
7	Suddenly abandoned by spouse or other family member(s)- not related to war						
8	Other horrifying event to you or someone close to you- please name the event _____						

PART TWO

The Questions brought below are self-administered. Please, answer every question following the instructions whether to continue filling or skip to particular question. If you are unsure about how to answer a question please give the best answer which is close to your ideas.

PTSD DSM-IV Checklist

27. Below is a list of problems and complaints that people sometimes have in response to stressful life events or experiences. Please, concentrate on **the worst event** that has happened to you and indicate how much you **have been bothered during the past 30 days** by each of the following problems that occurred or became worse after that event/experience. (For each response circle only one number)

#	Response	Not at all	A little bit	moderately	Quite a bit	Extremely
1	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past	1	2	3	4	5
2	Repeated, disturbing dreams of stressful experience from the past	1	2	3	4	5
3	Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)	1	2	3	4	5
4	Feeling very upset when something reminded you of a stressful experience from the past	1	2	3	4	5
#	Response	Not at all	A little bit	moderately	Quite a bit	Extremely
5	Having physical reactions (e.g. heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past	1	2	3	4	5
6	Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it	1	2	3	4	5

7	Avoid activities or situations because they remind you of stressful experience from the past	1	2	3	4	5
8	Trouble remembering important parts of a stressful experience from the past	1	2	3	4	5
9	Loss of interest in things that you used to enjoy	1	2	3	4	5
10	Feeling distant or cut off from other people	1	2	3	4	5
11	Feeling emotionally numb or being unable to have loving feelings for those close to you	1	2	3	4	5
12	Feel as if your future will somehow be cut short	1	2	3	4	5
13	Trouble falling or staying sleep	1	2	3	4	5
14	Feeling irritable or having angry outbursts	1	2	3	4	5
15	Having difficulty concentrating	1	2	3	4	5
16	Being “super alert” or watchful on guard	1	2	3	4	5
17	Feeling jumpy or easily startled	1	2	3	4	5

28. During a period when you experienced these feelings did your daily functioning (at home or at job) suffer?

1. Yes
2. No

29. Please mention which traumatic event you were considering while answering to above questions. You may use the event mentioned above or other:

1. War related trauma
2. Other event (*specify*) 2a. the event _____
3. 2b. Year when it happened _____

Depression Scale (CES-D)

30. Below is the list of ways you might felt or behave. Please rank how often you have felt this way during **the past week (seven days)**. (*Please choose only one response*)

#	Questions	Rarely or none of the time (<1 day)	Some of the time (1-2 days)	Moderate amount of time (3-4 days)	All of the time (5-7 days)
1	I was bothered by things that usually don't bother me.	1	2	3	4
2	I did not feel like eating; my appetite was poor.	1	2	3	4
3	I felt that I could not shake off the blues even with help from my family or friends.	1	2	3	4
4	I had trouble keeping my mind on what I was doing.	1	2	3	4
5	I felt depressed.	1	2	3	4
6	I felt that everything I did was an effort.	1	2	3	4
7	I thought my life had been a failure.	1	2	3	4
8	I felt fearful.	1	2	3	4
9	My sleep was restless.	1	2	3	4
10	I talked less than usual.	1	2	3	4
11	I felt lonely.	1	2	3	4
12	People were unfriendly.	1	2	3	4
13	I had crying spells.	1	2	3	4
14	I felt sad.	1	2	3	4
15	I felt that people disliked me.	1	2	3	4
16	I could not get "going".	1	2	3	4

Utilization of Health Services and Socio-economic status

31. Was there a time in the past two months when you or anyone in your family felt that they needed to go to a doctor, but they did not?

1. Yes
2. No- *(skip to Q.32)*

32. What was the reason for not applying to a doctor?

1. Lack of money / too expensive healthcare
2. Lack of transportation
3. Lack of time

4. Fear of diagnosis or treatment
5. Didn't trust local healthcare providers
6. Preferred self-treatment
7. Other (specify the reason)_____

33. How would you rate your family's general standard of living during the first 10 years after the war (1994-2004)?

1. Substantially below the average
2. Little below the average
3. Average
4. Little above the average
5. Substantially above the average

34. How would you rate your family's general standard of living now?

1. Substantially below the average
2. Little below the average
3. Average
4. Little above the average
5. Substantially above the average

35. How satisfied are you with your housing conditions?

1. Very dissatisfied
2. Dissatisfied
3. Neither dissatisfied nor satisfied
4. Satisfied
5. Very satisfied

36. Please note whether you have the following working items in your household.

#	Items	yes	no

1	Hot water tank/supply (uninterrupted)	1	2
2	Automobile	1	2
3	Auto washing machine	1	2
4	Personal computer	1	2
5	Satellite/cable TV	1	2
6	Vacation home/villa	1	2

37. Please mention the approximate amount of your household expenditures per month.

1. Less than 50,000 AMD
2. From 50,001-100,000 AMD
3. From 100,001-150,000 AMD
4. From 150,001-200,000 AMD
5. More than 200,000 AMD

38. Does your family currently receive any support from a family poverty benefit program?

1. Yes
2. No

End Time ____:____

Appendix II

Journal Form

Cluster number _____

Date _____

# of attempt	01	02	03	04	05	06	07	08	09	10
Attempt result										
# of attempt	11	12	13	14	15	16	17	18	19	20
Attempt result										
# of attempt	21	22	23	24	25	26	27	28	29	30
Attempt result										
# of attempt	31	32	33	34	35	36	37	38	39	40
Attempt result										
# of attempt	41	42	43	44	45	46	47	48	49	50
Attempt result										

Attempt result codes

1. Successful/complete interview
2. Nobody at home
3. Refused to open the door
4. Refused to participate
5. No eligible participant in the household
6. The eligible participant(s) was/were not at home
7. The participant interrupted the interview
8. Other _____

Appendix III

Consent form

Hello, my name is Lilit Gabrielyan, I am a student of the Master of Public Health program at the School of Public Health at the American University of Armenia. This survey is conducted by our department for collecting information on relation between war exposure and psychological status of residents of Stepanakert.

You were selected randomly to participate in this survey along with over 200 other residents of Stepanakert. The interview will begin from face to face interview lasting approximately 15 minutes, at the end of which we will ask you to complete a short questionnaire on your own. All the information you provide will be anonymous. Your name will not be recorded anywhere and only aggregated results of this study will be presented in the final report. Your participation is voluntary. You may refuse to participate in the survey. If you decide to participate, you can skip any question or stop the interview anytime. There is no risk for you associated with participation in the survey. You will not get financial benefit from the participation either. Your answers will help us to understand the psychological health status of the residents of Stepanakert.

If you will have any question regarding the survey, you can call to the principle investigator of the study Anahit Demirchyan (37410) 51-25-92. If you will think that you have been harmed because of the survey, you can call to Human Subject Protection Administrator of the American university of Armenia Kristina Akopyan (37410) 51-25-61.

Do you agree to participate in this survey? Thank you.

Appendix IV

Տարբերակման
համար

Անստիճակ (օր/ամիս/տարի) ____/____/____
Հարցազրույցը կատարվել է ժամը _____:_____

**Հարցաթերթիկ Ստեփանակերտ քաղաքի բնակիչների
հոգեբանական վիճակի մասին՝ կապված պատերազմի հետ**

Այս հետազոտությունն նպատակն է տեղեկություն հավաքել Ստեփանակերտ քաղաքի բնակիչներին հնգերանական վիճակի մասին՝ կապված պատերազմի և դրա հետևանքների հետ: Հարցաթերթի կարգավիճակը էրկու մասից: Առաջին մասը կլրացնի հարցազրուցակարը՝ հարցազրույցի ընթացքում, իսկ երկրորդ մասը Դոկ կլրացնեն ինքներդ: Փակագծերում տրված ցուցումները կօգնեն Ձեզ ինքնուրույն կլրացնել հարցաթերթի երկրորդ մասը:

ՄԱՍ 1

Սոցիալ-դեմոգրաֆիկ հարցեր

1. Նշեք ձեր ծննդյան տարեթիվը: _____
2. Սեռը.
 - a. Արական
 - b. Իգական
3. Ձեր ամուսնական կարգավիճակը.
 - a. Ամուսնացած
 - b. Բաժանված
 - c. Այրի
 - d. Միայնակ
4. Քանի՞ հոգի է ապրում Ձեր ընտանիքում (**Ներառյալ Ձեզ**):-

5. Քանի՞ մինչև 18 տ. երեխա է ապրում Ձեր ընտանիքում: _____
6. Նշեք ամենաբարձր կրթությունը, որ Դոկ ստացել էք:
 - a. Թերի միջնակարգ (10 տարուց պակաս)
 - b. Միջնակարգ (10 տարի)
 - c. Միջին մասնագիտական
 - d. Ինստիտուտ/համալսարան
 - e. Հետդիպլոմային/ասպիրանտուրա
7. Նշեք Ձեր աշխատանքային կարգավիճակը:
 - a. Աշխատում եմ
 - b. Ինքնազբաղ եմ
 - c. Չեմ աշխատում, որոնում եմ աշխատանք
 - d. Չեմ աշխատում, չեմ որոնում աշխատանք
8. Ձեր ընտանիքում քանի՞ հոգի է աշխատում (**ներառեք նաև Ձեզ**): _____

Առնդջական վիճակ

9. Ընդհանուր արմամբ, ինչպես կգնահատեք ձեր առողջությունը՝ վերջին 30 օրվա ընթացքում.

- a. գերազանց
- b. շատ լավ
- c. լավ
- d. վատ
- e. շատ վատ

10. Դուք երբեք ծխե՞լ եք:

- a. Այո
- b. Ոչ (*անց. Հ 11*)

11. Դուք ծխում եք ներկայումս:

- a. Այո – եթե այո, ապա քանի՞ ծխախոտ եք ծխում օրը միջին հաշվով _____
- b. Ոչ

12. Միջինում որքան՞ հաճախ եք Դուք ոգելից խմիչք օգտագործում:

- a. Երբեք
- b. Շաբաթը մեկ անգամից հազվադեպ
- c. Շաբաթը մեկից երեք անգամ
- d. Շաբաթը չորս անգամ կամ ավելի հաճախ

13. Ձեր տանն ապրողներին (ներառյալ Դուք) քանի՞ հոգի է երբեք օգտագործել 5 կամ ավելի քաղցր խմիչք՝ գրեթե ամեն օր: _____

14. Նշեք, խնդրեմ, հետևյալ քրոնիկ հիվանդություններին ցորոն՞ք Դուք ունեք:

- a. Արյան քարձր ճնշում
- b. Սրտամկանի ինֆարկտ
- c. Սրտի այլ հիվանդություն
- d. Շաքարախտ

- e. Ասթմա
 - f. Ալերգիկ հիվանդություններ (բացի ասթմայից)
 - g. Մեջքի ցավ
 - h. Երիկամների կամ միզուցիկների հետ կապված խնդիրներ
 - i. Քաղցկեղ
 - j. Հոգեկան կամ հոգեբանական խնդիրներ
 - k. Եթե դուք ունեք այլ քրոնիկ հիվանդություններ, որոնք նշված չեն, ապա նշեք բոլորը
-

15. Ձեր ընտանիքում, արդյո՞ք որևէ մեկն ունի հոգեբանական խնդիրներ :

- a. Այո
- b. Ոչ (*անց. Հ. 16*)

16. Նշեք, խնդրե՞մ, ձեր կապը այդ անձի հետ, և նշեք թե ինչ հոգեբանական խնդիրներով է տառապում :

- a. Ազգակցական կապը _____
- b. Հոգեբանական խնդիրները _____

Պատերազմի ազդեցությունը (1988-1994)

17. Արդյո՞ք պատերազմական տարիներին (1988-1994) Դուք գտնվել եք Ստեփանակերտում/Ղարաբաղում :

- a. Այո
- b. Ոչ (*անց. Հ. 25*)

18. Ինչքան՞ ժամանակ եք գտնվել Ստեփանակերտում/Ղարաբաղում (ամիս) _____

19. Արդյո՞ք մասնակցել եք պատերազմական գործողություններին :

- a. Այո (Խնդրե՞մ նշեք քանի ամիս) _____
- b. Ոչ

20. Արդյո՞ք ենթարկվել եք հարձակման (դանակով, գնդակով) կամ բռնություն՝ պատերազմի ժամանակ :

- a. Այո (Խնդրե՞մ նշեք քանի անգամ) _____
- b. Ոչ

21. Արդյունք վերապահող կամ արջ վնասվածք էք ստացել պատերազմի ժամանակ :
- Այո (Խնդրեմ նշեք քանի անգամ)_____
 - Ոչ
22. Արդյունք Ձեր տունը կամ հարևան տները պատերազմի ժամանակ ենթարկվել են ուժեղ ծնունդի :
- Այո (Խնդրեմ նշեք քանի անգամ)_____
 - Ոչ
23. Արդյունք Ձեր ընտանիքի անդամներին կամ ընկերներին ներկայացրել է պատերազմի ժամանակ :
- Այո
 - Ոչ
24. Արդյունք տեսել եք, թե ինչպես ունենալիք արջ վնասվել կամ սպանվել է պատերազմի ժամանակ :
- Այո (Խնդրեմ նշեք քանի անգամ)_____
 - Ոչ
25. Արդյունք պատերազմի պատճառով կորցրել եք Ձեր տունը կամ աշխատանքը :
- Այո
 - Ոչ

Մթրեւայի ն իրադարձութիւններին ցանկ

26. Այժմ եւ կ թվարկեմ մի քանի պատերազմի հետ չ կապված ստրեւայի ն վիճակներ: Նշեք, ինդրեմ, թե դրանցից որո՞նք են տեղի ունեցել Ձեր կյանքում, յորաքանչյ՞ որը բէ տեղի ունեցել ն ի՞նչ չափով է ազդել Ձեզ վրա՝ պատասխանելով- **0.նչ մի չափով, 1. թեթևակի, 2. միջին, 3. մեծ չափով:**

Իրադարձություն

(0=ոչ մի, 1=թեթև, 2=միջին, 3=մեծ)

a1. a2. b1. b2. c1. c2
տարի Ազդ. տարի Ազդ. տարի ազդ.

- 1 Հանկարծակի լ ուրջ վնասվածք կամ հիվանդութիւն՝ Ձեր, Ձեր ընտանիքի անդամներին կամ բարեկամներին հետ - չ կապված պատերազմի հետ
- 2 Աղետ (օր. Հրդեհ, ջրհեղեղ, երկրաշարժ)
- 3 Բռնութիւն Ձեր նկատմամբ (ծեծկոտոց, դանակահարութիւն) - չ կապված պատերազմի հետ
- 4 Կյանքին սպառնացող դեպք (օր. ավտովթար)
- 5 Միբեղի մարդու նսպասելի մահ - չ կապված պատերազմի հետ
- 6 Հանկարծակի տանկամ աշխատանքի կորուստ - չ կապված պատերազմի հետ
- 7 Հանկարծակի Ձեզ լքել է ձեր ամուսինը/կինը կամ ընտանիքի այլ անդամ - չ կապված պատերազմի հետ
- 8 Այլ սարսափելի իրադարձութիւն Ձեր կամ Ձեր մտերի մներին հետ (նշեք)

ՄԱՍ 2

Այժմ Դուք ինքնուրույն կ'պատասխանեք ներքևում բերված հարցերին: Պատասխանեք բոլոր հարցերին, հետևելով փակագծերում բերված ցուցումներին, որտեղ նշվում է ինչպես ճիշտ լրացնել հարցը, կամ ո՛ր հարցը բաց թողնել: Պատասխանն ընտրելիս նշեք Վիտքրիկ քառակուսու մեջ: Եթե Դուք վստահ չեք, թե որ պատասխանն ընտրել, ընտրեք այն պատասխանը, որն ավելի մոտ է Ձեր կարծիքին:

Հետ-տր ավմատիկ ստրեսս

27. Այս աղյուսակում թվարկված են միջարք գանգատներ, որ մարդիկ երբեմն ունենում են՝ իրենց ապրած ուժեղ ստրեսսների հետևանքով: Կենտրոնացեք, ինդրեմ, կյանքում Ձեր տարած ամենածանր իրադարձության վրա նշեք, թե հետևյալ գանգատները որքանով են անհանգստացրել Ձեզ վերջին 30 օրվա ընթացքում՝ այդ միջադեպի հետևանքով:

(Խնդրում է նք՝ պատասխան ընտրեք բոլոր կետերի համար՝ նշելով “\” համապատասխան վանդակի մեջ):

#	Գանգատ(վերջին 30 օրվա ընթացքում)	Ամենին ին	Միփոքր	Միջին ափով	շատ	չափազանց
1	Ձեր ապրած ծանր միջադեպի մասին կրկնվող ու անհանգստացնող հիշողությունները, մտքերն ու պատկերները	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	Կրկնվող ու տանջալից երազներն այդ միջադեպի մասին	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	Ակամա այնպիսի զգացում ունենալը կամ Ձեզ այնպես պահելը, ասես այդ միջադեպը կրկնվում է (կարծես Դուք կրկին վերապրում եք այն)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	Շատ վշտանալը, երբ ինչ-որ բան Ձեզ հիշեցնում է այդ միջադեպի մասին	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

#	Գանգատ(վերջին 30 օրվարնթացքում)	Ամենին	Միփոքր	Միջինչափով	շատ	չափազանց
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	Ֆիզիկապես Ձեզ վատ զգալը, օրինակ՝ քրտնելը, սրտխփոց կամ շնչարգելություն ունենալը, երբ ինչ-որ բան Ձեզ հիշեցնում է այդ միջադեպի մասին	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	Այդ միջադեպի մասին մտածելուց կամ խոսելուց խուսափելը, կամ էլ դրա հետ կապված զգացողություններից խուսափելը	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	Խուսափելը այն գործողություններից կամ իրավիճակներից, որոնք Ձեզ հիշեցնում են այդ միջադեպի մասին	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	Ձեր ապրած ծանր միջադեպի կարևոր մանրամասները մտաբերել չկարողանալը	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9	Հետաքրքրության կորուստը նախկինում Ձեր սիրած բաների նկատմամբ	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10	Ուրիշներից մեկուսացած կամ կտրված լինելու զգացումը	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11	Ձեր զգացմունքները կորցրած լինելու կամ Ձեր մտերիմներին սիրել չկարողանալու զգացումը	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12	Այնպես զգալը, որ Ձեր ապագան երկար չի տևի	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13	Քուն մտնելու կամ քնած մնալու դժվարությունները	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14	Գրգռված լինելը կամ կատաղության նույններ ունենալը	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

#	Գանգատ(վերջին 30 օրվարնթացքում)	Ամենն ին	Միփո քր	Միջինչ ափով	շատ	չափա զանց
15	Կենտրոնանալու դժվարություններ ունենալը	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16	«Շատ զգոն» լինելը կամ անընդհատ վտանգի սպասելը	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17	Սովորական երևույթներից «վեր թռչելը» կամ վախենալը	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

28. Այս գանգատներն արդյունք Ձեր առօրյա գործունեությունը կամ աշխատանքը տուժեցնեն:

- a. Այո
- b. Ոչ

29. Նշեք, ինդրեմ, ո՞րն էր այն ամենամանր իրադարձությունը, որի վրա կենտրոնացաք՝ այս հարցերին պատասխանելիս:

- a. Պատերազմի հետ կապված միջադեպ
- b. Այլ միջադեպ (նշեք նրբ)-

Դեպրեսիա

30. Նշեք, ինչքան, թե **վերջին 7 օրվա** ընթացքում Դուք որքան՝ ն հաճախ եք զգացել Ձեզ այնպես, ինչպես նկարագրված է հետևյալ կետերում:

(Խնդրում ենք՝ պատասխանը նորեք բոլոր կետերի համար՝ նշելով “V” համապատասխան թվի վանդակի մեջ):

#	Հարցեր	Հազվադեպ կամ երբեք (<1 օր)	Երբեմն(1-2 օր)	Բավականին հաճախ (3-4 օր)	Մշտապես (5-7 օր)
1	Ես հուզվում էի այնպիսի բաներից, որոնք սովորաբար ինձ չեն հուզում:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2	Ես չէի ուզում ուտել: Վատ ախորժակ ունեի:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3	Ես չէի կարողանում ազատվել տխրությունից՝ անգամ ընտանիքիս և ընկերներիս օգնությամբ:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4	Ես չէի կարողանում ուշադրությունս կենտրոնացնել արածիս վրա:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5	Ես ինձ ընկճված էի զգում:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6	Ես ամեն ինչ անում էի մեծ դժվարությամբ:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7	Ես մտածում էի, որ կյանքս իզուր է անցել:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8	Ես վախ էի զգում:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9	Ես վատ էի քնում:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10	Ես ավելի քիչ էի խոսում, քան սովորաբար:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11	Ես ինձ միայնակ էի զգում:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12	Մարդիկ անբարյացակամ էին:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13	Ես լացի պոռթկումներ էի ունենում:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14	Ես տխուր էի:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15	Ես զգում էի, որ դուր չեմ գալիս մարդկանց:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

#	Հարցեր	Չափա- դեպ կան երբեք (<1 օր)	Երբեմն(1- 2 օր)	Բավա- կանին հաճախ (3-4 օր)	Մշտա- պես (5-7 օր)
16	Ես չեմ կարողանում հուճի մեջ ընկնել:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Առողջ ապահանջանքի ծանայությունները օգտագործում

31. Վերջին երկու ամսվա ընթացքում եղել են դեպքեր, երբ Դուք կամ Ձեր ընտանիքից որևէ մեկը կարիք է ունեցել դիմել ու բժշկի, բայց չի դիմել:
- a. Այո
 - b. Ոչ (անց. Հ. 32)
32. Ինչն էր բժշկի չդիմել ու պատճառը: (նշեք բոլոր ճիշտ պատասխանները)
- a. Դրամի բացակայությունը/ բուժօգնություն թանկ լինելը
 - b. Փոխադրամիջոցի բացակայությունը
 - c. Ժամանակի պակասը
 - d. Ախտորոշման կամ բուժման հանդեպ վախը
 - e. Տեղի բուժաշխատողներին չվստահելը
 - f. Գերադասել է մի քնաբուժումը
 - g. Այլ (նշեք) _____
33. Ինչպե՞ս կգնահատեք Ձեր ընտանիքի կենսամակարդակը հետպատերազմյան առաջին 10 տարիների ընթացքում (1994-2004):
- a. Միջինից բավականին ցածր
 - b. Միջինից մի փոքր ցածր
 - c. Միջին
 - d. Միջինից մի փոքր բարձր
 - e. Միջինից բավականին բարձր
34. Ինչպե՞ս կգնահատեք Ձեր ընտանիքի կենսամակարդակը ներկայումս:
- a. Միջինից բավականին ցածր
 - b. Միջինից մի փոքր ցածր
 - c. Միջին
 - d. Միջինից մի փոքր բարձր

e. Մի ջի նից քաղական ինքարձր

35. Ինչքան փվեք գոհ Ձեր կենցաղային պայմաններից :

- a. Շատ դժգոհ
- b. Դժգոհ
- c. Ոչ դժգոհ, ոչ գոհ
- d. Գոհ
- e. Շատ գոհ

36. Ձեր ընտանիքում տվյալ հարմարությունները առկայությունը դեպքում նշեք՝ այո, քացակայությունը դեպքում՝ ոչ :

#	Անվանում	Այո	Ոչ
1.	Մշտական տաք ջուր	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2.	Ավտոմեքենա	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3.	Ավտոմատ վազքի մեքենա	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4.	Համակարգիչ	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5.	Արբանյակային անտենակարելային հեռուստատեսություն	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6.	Ամառանոց	1 <input type="checkbox"/>	2 <input type="checkbox"/>

37. Նշեք Ձեր ընտանիքի միջին ամսական եկամուտը

- a. 50,000 դրամից պակաս
- b. 50,001-100,000 դրամ
- c. 100,001-150,000 դրամ
- d. 150,001-200,000 դրամ
- e. 200,001 դրամից ավելի

38. Արդյո՞ք Ձեր ընտանիքը ստանում է նրկեֆինանսական կամ նյութական աջակցություն :

- a. Այո
- b. Ոչ

Հարցազրույցի ավարտը . ____ : ____

Appendix V

Մասնակցության անձի անուն

Իսմի համարը _____

Անունը _____

# փոքր	01	02	03	04	05	06	07	08	09	10
Փոքր արդյունք										
# փոքր	11	12	13	14	15	16	17	18	19	20
Փոքր արդյունք										
# փոքր	21	22	23	24	25	26	27	28	29	30
Փոքր արդյունք										
# փոքր	31	32	33	34	35	36	37	38	39	40
Փոքր արդյունք										
# փոքր	41	42	43	44	45	46	47	48	49	50
Փոքր արդյունք										

Փոքր արդյունքի կոդեր

1. Ավարտված հարցազրույց
2. Տանը մարդչկար
3. Դուրս չեն բացել
4. Հրաժարվել են մասնակցել հարցազրույցին
5. Համապատասխան մասնակց չկար
6. Համապատասխան մասնակց (ներ)ը տանը չէր/չէին
7. Մասնակցն ընդհատեց հարցազրույցը
8. Այլ _____

Appendix VI

Իր ազեկ համաձայնությունն է

Բարև Ձեզ, իմ անունը Լիլիթ Գաբրիելյան է: Ես սովորում եմ Հայաստանի ամերիկյան համալսարանի Հանրային առողջապահություն բաժնում: Մեր բաժինը իրականացնում է հետազոտություն, որին պատակ է տեղեկություն հավաքել Ստեփանակերտ քաղաքի բնակիչներին հոգեբանական վիճակի մասին՝ կապված պատերազմի և դրա հետևանքների հետ:

Դուք պատահականորեն ընտրվել եք մասնակցելու այս հետազոտությանը Ստեփանակերտի ավելի քան 200 այլ բնակիչներին հետ: Այն կսկսվի մոտ 15 րոպե տևողությամբ դեմ առ դեմ հարցու պատասխանով, ապա՝ մենք կխնդրենք Ձեզ ինքնուրույն լրացնել հարցաթերթիկի երկրորդ մասը: Ձեր պատասխանները մեր հարցերին կմնան գաղտնի և Ձեր անունը չի արձանագրվի ոչ մի գեկույցում և միայն հետազոտության ընդհանրացված տվյալները կներկայացվեն վերջնական գեկույցում: Ձեր մասնակցությունը կամավոր է: Դուք կարող եք հրաժարվել մասնակցելու այս հետազոտությանը: Համաձայնություն դեպքում կարող եք հրաժարվել պատասխանել ցանկացած հարցի կամ ցանկացած պահի դադարեցնել հարցազրույցը: Դուք ոչ մի ռիսկի չեք դիմում այս հարցազրույցին մասնակցելով: Դուք չեք ստանալ ուժեղ ֆինանսական փոխհատուցում մասնակցելու դեպքում: Ձեր պատասխանները կօգնեն պատկերացում կազմել Ստեփանակերտի բնակչության հոգեբանական առողջություն վիճակի մասին:

Այս հետազոտությունը վերաբերյալ հարցեր ունենալու դեպքում կարող եք գանգահարել հետազոտության համակարգողին՝ Անահիտ Դեմիրճյանին (37410) 51 25 92 հեռախոսահամարով: Եթե Դուք կորոշեք, որ այս հետազոտությունը մասնակցելու ընթացքում Ձեզ կավչեն վերաբերվել կամ որ մասնակցությունը Ձեզ վնաս է պատճառել, կարող եք գանգահարել Հայաստանի ամերիկյան համալսարանի էթիկայի հանձնաժողովի համակարգողին՝ Քրիստինե Հակոբյան (37410) 51 25 61 հեռախոսահամարով:

Համաձայնեք մասնակցել այս հետազոտությանը:
Շնորհակալություն: