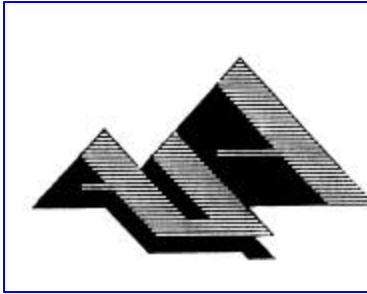


THE AMERICAN UNIVERSITY OF ARMENIA  
MASTER OF PUBLIC HEALTH PROGRAM



**WARTIME STRESSORS: IMPACT ON THE GENERAL HEALTH  
STATUS OF POPULATION IN STEPANAKERT AGED 40 YEARS AND  
OVER**

**(Professional publication)**

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## **Abstract**

The purpose of this study was to investigate the relation between exposure to wartime events and general health status of the population in Kharabagh. Secondary objective of the study was creating a baseline database for further investigation and other longitudinal assessments. For more comprehensive investigation of health status of the population, data from the Armavir study were used for comparison. Cross-sectional study design was utilized in the study. A survey was conducted in Stepanakert. The study population comprised of men and women aged 40 and over living in Stepanakert (n=250). Because of time constraints a decision was made to input the data from the first 73 interviews. These interviews provided the basis for the preliminary analysis. The study instrument was a questionnaire. SF-36 was utilized as part of questionnaire.

This preliminary study revealed association between war-related stress and CVD morbidity. The risk of having hypertension was increased by 1.9 times in exposed group vs. unexposed (95% CI [0.94; 3.84] p=0.0377). The risk of heart disease was increased by 2.09 times (95% CI [0.93; 4.7] p=0.0415). The other interesting finding was the association between stress and arthritis: the risk of arthritis was increased by 2.96 times (95% CI [0.99; 8.74] p=0.0197). SF-36 was analysed in eight domains. The study data were compared with US national norms. The analysis revealed statistically significant difference in six domains: PF, RP, BP, SF, RE, and MH. The results were significantly lower than US norms. In two domains (GH, VT) the data were very close to the US norms and even in some cases significantly higher. The most significant association between stress and domains was observed in VT (RR = 2.17 95% CI [0.85; 5.55] p=0.068). In the rest of domains there was no association.

The study should be completed for more solid results.

## **1. Background Information**

**Program Rationale.** Since the first demonstrations in 1988, the population of Kharabagh has undergone through very difficult times. Experiences such as the war, the blockade, forced displacements, the unemployment situation, and subsequently, hard socioeconomic conditions appear to have affected people's health. In addition to these common events suffered by the population, many people experienced life threatening dangers, bodily injuries, loss of their homes and other valued possessions, and the loss of family and the other loved ones. These losses, coupled with the difficult economic situation created by the war, predictably would have a negative impact on health of those experiencing such deprivation.

In the absence of baseline data it is very difficult to assess the changes in health status of the population, and, in general, the aftermath of the war and its effect on human health. In addition, after the cease-fire agreement in 1994, people had to overcome extremely difficult socio-economic transition with severely deteriorated economic and environmental conditions. Thus, poor health conditions cannot be explained by wartime events only. Moreover, many families lost their primary breadwinner. This left many families without the appropriate income or social support after the fighting had ceased. For some, the men came back from the war, but they were disabled and unable to adequately provide for their families.

Thus, in order to investigate the relationship between wartime events and general health of the population, it becomes necessary to take into consideration all possible known confounders.

Unlike western studies estimating health care utilization and medical costs, which allows defining the magnitude of the problem, Kharabagh does not have any such available data. The main reason is because the poverty of the population has resulted in low utilization of health care services. Also following the collapse of the Soviet Union, there is no central financing of the

health care system, which would allow for the appropriate health care and the determination of health care costs.

In 1996, the Ministry of Health of Kharabagh undertook a comprehensive review of the health sector (1). Besides investigating the overall health care system, demographic and health data was gathered using a randomised cross-sectional, population-wide health interview survey. Because the emphasis in this survey was on maternal and child care, there is no actual data concerning chronic health conditions of the population such as hypertension, heart disease, diabetes, cancer, etc.

The main purpose of this study was to obtain information on the health status of the population and to investigate the correlation between war-related stress and subsequent health problems. Other reasons for the study were to provide information on demographic and socio-economic characteristics, health services utilization, and social support of the population suffered because of war. Objectives of the study included also comparing the Kharabagh data with findings from a study conducted in Armavir, Armenia (2). This comparison facilitated more comprehensive understanding of health problems existing in Kharabagh. Armavir is very convenient in terms of its location. It is out of earthquake area and far from the border with Azerbaijan. Thus, primarily the population in Kharabagh experienced stress derived from warfare. At the same time both populations with the same ethnicity have undergone the transitional period after the collapse of Soviet Union, experienced hard socio-economic conditions, unemployment, blockade, etc. quite similarly. Thus, two populations were appropriate for comparison. The data gathered by the study also can be considered as baseline for further investigation and other longitudinal assessments.

**Literature Review.** Since 1970s there have been numerous studies conducted regarding stress and its impact on people health. It was suggested that stress, which comes from everyday

life events such as loss of employment, injuries, marital breakdown, and bereavement was associated with physical health problems (3-9). Natural and human-caused disasters are also considered as potential cause of health problems in survivors (10-12). With increasing numbers of international conflicts, researchers have focused their attention to the stress derived from warfare (13-15). Further investigations of the stress and its impact on people has found that people exposed to different types of traumatic events, such as military combat, stressful life event, and natural and human-caused disasters, are at risk of developing so-called Post Traumatic Stress Disorder (PTSD) (16-19). PTSD is a unique symptom configuration after exposure to an unusual and extreme event (29-30). Some studies suggested that symptoms frequently arise after a long latency period (20-23). Other researchers have found a positive association between PTSD and poor physical health (29). Thus, literature review suggests that exposure to traumatic events is related with subsequent poor physical health. Attention was given also to the long-term impact of the stressful events. Many of these studies detected increased rate of morbidity and mortality from several chronic disorders including cancer, ischemic heart disease, stroke, and chronic lung disease (6-8,24-25).

Most of earlier works was focused on either the mental or the physical health impact of traumatic events. A little is known about overall health consequences of stressful events. Considering that health is not only an absence of disease but also social and emotional well-being, the necessity to assess general health status of people who suffered because of traumatic events can be justified. In addition, a great majority of studies was focused on health of veterans (16, 20-23) but only a few studies examined the health of civilians (13-15). Besides, scientific studies have recently been directed to investigate what can be done to best recover from the stress (29). Some studies suggested that social support could be considered as one of the major factors for reducing the risk of negative health consequences (27). Nevertheless, how the social support

acts in combination with other characteristics of the population, is investigated relatively little. Little is known also about the difference in response to stress in civilians vs. army servers, males vs. females, socio-economic status, etc. (26-28).

**Research Goals and Objectives.** The main goal of the study was to investigate war-related stress impact on general health status of the population. Taking into consideration lack of available baseline characteristics of the population, the secondary objective of the study was creation of baseline database. For further investigation of health status of the population, data from the Armavir study were used for comparison. Comparison of different group of people within a sample regarding age, gender, and socio-economic status was considered. The following information was obtained:

1. Basic demographic and socio-economic characteristics of the target population
2. Physical health (health problems and symptoms) of the target population
3. Utilization of health care services
4. War-related experiences
5. General health status of the target population (SF-36)
6. Social support and economic well-being of the target population

## **2. Methodology**

**Survey sampling techniques.** The cross-sectional study design was utilized in the study. A survey was conducted in Stepanakert – the largest and the capital city of Kharabagh. About 45 percent of Kharabagh population is concentrated in Stepanakert. In the absence of a population census that could provide a sampling frame, the complete list of households provided by Stepanakert Electricity Company was used for systematic random sampling of the study population. Every 139<sup>th</sup> (randomly selected number) household on the list was selected to be included in the study. A total 250 household participated in the interviewer-based survey.

Systematic random sampling is an appropriate method that provides an equal probability for each household to be selected. Thus, the sample would have been representative of the target population. There was no need for such less costly sampling methods as multistage or cluster sampling because Stepanakert is a little town and it was not difficult to conduct interviews at different addresses during the same day.

The sample size was calculated taking into consideration 2 main outcomes of the study: constituents of general health status (8 domains, PCS and MCS) (see Appendix 5), which are continuous data, and morbidity, which is binary data.

For continuous data (General Health Status):

$$n_1 = Z^2 \times S^2 / d^2$$

For binary data (Morbidity):

$$n_2 = Z^2 \times p \times q / d^2$$

Considering sample size needed for continuous outcome is much less than for binary outcome,  $n_2 > n_1$ , so, the bigger sample size was taken for the study.

In  $\alpha = 0.05$  level  $Z$  equal to 1.96 (2-sided). Considering that there is no official data about prevalence of different types of health problems, for  $p$  and  $q$  values it was assumed that they both are equal to 0.5. Thus, the sample size was equal to 96 in case of  $d$  equal to 10%.

$$n = 1.96^2 \times 0.5 \times 0.5 / 0.1^2 = 96$$

The sample size was increased from 96 to 250 because it was recommended to continue this study prospectively to assess long-term effects of the war events exposure, particularly CVD morbidity and mortality, cancer morbidity and mortality, diabetes morbidity and mortality, etc. Considering expected dropouts, this sample size can be justified. The increased sample size also increased the power of the study.



**Target Population.** Considering that chronic health conditions occur with aging, the age of study population 40 years and older was justified. Thus, men and women greater than 40 years of age and living in Stepanakert were eligible for the study. However, for the household survey it was expected that information on other family members would be included for creating a database on health status of the whole population. Exclusion criterion was severe mental retardation of participants.

**Sampling Strategy.** Systematic random sampling technique was utilized to select respondents. From the list of initial addresses of respondents, the closest addresses were combined according to the city map to make easier to find and conduct interviews during a day. There were 21 such lists consisting from 5 to 41 addresses. An attempt was made to interview each address from the initial list. In case of an unsuccessful attempt, due to one of the predicted reasons (Appendix 1), the interviewer was to toss coin to choose right or left doors just the next to the initial address. The interviewer also completed journal forms to monitor response and refusal rates (Appendix 1). If there were more than one eligible persons the interviewer used the table “Selection of the individual respondent” to make a random choice (Appendix 2).

**Survey Instrument.** The study instrument was a questionnaire (Appendix 3). The questionnaire was divided into the following parts:

1. Introductory part
2. Health of households and health care utilization
3. War events checklist
4. General Health Status (SF-36)
5. Family income, nutrition, health care expenditures, and social support

The first and the last parts of the questionnaire covered information on demographic and socioeconomic characteristics of the respondent and the household in general. Information on

family structure, employment, income, health expenditures, and social support were included into these two parts.

War events checklist was based with some modifications on one used in 1993 in the prospective cohort study *Variations in the Impact of Long-term Wartime Stressors on Mortality among Middle-aged and Older Population in Beirut, 1983-93* by Abla M Sibai et al (14). It includes:

1. History of residency of the informant since 1988
2. Occupational history of the informant since 1988
3. History of residency of the head of family
4. Occupational history of the head of family
5. Occurrence of wartime events, year of occurrence (with the informant, head of family, and/or other members of the household).

Markers of the stress are the following:

1. Human losses (deaths)
2. Property losses (homes, cars, others)
3. Injuries (self vs. immediate family members)
4. Kidnappings
5. Threats
6. Work-related problems
7. Displacements

The first 5 markers are examples of acute stress, while the last two are continuous stressors.

The second and fourth parts covered information on physical and social well-being of the respondent and health care utilization by the household. SF-36 that was used in the questionnaire is a well-known instrument for assessing general health status of people (31-32).

Two trained interviewers conducted the interviews. In August 2001, interviewer training and questionnaire pre-testing were done, which included 1 day of didactic training and 1 day of field pre-testing. Some minor modifications were made after pre-testing of the questionnaire. The interviewers were assessed as capable of conducting the interviews.

The main language of survey was Armenian. Only a few respondents (mostly refugees from Baku) were more comfortable with Russian. For those the questions were translated.

**Ethical Considerations.** The study protocol was reviewed and approved by the IRB committee of the AUA. The study posed minimal risk for participants. However, it was possible that the recall of wartime events could cause some emotional distress in respondents. This and other information on possible risks and benefits as well as confidentiality issues were pointed in the consent forms (Appendix 4). Written consent forms were provided to the study participants for their signatures. Interviews were conducted with use of identifiers. The use of identifiers was relevant in this study because it was desirable to continue the study as a prospective cohort study so that the participants would be accessible for follow-up. However, after data collection process, in order to keep confidentiality and to protect anonymity of the subjects, data entry and data analysis were performed without identifiers such as names, addresses, telephone numbers, etc. Only ID numbers were used. The first page of the questionnaire included all this information, so, it was removed and kept separately. Only the principal investigator, co-investigator, and the student researcher have an access to this data.

**Survey Administration.** Data collection started on August 15, 2001. From 5 to 12 interviews were conducted per day per interviewer. Two interviewers were involved in the data

collection process. The data collection lasted for approximately 1 month. The interviewers were observed during the pre-testing phase as well as during the first few days of the implementation phase. Completed interviews were delivered to “Sona” publishing house, whose employees served as the interviewers.

**Data Entry.** Data were reviewed and entered into SPSS software. Because of time constraints a decision was made to input the data from only the first 73 interviews. These interviews provided the basis for the preliminary analysis. Creating the data entry screen took four days, and one week was required for actual data entry. Because of the time constraints for data cleaning process only range checks and logistic checks were used. The created data set was transformed into the Stata software for the analysis.

### **3. Results**

**Administrative Information.** A total of 250 households living in Stepanakert were included into the survey. However, because of time constraints only 73 interviews were used for the preliminary analysis.

On average, it required 1.77 knocks on the doors to complete one interview. The main reason for non-response that was there was “Nobody at home”. This was the case in 29 visits out of 129 (22%). The second most common reason for non-response was “No eligible respondent at home” in 16 cases (12%). Refusals constituted 6 percent of all visits/attempts (8 cases) and other reasons were listed such as the address cannot be found, funeral at home, and other reasons. This category contained 3 cases (2%).

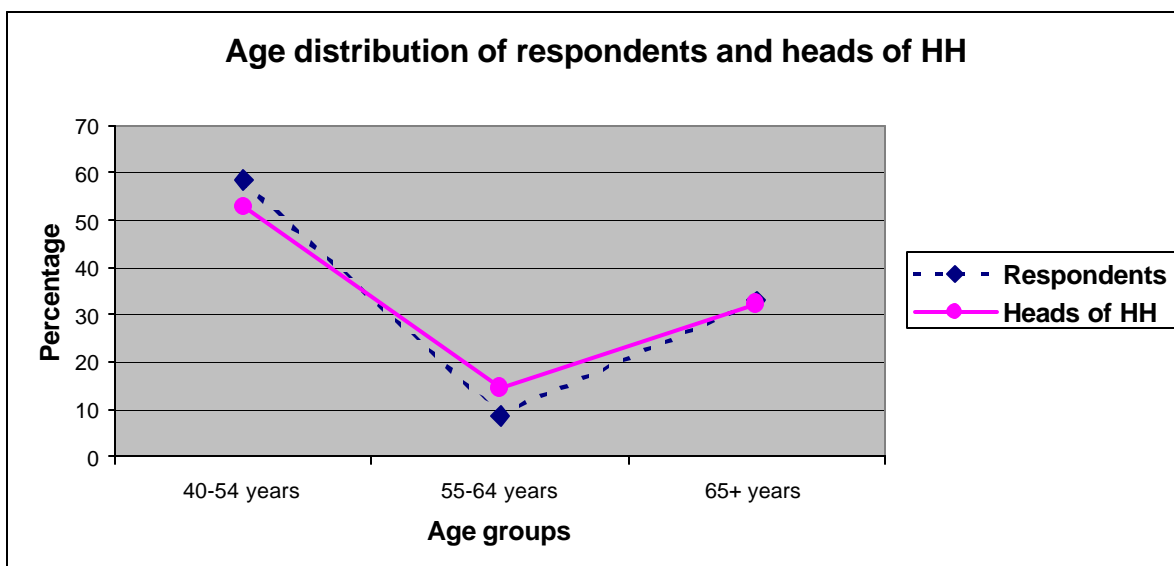
All interviews were conducted in Armenian. Only in a few cases some phrases and/or questions were translated into Russian mostly for refugees from Baku.

## Socio-Demographic Data

**1. Age and gender.** The mean age of the respondents was 58.5 (SD 13.2) with the age range of 40-86 years. Out of all respondents 47.95 percent were younger than 55 years and 32.9 percent were above 65 years. The mean age of the heads of households was 57.7 (SD 12.1, range 41-87). Out of all heads of household 52.9 percent was under the age of 55 and 32.4 percent was over the age 65. The same tendency was observed in the age distribution of the respondents. Age distributions of respondents and heads of HH are shown in the Figure 1.

The majority of respondents were women 56 out of 73 (76.7%). Stepanakert was the place of birth for 32.9 percent and Kharabagh was listed for 84.9 percent. Refugees from Azerbaijan were in 5.5 percent of the cases. All respondents were Armenian.

**Figure 1. Age distribution of respondents and heads of HH**



**2. Household composition.** The mean number of people living in household was 3.86 (SD 1.74, range of 1-8, median 4). Significant difference in terms of household size was observed between the data obtained from the Armavir study for urban areas and the Stepanakert data (5.0 in Armavir study vs. 3.86 in Stepanakert,  $p < 0.0001$ ). Of all respondents 11 percent lived alone, more than 6 people living in household were only in 17.8 percent of the cases.

The mean number of children under 18 living in household was 0.8 (SD 0.97, range 0-3). Again comparing the data for urban areas in Armavir study and our data, there is a significant difference (mean 1.7, SD 1.2 in Armavir study vs. mean 0.8, SD 0.97 in Stepanakert;  $p < 0.0001$ ).

The respondent's husband was the head of family in 43.8 percent of cases; in 53.4 percent of cases the respondent him/herself was the head of family. Seventeen men and twenty-two women stated that they were the heads of households. Out of these 22 women 77.3 percent were widowed.

**3. Education.** The highest level of education completed by the respondents was less than 10 years of school in 17.8 percent of cases, 10 years of school 41.1%, professional technical education in 27.4 percent and institute/university in 13.7 percent. The household heads' educational level was the following: 18.2 percent completed less than 10 years of school, 27.3 percent 10 years of school, 33.3 percent completed professional technical education, and 21.2 percent completed institute/ university. The Table I. shows educational levels of respondents and heads in Stepanakert and Armavir.

**Table I. Educational status in Stepanakert and Armavir, 2001**

Education	Stepanakert		Armavir	
	Respondents (%)	Heads (%)	Respondents (%)	Heads (%)
<b>8 classes</b>	<b>17.8</b>	<b>18.2</b>	<b>7.8</b>	<b>20.3</b>
<b>10 classes</b>	<b>41.1</b>	<b>27.3</b>	<b>32.7</b>	<b>30.5</b>
<b>College</b>	<b>27.4</b>	<b>33.3</b>	<b>39.2</b>	<b>25.0</b>
<b>High</b>	<b>13.7</b>	<b>21.2</b>	<b>20.3</b>	<b>24.2</b>

**4. Employment.** 38.7 percent of the respondents and 34.3 percent of all heads of households were mentioned as being employed. Compared with Armavir study (those who was

urban residents and aged 40 and over) there was a statistically significant difference in terms of being employed of the respondents 21.9 percent in Armavir study vs. 38.7 percent in Stepanakert ( $p < 0.05$ ). Of the heads of households, 29 percent in Armavir vs. 34.3 percent in Stepanakert were currently employed, however the difference is not significant ( $p > 0.05$ ). 53.9 percent in Armavir study vs. 25.4 percent in Stepanakert stated that none of their household members were currently employed ( $p < 0.0001$ ). The Table II. shows employment status of respondents and heads in Stepanakert and Armavir.

**Table II. Employment status of respondents and heads in Stepanakert and Armavir, 2001**

Employment status	Stepanakert		Armavir	
	Respondents (%)	Head (%)	Respondents (%)	Heads (%)
<b>Employed</b>	<b>38.4</b>	<b>34.3</b>	<b>21.9</b>	<b>29.0</b>
<b>Unemployed</b>	<b>61.6</b>	<b>65.7</b>	<b>78.1</b>	<b>71.0</b>
Lack of workplaces	24.4	43.48	58.2	54.2
Disabled	15.6	17.4	11.6	7.2
Retired	60.0	34.8	19.0	33.7

The main reason of unemployment for respondents was lack of appropriate workplaces in 24.4 percent of cases vs. 58.4 percent in Armavir study ( $p = 0.0001$ ). Of respondents 15.6 percent were unemployed due to permanent health impairment vs. 11.7 percent in Armavir study ( $p > 0.05$ ). The most common reason of unemployment in Stepanakert was retirement in 60 percent vs. 19 percent in Armavir study ( $p > 0.0001$ ). However, the reason for retirement for several respondents in Stepanakert was disability. There was a misclassification bias because some respondents mentioned retirement as reason of unemployment rather than stating being

unemployment due to permanent health impairment. The mean age of retirement for respondent males was 56.1 (SD 14.7, range 38-78). The mean age of retirement for females was 54.6 (SD 5.9, with the range 37-69).

**5. Convenient items/Household expenditures.** The same items as proxies measuring socio-economic status of the population used in Armavir study were utilized in Stepanakert. The most widespread “luxury/convenient items” were indoor toilet 91.8 percent vs. 72.8 percent in urban areas in Armavir ( $p=0.0001$ ), telephone in 72.6 percent vs. 72.8 percent in Armavir ( $p>0.05$ ), color TV in 54.8 percent vs. 53.0 percent in Armavir ( $p>0.05$ ), and washing machine in 34.3 percent vs. 51.7 percent in Armavir ( $p=0.014$ ). It is important to point out that in many households the respondents noted that they used to have washing machines, which were destroyed because of bombing. The Table III. shows the proportion of households having these “luxury/convenient items” in Stepanakert and Armavir.

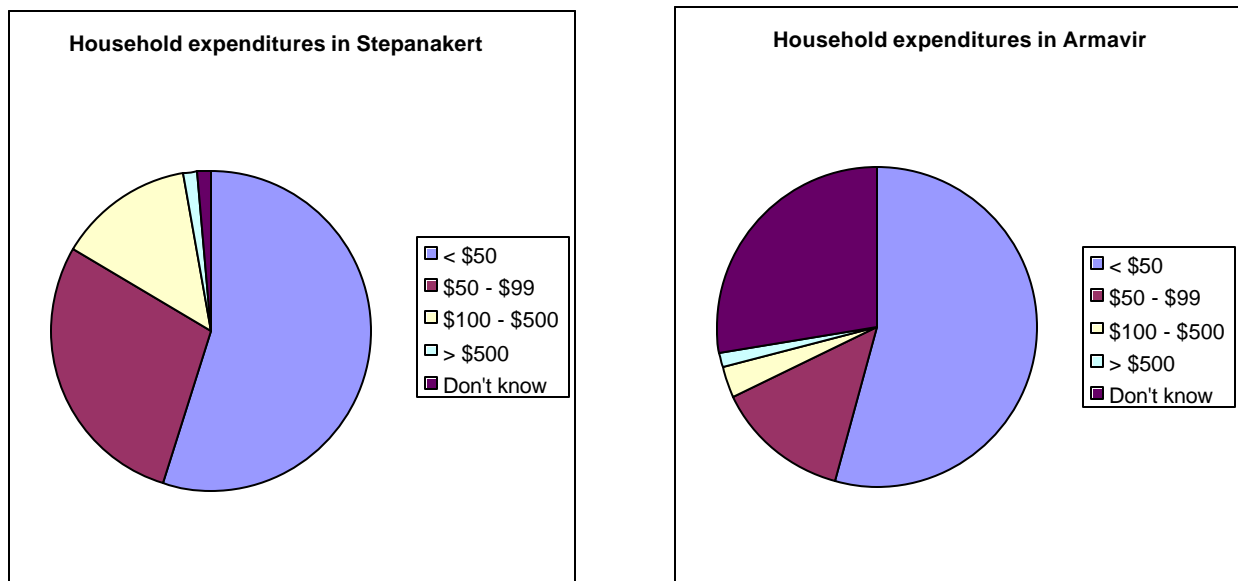
**Table III. “Luxury/convenient items” in Stepanakert and Armavir, 2001**

“Luxury/convenient items”	Stepanakert (%)	Armavir (%)	Difference (%)	P -value
<b>Indoor toilet</b>	<b>91.8</b>	<b>72.8</b>	<b>19</b>	<b>0.001</b>
<b>Hot water tank</b>	<b>24.7</b>	<b>6.6</b>	<b>18.1</b>	<b>0.000</b>
<b>Color television</b>	<b>54.8</b>	<b>53.0</b>	<b>1.8</b>	<b>0.800</b>
<b>VCR</b>	<b>26.0</b>	<b>18.5</b>	<b>7.5</b>	<b>0.196</b>
<b>Automobile</b>	<b>17.8</b>	<b>15.9</b>	<b>1.9</b>	<b>0.640</b>
<b>Auto washing machine</b>	<b>34.3</b>	<b>51.7</b>	<b>-17.4</b>	<b>0.014</b>
<b>Telephone</b>	<b>72.6</b>	<b>72.8</b>	<b>-0.2</b>	<b>0.975</b>
<b>Personal computer</b>	<b>2.7</b>	<b>2.0</b>	<b>0.7</b>	<b>0.739</b>
<b>Cable/satellite TV</b>	<b>1.4</b>	<b>4.6</b>	<b>-3.2</b>	<b>0.226</b>
<b>Vacation home/villa</b>	<b>2.7</b>	<b>5.3</b>	<b>-2.6</b>	<b>0.377</b>
<b>None of above</b>	<b>–</b>	<b>9.9</b>	<b>-9.9</b>	<b>0.003</b>



Monthly expenditures in Stepanakert and Armavir were somehow similar. The majority of respondents mentioned spending less than \$50 (55.6% vs. 54.3%) and above \$500 spent in 1.4 percent vs. 1.3 percent in Armavir. However, of the respondents 29.2 percent mentioned spent \$50-100 vs. 13.6 percent in Armavir ( $p=0.0008$ ) and 13.9 percent vs. 3.0 percent correspondingly reported spending \$100-500 ( $P<0.0001$ ). Considering high rate of “Don’t know”’s in Armavir, we can assume that monthly expenditures in Armavir and Stepanakert were about the same. In the Figure 2 it is shown household expenditures in Stepanakert and Armavir.

**Figure 2. Household expenditures during past month in Stepanakert and Armavir.**



Of the respondents, 57.5 percent reported that they met basic economical needs of the family with difficulty, 21.9 percent of cases most of the time, and 15.1 percent mentioned that they couldn’t meet the needs of the family. Only 5.5 percent of the cases reported that the monthly income is enough to meet the family needs, similarly in 3.0 percent of cases in Armavir study ( $p>0.05$ ).

**Chronic health conditions.** The respondents were asked to indicate 16 different chronic health conditions. The most common chronic health condition in the respondents was

hypertension in 49.3 percent of cases vs. 38.3 percent in Armavir study ( $p>0.05$ ). The second most common chronic health condition in respondents was heart disease in 42.3 percent of cases vs. 32.9 percent in Armavir ( $p>0.05$ ). Arthritis was mentioned in 36.6 percent of cases. Visual problems in respondents were in 34.3 percent vs. 39.0 percent in Armavir ( $p>0.05$ ). However, in Stepanakert respondents mostly were asked about such vision problems as cataract and glaucoma or severe vision disorders but not just age connected vision problems. Diabetes was reported in 8.3 percent of cases vs. 3.8 percent in Armavir ( $p>0.05$ ). Kidney disease in respondents was in 23.6 percent vs. 19.8 percent in Armavir ( $p>0.05$ ). Chronic respiratory disease in respondents was reported in 5.6 percent cases, however unlike Armavir study, in this study respondents were asked separately about asthma and tuberculosis. Combining all these data in the category of chronic lung disease, the respondents mentioned in 15.3 percent of cases (asthma in 11.0 percent, tuberculosis in 2.7 percent, and bronchitis and other chronic respiratory diseases in 5.6 percent) vs. 6.7 percent in Armavir ( $p=0.017$ ). Thus, all chronic conditions in Stepanakert were higher than in Armavir study, however, the difference was statistically significant only in chronic lung problems. The other health problems that were reported in respondents were allergy in 19.2 percent of cases, thyroid disease in 8.3 percent, and anaemia in 4.2 percent. Cancer and epilepsy were mentioned as the least common conditions (1.37 percent each) as well as ulcer (1.41 percent). The Table IV. shows the main chronic health conditions in households in Stepanakert and Armavir.

**Injuries.** Different types of injuries requiring professional help of all households during the past 12 months were reported in 12.3 percent of cases, from which 4.1 percent in the respondents, 2.8 percent in children, and 10.0 percent in other members of household. The most common type of injury was fall mentioned in 33.3 percent of the respondents and 66.7 percent of other members of household. Other causes of injuries were poison/overdose and fire/scalding.

**Table IV. Frequency of chronic health conditions in household members according to respondents' perception in Stepanakert and Armavir, 2001**

Health conditions	Stepanakert			Armavir		
	Respondents (%)	Heads of HH (%)	Others (%)	Respondents (%)	Heads of HH (%)	Others (%)
Hypertension	49.3	37.5	25.0	38.3	30.3	17.7
Heart disease	42.3	47.1	15.3	32.9	31.5	16.9
Diabetes	8.3	2.9	–	3.8	6.4	3.0
Kidney disease	23.6	8.8	18.3	19.8	13.5	12.2
Visual problems	32.9	20.6	10.0	39.0	38.6	21.5
Lung disease	15.3	3.1	8.3	6.7	9.0	5.5
Cancer	1.4	–	–	1.9	–	–
Arthritis	36.6	14.3	17.0	No data	No data	No data

**Utilization of health care services.** Having health problems does not always mean seeking health care. That is why it was tested also accessibility and affordability of medical care. Of the respondents, 24.7 percent mentioned that they visited a physician during the past 4 weeks. Of those who visited a doctor the reason was sickness in great majority of cases 83.3 percent and only in 16.7 percent for regular check-ups mostly in patients with chronic health conditions. Places of visits in 55.6 percent of cases were policlinics, 27.8 percent - hospitals, 11.1 percent emergency calls, and 5,6 percent - home visits. Of the respondents 57.5 percent of cases reported that during the last month they needed to visit a doctor but did not. The reason in 71.4 percent was lack of money. Hospitalisation during the last 12 months in respondents was in 15.1 percent of cases. Out of all hospitalised respondents acute illness was in 27.3 percent, chronic conditions in 36.4 percent, and surgical in 36.3 percent of cases. The great majority of respondents were admitted to the Republican Hospital in 72.7 percent and to the Military Hospital in 18.2 percent of cases.

**Symptoms.** The respondents were asked also about any symptoms that they experienced during the past 4 weeks. Some of these symptoms such as headaches, dizziness, backache, etc. were considered also as a manifestation of PTSD. Of all respondents 69.9% mentioned headaches, 46.6% - dizziness, 16.4% - ear problems, 21.9% - eye troubles, 6.9% - chest, lung

trouble, 8.2% - diarrhea, 4.1% - skin rash, 17.8% - backache, and 46.6% - joint pain. Table V shows the frequency of symptoms in the households members.

**Table V. Frequency of symptoms experienced by household members in the past 4 weeks.**

Symptoms	Respondents (%)	Heads of households (%)	Other adults in household (%)	Children (%)
Headache	69.86	48.57	45.76	11.11
Dizziness	46.58	8.57	15.00	11.11
Ear problems	16.44	2.86	6.67	8.33
Eye troubles	21.92	8.57	8.33	5.56
Chest, lung troubles	6.85	8.57	3.33	0.00
Diarrhea	8.22	8.57	6.67	5.56
Skin rash	4.11	5.71	1.67	5.56
Backache	17.81	11.76	5.00	2.78
Joint pain	46.58	17.14	16.67	8.33

**Disability in households.** The respondents were asked also to indicate disabilities that they or anyone from their households suffered from. Disabilities were reported of all households in 24.7 percent of cases. Of all respondents, any type of sensory disabilities was in 8.2 percent of cases (4 cases of partial blindness, 1- partial deafness, and 1 – total blindness). In heads of households sensory disabilities were reported in 14.3 percent cases (2 cases of partial deafness, 1 – partial muteness, and 1 – partial blindness). All cases of partial and total blindness were because of cataract.

Physical disabilities were reported in 6.8 percent of respondents and in 17.1 percent of heads of households. There were no disabled children. Frequencies of different types of sensory and physical disabilities are shown in the Table VI. There were two major causes of disabilities: injuries and diseases. The frequency of each cause is about the same (50/50).

**Table VI. Frequencies of sensory and physical disabilities in households, Stepanakert, 2001**

<b>Disability</b>	<b>Respondents (%)</b>	<b>Heads of households (%)</b>	<b>Other adult households (%)</b>	<b>Children (%)</b>
<b>Sensory</b>	<b>8.2</b>	<b>14.3</b>	<b>3,4</b>	<b>0.0</b>
Partial deafness	–	5,7	–	–
Partial muteness	1,4	2,9	3,4	–
Partial blindness	5,5	5,7	–	–
Total blindness	1,4	0,0	–	–
<b>Physical</b>	<b>6.8</b>	<b>17.1</b>	<b>3.4</b>	<b>0.0</b>
Hemiplegic	–	5,7	–	–
Spastic	–	2,9	1,7	–
Amputation	–	–	1,7	–
Limb deformity	1,4	2,9	–	–
Other	5,5	5,7	–	–

**Death in households.** The respondents were asked about deaths during the past 24 months in the households. Of all households, deaths were mentioned in 11.0 percent. Overall there were 12 deaths. In two households there were 2 deaths and in one household 3 deaths during 2-year period. Out of 12 deaths 4 cases of cancer deaths, 4 – CVDs (2 – strokes, 2 – myocardial infarctions), 3 – aging, and 1 injury.

**Quality of life.** General health status of the respondents was assessed by SF-36 questionnaire (31-32). The majority of respondents rated their health as “fair” (64.4%). In 20.6 percent of cases the respondents considered their health as “poor” and “good” in 11.0 percent of cases. Comparing with Armavir study, “fair” was in 38.7 percent of cases; “poor” in 50.2 percent, and “good” was in 10.5 percent. The ratio between poor/fair and good/very good/excellent in Stepanakert as well as in Armavir is about the same 85%: 15%. The respondents were asked

about health dynamics compared with one year ago. Of the respondents, 49.3 percent reported their health as somewhat worse than one year ago, 38.4 percent as “about the same”, and 11.0 percent as “somewhat better”. The same tendency in perception of health of population to be skewed toward decline was observed in Armavir study, as well.

The respondents were asked also about their everyday activities, the extent to which their health limits them in everyday activities. The following table shows proportion of respondents with limited activities in Stepanakert and Armavir.

**Table VII. Proportion of respondents with limited activities because of health condition in Stepanakert and Armavir, 2001**

Activities	Stepanakert		Armavir	
	Limited a lot (%)	Limited a little (%)	Limited a lot (%)	Limited a little (%)
<b>Vigorous activities</b>	60.27	19.18	64.0	21.2
<b>Moderate activities</b>	24.66	42.47	25.7	28.3
<b>Lifting or carrying groceries</b>	24.66	39.73	41.0	32.5
<b>Climbing several flights of stairs</b>	38.36	30.14	54.8	23.0
<b>Climbing one flight of stairs</b>	6.85	32.88	28.1	23.8
<b>Bending, kneeling, or stooping</b>	12.33	41.10	44.4	26.8
<b>Walking more than a mile</b>	32.88	19.18	54.7	24.3
<b>Walking several blocks</b>	16.44	21.92	42.6	23.4
<b>Walking one block</b>	5.48	16.44	21.8	23.9
<b>Bathing or dressing yourself</b>	6.85	13.70	13.5	18.3

In vigorous activities 79.5 percent of respondents felt limited vs. 85.2 percent in Armavir study ( $p > 0.05$ ). In other everyday activities also the difference between our data and data obtained from Armavir study were not statistically significant. Of all respondents 20.6 percent were limited even in bathing or dressing themselves vs. 31.8 percent in Armavir ( $p > 0.05$ ).

Bodily pain in respondents was reported “none” in 17.8 percent of cases vs. 21 percent in Armavir study ( $p>0.05$ ). “Very mild” and “mild” pains were mentioned in 19.2 percent vs. 24.0 percent in Armavir study ( $p>0.05$ ). 63.0 percent of respondents indicated “moderate” to “very” severe pain vs. 55.1 percent in Armavir ( $p>0.05$ ). Thus, there is no statistically significant difference between two populations in terms of having bodily pain.

The further analysis of SF-36 was performed based on guidelines developed by the Health Assessment Lab (HAL) (31-32). In accordance with the guidelines there were scaled 8 domains presenting general health status of the population (Appendix 5). For testing the quality of life of the target population, the data obtained from the study were compared with established norms for the general US population as estimated standards. Prior to that the population was divided into 5 age groups for more precise comparison. Tables and figures presenting the data of the 8 domains for different age groups vs. US norms by the same age groups are shown in Appendix 6.

It was tested also whether there was an association between wartime stressors and the eight domains of general health status of the population assessed by SF-36. Existing in the preliminary dataset only 73 observations could not allow testing it by multiple linear regression models. So, in this case it was an appropriate to create 2x2 tables assuming that for every domain there was a particular transformed scores above which it could be considered as ‘Non-diseased’ and below as ‘Diseased’. For stress exposure also it was inappropriate with a few observations to use regression model for creating empiric scores for different types of wartime stressors. So, simply algebraic sum of stressors was considered as scale of stress. Since all participants were exposed to at least one stressor, so those who were exposed to only one stressor were considered as ‘Unexposed’ and those who were exposed to more than one stressors as ‘Exposed’. The results of this analysis are presented in Appendix 7.

**Chronic health conditions and stress.** The respondents were asked to indicate 16 different health conditions. Again, instead of using initially recommended logistic regression model, 2x2 tables were used to detect the strengths of association between health problems and

war-related stress. The same scale for the stress was used, which was discussed earlier. The results of this analysis are presented in Appendix 8. The findings of this analysis are detailed in Discussion section.

**Symptoms and stress.** It was tested also whether there was an association between symptoms in the respondents during the last 4 weeks and war-related stress experienced by them. Considering possibility of PTSD in the respondents, the following symptoms were tested: headache, dizziness, backache, joint pain, etc. However, none of these symptoms appeared to have been connected with the wartime stress.

#### **4. Discussion**

In the result section and before testing the main hypothesis of the study (which is possible negative impact of wartime stressors on general health status) the health status and other demographic and socio-economic characteristics of the study population were compared with the data obtained from the Armavir study. As was mentioned earlier, this comparison would help for more comprehensive understanding of health problems existing in Kharabagh. These two populations are appropriate for comparison. The question is whether the designs of two studies could allow such comparison. Differences came from two completely different research questions of the studies. In the Armavir study the aim of the program was to gather baseline data on health status, knowledge, attitudes, beliefs, and practices of the target population along with key demographic and socio-cultural information. The target population was all women 18 years old and older and first choice was given to women having children less than 10 years of age. Thus, the majority of participants in the Armavir study were under the age of 40, while in our study the mean age was above 50 years. So, there were three main differences between study subjects– age, gender, and residency. To overcome these differences, first of all, participants aged 40 and over were selected out of whole dataset for comparison. The second important thing is residency urban



vs. rural. In some cases when residency was not crucial, for example in terms of having chronic health conditions, to increase the power of the study, rural residents were also included for comparison. However, investigating differences between socio-economic conditions, family size, and number of children in households rural residents were excluded for more precise comparison. The other concern is gender differences. In this preliminary analysis this fact was ignored because the great majority of respondents were women (76.7%). Out of 73 respondents only 17 were men. It was inappropriate to make any conclusion based only on 17 observations. However, for further analysis with bigger number of men, the gender should be considered as possible confounder for many aspects of the study.

## 5. Main findings

**Demographic and Socio-economic Data.** The age distribution of the respondents in Stepanakert was very interesting. Unlike in the Armavir study, in which the age was normally distributed, skewed to the left (in accordance to the first choice of participants), in Stepanakert there were very few people in the age group of 55-64 (see Figure 1). The explanation of this phenomenon could be:

1. Low birth rate during World War II
2. High infant mortality during World War II
3. High rate of emigration out of country due to political, social, and cultural constraints against Armenian population of Karabagh during the years of stagnation (1970s).

Taking into consideration that there was no such observation in the Armavir study, the third reason probably the most crucial for the explanation of this phenomenon.

Household composition was different from the Armavir study in terms of total number of household members and the number of children living in household. The reasons could be human losses during the war, especially young men, high rate of migration out of country as a result of

war and hard socio-economic conditions, and, subsequent aging of the population. More than quarter of households had one or two family members. Mean number of people living in household was less than four and mean number of children was less than one.

Situation was better in terms of employment status of respondents compared with Armavir. There were about twice as much as employed in Stepanakert than in Armavir. More than half of respondents in Armavir stated that none of household members was currently employed, while in Stepanakert in 25.4 percent - twice as less as in Armavir. Overall, socio-economic condition in Stepanakert compared with Armavir was somehow but not significantly better in terms of household expenditures, sufficiency of family income to meet family needs, and convenient items as proxy for measuring household income. However, the information in Stepanakert was gathered by interviewer based questioning, while in Armavir it was done by self-administered questionnaire. The difference in design could cause instrument bias in this particular case.

**Chronic Health Conditions.** In Stepanakert as well as in Armavir first two most common health conditions were hypertension and heart disease: 49.3 percent and 42.3 percent respectively in Stepanakert vs. 38.3 percent and 32.9 percent in Armavir. These and other health conditions such as kidney disease, respiratory and other lung disease, diabetes, were higher in Stepanakert. In addition in Stepanakert the respondents were asked about tuberculosis, asthma, arthritis, allergy, which indicated high prevalence of these conditions as well.

**Health Status.** General health status of the respondents was assessed by SF-36 questionnaire. Some items from this questionnaire were used in the Armavir study as well. The majority of respondents rated their health as 'fair' 64.4 percent vs. 38.7 percent in the Armavir study. However, the ratios between 'fair'/'poor' and 'good'/'very good'/'excellent' in both populations were about the same 85%: 15%.

The results of further analysis of SF-36 – the eight domains – physical functioning, role physical, bodily pain, general health, vitality, social functioning, role emotional, and mental health – which are indicators of the general health (Appendix 5), obtained from the study were compared with the US national estimated norms for general population. For all five age groups the analysis revealed statistically significant difference mainly in six domains: PF, RP, BP, SF, RE, and MH (Appendix 6). In all these categories for all age groups, the results were significantly lower than US norms. However, surprisingly, in two domains – GH and VT – our data were very close to the US norms and even in some cases significantly higher. About the same results were obtained from the study by Naira Yeritsyan (33). To understand this phenomenon it is important to know how GH and VT are computed. The items that are responsible for estimating the domains are shown in the Appendix 5. Thus, GH and VT as well as the rest of domains are perception of the respondents about their health. That's why there was no scientific explanation. Probably, it is national characteristic of the people whether they are cardio surgical patients or population in Kharabagh that allow them to survive.

**Wartime Stressors and Results of SF-36.** All eight domains were tested to investigate an association between wartime stressors and quality of life. As was mentioned earlier, initially it was suggested to use multiple linear regression model. However, for preliminary analysis with small sample size of 73 observations 2x2 tables were used to assess the strengths of association (RR) (Appendix 7). For every domain it was suggested a cut point according to the mean score of that particular domain for the sample because the US national norms are significantly different from our observations. Above the cut point the observation was considered as 'Non-diseased' and below as 'Diseased'. For PF domain the RR was equal to 1.74 95% CI [0.66; 4.55] p=0.23. Although, the association is not statistically significant, nevertheless, it is possible that there is an association, which could be revealed by increasing sample size. For other domains such as RF,

RE, and MH the results are very similar to PF. It is interesting to note that the most significant association was observed in VT domain - RR was equal to 2.17 95% CI [0.85; 5.55] p=0.068. This is the only domain, which was higher than the US national norms in all age groups. In rest of domains (BP, GH, and SF) there was no association. It is important to note that BP (Bodily Pain) had no association with the stress as well as none of symptoms described earlier. This indicates the reliability of the data (internal consistency reliability) and validity and reliability of the questionnaire in general.

**Wartime Stressors and Chronic Health Conditions.** By the same 2x2 tables were tested whether there was an association between chronic health conditions and stress (Appendix 8). The following results were obtained; the risk of having hypertension was increased by 1.9 times in exposed group vs. unexposed 95% CI [0.94; 3.84] p=0.0377. The risk of heart disease was increased by 2.09 times 95% CI [0.93; 4.7] p=0.0415. The other interesting finding was the increased risk of arthritis by 2.96 times 95% CI [0.99; 8.74] p=0.0197. How arthritis can be related with stress should be investigated further. The possible cause of increased rate of arthritis in the population could be that people during the war were living in basements as protective measure against bombing. Being the most safety places, basements had very poor living conditions. However, stress also may have something to do with arthritis. Kidney disease also appeared to be associated with the stress. RR was 2.89 times higher in exposed vs. unexposed people 95% CI [0.72; 11.63] p=0.0953. This association also should be investigated further. Some kidney diseases as well as arthritis are connected with auto-immune processes in the body. It is possible that stress may somehow affect the balance of these processes. Hence, for confirming these associations the further studies are needed.

Asthma and other lung diseases appeared to have correlation with the stress ( $p=0.0466$  and  $p=0.1071$  correspondingly), however the bigger sample size is needed to investigate this association.

## **6. Conclusion and Recommendations**

First of all, the study should be completed to make more solid conclusions. However, even in this preliminary analysis, it is clear that there is a strong association between war-related stress and CVD morbidity. How war-related stress is correlated with general health status should be investigated further. In addition to the eight domains that were tested in this preliminary study, it is strongly recommended to analyse Physical Component Summary (PCS) and Mental Component Summary (MCS) based on SF-36. The descriptions of PCS and MCS are shown in Appendix 5.

Besides the data that were analysed in this preliminary study, there were gathered more information on household health, utilization of health care system, health care costs, etc. These data also should be analysed.

One major limitation of the study is lack of information on PTSD in participants, which could explain several physical and mental problems in the population. The other limitation is that, although SF-36 includes some items assessing depression level, nevertheless, it is not enough to have complete information on depression level of the population. It is recommended to distribute to the same participants 20-items self-administered questionnaire assessing depression level. This questionnaire was used in the Armavir study as well. So, two populations would be compared in depression level as well.

Other limitations of the study are recall bias that is common for almost every survey, overreporting and/or underreporting of events due to personal characteristics of the respondents, possible unknown confounders, and high rate of migration that could cause bias due to homogeneity of remained population.

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**JOURNAL FORM**

City -----

Starting Address -----

Interviewer's Name -----

“-----” ----- 2001.

#	Address	Results	Visit Number
1.			

**RESULT CODES**

- 1. Completed interview
- 2. No eligible respondent at home
- 3. Nobody at home
- 4. Total refusal
- 5. Incomplete interview
- 6. Other -----

## SELECTION OF RESPONDENT

1. How many persons aged 40 and over live in this house? \_\_\_\_\_ persons.
2. For each person could you give me the following information?

## LIST FROM OLDEST TO YOUNGEST

Line	First Name and Last Name	Age
1		
2		
3		
4		
5		
6		

## SELECTION OF INDIVIDUAL RESPONDENT

	Last digit of the visit number for the day									
Eligible respondents	0	1	2	3	4	5	6	7	8	9
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	3	4	1	2	3	4	1	2	3	4
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3

**WARTIME STRESSORS: IMPACT ON GENERAL HEALTH STATUS OF  
POPULATION IN STEPANAKERT AGED 40 AND OVER**

**Household code\*:** \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Please copy the same code on the envelope and on  
the questionnaires

**Name of informant:** \_\_\_\_\_

**Full name of head of family:** \_\_\_\_\_

**Address of household:** \_\_\_\_\_

**Tel.:** \_\_\_\_\_

**Nationality of household:** \_\_\_\_\_

**Name of interviewer:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_  
          day       month       year

\* Household coding

Digit 1	Code of Stepanakert (3)
Digit 2-3	Area Code (01-99)
Digit 4-5	Visit Number (01-20)
Digit 6	Code of Interviewer (1-2)

Wartime Stressors

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  day    month    year

Impact Survey

Household code: \_ \_ \_ \_ \_

Starting time \_ \_ : \_ \_

## 1. INTRODUCTORY PART

1. 1a. How old are you? \_\_\_\_\_

1b. Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  day    month    year

*(STOP THE INTERVIEW WITH THE PERSONS UNDER 40)*

2. Gender:

1. Male
2. Female

3. Where were you born?

1. Place of birth \_\_\_\_\_
2. Country \_\_\_\_\_

4. Marital status:

1. Single
2. Married
3. Divorced
4. Separated
5. Widowed

5. Indicate composition of your family:

5a. What is the total number of people living in your household? \_\_\_\_\_

5b. Who is the head of your family (relationship)? \_\_\_\_\_

*(IF THE HEAD OF FAMILY IS THE SAME AS RESPONDENT PUT 5b ON ALL QUESTIONS ABOUT THE HEAD OF FAMILY)*

5c. What is the age of the head of your family? \_\_\_\_\_

5d. What is the total number of children living in your household? \_\_\_\_\_

Family member	<p align="center"><b>Indicate the highest level of education that you and the head of your family completed:</b></p> <ol style="list-style-type: none"> <li>1. School (less than 10 years)</li> <li>2. School ( 10 years)</li> <li>3. Professional technical education</li> <li>4. Institute/ University</li> <li>5. Postgraduate</li> <li>6. Don't know</li> </ol> <p align="center"><b>(6)</b></p>
Respondent	
Head of family	

<b>Family member</b>	<p><b>Are you currently employed?</b></p> <ol style="list-style-type: none"> <li>1. Yes (Go to Q9)</li> <li>2. No</li> </ol> <p align="center"><b>(7)</b></p>	<p><b>Which is the following best describes the situation?</b></p> <ol style="list-style-type: none"> <li>1. Unemployed, looking for job</li> <li>2. Unemployed, not looking for work</li> <li>3. Can't work due to disability</li> <li>4. Homemaker</li> <li>5. Retired</li> <li>6. Other, specify ____ (Go to Q12)</li> </ol> <p align="center"><b>(8)</b></p>
Respondent		
Head of family		

<b>Family member</b>	<p><b>How many jobs do you and the head of your family work?</b></p> <ol style="list-style-type: none"> <li>1. Only one job</li> <li>2. More than one job</li> </ol> <p align="center"><b>(9)</b></p>	<p><b>Indicate the type of employer for primary employment:</b></p> <ol style="list-style-type: none"> <li>1. Government</li> <li>2. Non-governmental organization</li> <li>3. Private</li> <li>4. Self-employed</li> <li>5. Other, specify</li> </ol> <p align="center"><b>(10)</b></p>	<p><b>Is the current position consistent with the professional training?</b></p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Have no specialized training</li> <li>4. Not sure/don't know</li> </ol> <p align="center"><b>(11)</b></p>
Respondent			
Head of family			

**12.** How many members of your family (all of them including yourself) are currently employed?\_\_\_\_\_

## 2. HEALTH OF HOUSEHOLDS AND HEALTH SERVICES UTILISATION

Family member	Did any member of the household visit a physician during the past 4 weeks for a specific condition?  1. Yes 2. No ( <i>Go to Q6</i> )  (13)	Reasons:  1. Sickness, Illness, or injury, specify 2. A certificate other than prescription 3. A check-up 4. Other reason, specify  (14)	Place of visits:  1. Polyclinics 2. Emergency room 3. Hospital 4. Home visit 5. Other, specify  (15)
Respondent			
Head of family			
Other adults			
Children			

Family member	Cost of treatment for this condition in drams:  1. Doctor _____ 2. Medicine _____ 3. Diagnosis _____  (16)	After the onset of the condition, how long did she/he wait before seeking medical care?  1. 1 day- 3 day 2. 3 day- 1 week 3. 1 week- 2 weeks 4. More than 2 weeks  (17)
Respondent	/ /	
Head of family	/ /	
Other adult	/ /	
Children	/ /	

Family member	Within the past 4 weeks, did any member of your household want to visit a doctor because he/she was not feeling well but he/she did not?  1. Yes 2. No ( <i>Go to Q8</i> )  (18)	Reasons:  1. Did not have time to go 2. Did not have money to go 3. I thought it was not serious problem 4. Did not know whom to apply 5. Other, specify  (19)
Respondent		
Head of family		
Other adult		
Children		

<b>Family member</b>	<b>Has any member of the household been admitted to a hospital during the last 12 months?</b>  1. Yes 2. No ( <i>Go to Q15</i> )  (20)	<b>Cause of hospitalization</b> 1. Acute illness, specify 2. Injury, specify 3. Maternity 4. Surgical operation, specify 5. Treatment of chronic condition, specify 6. Other, specify (21)	<b>Number of visits per year for that condition:</b>  (22)	<b>Number of hospital days per year for that condition:</b>  (23)
Respondent				
Head of family				
Other adult				
Children				

<b>Family member</b>	<b>Name of hospital admitted to:</b>  (24)	<b>Date of most recent admission for that condition:</b>  (25)	<b>Approximately how much did you pay from own budget during the past year for that condition?</b> 1. Hospital 2. Physician (26)
Respondent			/
Head of family			/
Other adults			/
Children			/

<b>Family member</b>	<b>During the past 12 months have you or anyone of your household had an accident, injury, or poisoning that required professional help?</b>  1. Yes 2. No ( <i>Go to I7</i> )  (27)	<b>Indicate the main cause of the injury:</b> 1. Auto crash 2. Pedestrian/vehicle 3. Fall 4. Fire/scalding 5. Drowning 6. Poison/overdose 7. Gunshot 8. Cut/slash/puncture 9. Hit/struck by person/object 10. Other, specify (28)
Respondent		
Head of family		
Other adults		
Children		

Family member	<b>Did any member of the household suffer from any of the following ailments or conditions during the past two weeks?</b> 1. Headaches 2. Dizziness 3. Ear problems 4. Eye troubles 5. Chest, lung troubles 6. Diarrhea 7. Skin rash 8. Joint pain 9. Backache 10. Other, specify <i>(IF NO SKIP TO Q19)</i> <b>(29)</b>	<b>Measures taken:</b> 1. None 2. Home remedies 3. Pharmacist 4. Physician 5. Hospitalization 6. Other, specify <b>(30)</b>	<b>Did any member of your family use any of following medicine during the last week?</b> 1. Pain relievers such as aspirin, analgin. 2. Cough or cold medicine 3. Skin ointments 4. Laxatives or remedies for stomach 5. Sleeping pills 6. Vitamins or tonics 7. Antibiotics 8. Other, specify <b>(31)</b>
Respondent			
Head of family			
Other adults			
Children			

Has anyone of your households ever had any of the following conditions?

1. Yes
2. No

(88) Don't know

Health Problems	Respondent	Head of family	Other adults	Children
32. Hypertension				
33. Heart disease				
34. Diabetes				
35. Tuberculosis				
36. Epilepsy				
37. Cancer				
38. Chronic Respiratory disease				
39. Allergy				
40. Ulcer				
41. Kidney disease				
42. Thyroid disease				
43. Arthritis				
44. Mental disorders				
45. Visual problem				
46. Asthma				
47. Anemia				
48. None				
49. Others, specify				



50. Does anyone in this household have any impairment or disability?

1. Yes
2. No (*GO TO THE Q43*)

<p><b>Which of the following sensory disabilities do you or your family members have?</b></p> <p>0. No disabilities 1. Partial deafness 2. Total deafness 3. Partial muteness 4. Total muteness 5. Deaf and mute 6. Partial blindness 7. Total blindness</p> <p style="text-align: center;"><b>(51)</b></p>	<p><b>Which of the following physical impairments or disabilities do you or your family members have?</b></p> <p>0. No impairments 1. Paralysis of one leg or one arm 2. Paralysis of two legs 3. Hemiplegic (one leg, one arm) 4. Paraplegic (two legs) 5. Quadriplegic (four extremities) 6. Triplegic (three extremities) 7. Spastic 8. Amputation, specify extremity 9. Limb deformity 10. Other, specify</p> <p style="text-align: center;"><b>(52)</b></p>	<p><b>What was the reason for the disability?</b></p> <p>1. Congenital 2. Infant birth trauma 3. Accident or injury 4. Disease 5. Other, specify (88) Don't know</p> <p style="text-align: center;"><b>(53)</b></p>	<p><b>Type of treatment required:</b></p> <p style="text-align: center;">Specify</p> <p style="text-align: center;"><b>(54)</b></p>
<b>R.</b>			
<b>H.</b>			
<b>A.</b>			
<b>CH.</b>			

55. Have you ever smoked cigarettes?

1. Yes
2. No (*GO TO Q46*)

56. Do you now smoke cigarettes?

1. Yes
2. No (*GO TO Q46*)

57. How many cigarettes per day do you smoke? \_\_\_\_\_ cigarettes.

58. How many people smoke in this household smoke? \_\_\_\_\_

59. Have you had a drink of alcohol during the past 4 weeks?

1. Yes
2. No
- (88) Don't remember

60. On average, how often do you drink?

1. Never or rarely (less than ones a month)
2. Seldom ( ones or twice a month)
3. Occasionally (ones a week)
4. Frequently (two or three times a week)
5. Often (more than three times a week)
6. Daily

61. Have you ever had a drink problem (drinking too much or too often)?

1. Yes
2. No

62. In your opinion, does anyone living in this household have a drinking problem, that is, drinking too much or too often?

1. Yes
2. No

63. During the past 24 months, has any member of this household died?

1. Yes
2. No (*GO TO THE NEXT SECTION*)

<b>Relationship to head</b>	<b>Sex</b>	<b>Age at death</b>	<b>Date of death</b>	<b>Place of death</b>	<b>Cause of death</b>
<b>(64)</b>	<b>(65)</b>	<b>(66)</b>	<b>(67)</b>	<b>(68)</b>	<b>(69)</b>

### 3. WAR EVENTS CHECKLIST

70. Do you consider this house your permanent home?

1. Yes
2. No (*Explain why*) \_\_\_\_\_

71. Was the family living in this house in 1988-1989?

1. Yes (*Go to Q7*)
2. No

72. When did your family move to this house (*year*) \_\_\_\_\_

73. Where did you previously live just after first demonstrations in 1988? \_\_\_\_\_

74. Why did you leave your old house? \_\_\_\_\_

75. Why did you come here? \_\_\_\_\_

76. How long have you lived in Kharabagh? \_\_\_\_\_

77. I would appreciate if you recall where were you residing since 1988, and if you ever changed places during these years, where did you move, and reason for that?

From year to year:	<b>Area:</b> 1. Stepanakert 2. Outside Stepanakert 3. Outside Kharabagh 4. Outside Armenia 5. Azerbaijan	<b>Reason for change:</b> 1. Schooling 2. Marriage 3. Work 4. Security reasons 5. Others
1988 -		

78. I would like to have brief history regarding your occupation starting with the year 1988.

<b>From year to year:</b>	<b>Occupation</b>	<b>Place (1-5)</b>	<b>Reason for change (1-5)</b> 6. retired, age at retirement
1988 -			

79. In total from 1988 to 1994, how many years did you spend outside of Kharabagh? \_\_\_\_\_

80. During these years, who was the head of your family? \_\_\_\_\_ Can you give me a brief history regarding his/her occupation starting with the year 1988:

<b>From year to year:</b>	<b>Occupation</b>	<b>Place (1-5)</b>	<b>Reason for change (1-6)</b>
1988 -			

81. I would appreciate if you can recall where was he/she residing since 1988, and if he/she ever changed places during these years, where did he/she moved, and reason for that?

<b>From year to year:</b>	<b>Place (1-5)</b>	<b>Reason for change (1-6)</b> 7. Death
1988 -		

**82.** In case of death, what was the cause of death?

1. Injury, specify
  2. Diabetes
  3. Myocardial infarction
  4. Stroke
  5. Cancer, specify
  6. Other \_\_\_\_\_
- (88) Don't know

If you go back to the war, I would like you to tell me if any of these events occurred to you, to the head of your family, and/or any other member of your family?

<b>Events</b>	<b>Respondent</b>	<b>Head of family</b>	<b>Other members</b>	<b>Year</b>
<b>83.</b> Physical assault				
<b>84.</b> Accosted or held by OMON				
<b>85.</b> Kidnapped and returned				
<b>86.</b> Kidnapped and never returned				
<b>87.</b> Threatened by kidnapping or physical assault				
<b>88.</b> Damage to own home, such that it became non-functional				
<b>89.</b> House burnt and/or stolen				
<b>90.</b> Car burnt and/or stolen				
<b>91.</b> Theft of belonging from one's home				
<b>92.</b> Others (specify)				
<b>93.</b> Others (specify)				

**94.** Since 1988, has anyone from your household been hurt or injured by a war-related event?

1. Yes
2. No (*GO TO Q 30*)

<b>Family member</b>	<b>How did it happen?</b> 1. Indoors 2. On street 3. Car bomb 4. Air raid 5. Sniper 6. Electricity generators 7. Other, specify <b>(95)</b>	<b>When did it happen?</b> 1. Year 2. Month  <b>(96)</b>	<b>Type of injury:</b> 1. Burn 2. Fracture 3. Wound 4. Hit 5. Other, specify <b>(97)</b>	<b>Is he/she still bothered by any problem as a result of that injury or accident?</b>  1. Yes 2. No 3. Don't know <b>(98)</b>
		/		
		/		
		/		
		/		

**99.** Since 1988, has any member of your household died?

1. Yes
2. No (*GO TO THE NEXT SECTION*)

<b>Family member</b>	<b>Year of death</b> <b>(100)</b>	<b>Country of death</b> 1. In Kharabagh 2. Outside of Kharabagh <b>(101)</b>	<b>Place of death</b> 1. Hospital 2. Home <b>(102)</b>	<b>Cause of death:</b> 1. Direct injury 2. Other, specify <b>(103)</b>	<b>In your opinion, did the war have anything to do with the death of your family member?</b>  1. Yes ( <i>PLEASE, EXPLAIN</i> ) 2. No <b>(104)</b>

#### 4. SF –36

### General Health

105. In general, would you say health is: *(select one option)*

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

106. Compared to one year ago, how would you rate your health in general now? *(Select one option)*

1. Much better now than one year ago
2. Somewhat better now than one year ago
3. About the same
4. Somewhat worse now than one year ago
5. Much. worse now than one year ago

### Limitation of Activities

107. The following items are about activities you might do during a typical day. Does your health now limit you in these activities/ If so, how much? *(Select one circle on each line)*

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at All
<b>a. Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
<b>b. Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
<b>c.</b> Lifting or carrying groceries	1	2	3
<b>d.</b> Climbing <b>several</b> flights of stairs	1	2	3
<b>e.</b> Climbing <b>one</b> flight of stairs	1	2	3
<b>f.</b> Bending, kneeling, or stooping	1	2	3
<b>g.</b> Walking <b>more than a mile</b>	1	2	3
<b>h.</b> Walking <b>several blocks</b>	1	2	3
<b>i.</b> Walking <b>one block</b>	1	2	3
<b>j.</b> Bathing or dressing yourself	1	2	3

### **Physical Health Problems**

**108.** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (*Select one circle on each line*)

	<b>Yes</b>	<b>No</b>
<b>a.</b> Cut down the <b>amount of time</b> you spent on work or other activities	1	2
<b>b.</b> <b>Accomplished less</b> than you would like	1	2
<b>c.</b> Were limited in the <b>kind</b> of work or other activities	1	2
<b>d.</b> Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort)	1	2

### **Emotional Health Problems**

**109.** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	<b>Yes</b>	<b>No</b>
<b>a.</b> Cut down the <b>amount of time</b> you spent on work or other activities	1	2
<b>b.</b> <b>Accomplished less</b> than you would like	1	2
<b>c.</b> Didn't do work or other activities as <b>carefully</b> as usual	1	2

### **Social Activities**

**110.** During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (*Select one option*)

1. Not at all
2. Slightly
3. Moderately
4. Quite a bit
5. Extremely

### **Pain**

**111.** How much bodily pain have you had during the past 4 weeks? (*Select one option*)

1. None
2. Very mild
3. Mild
4. Moderate
5. Severe
6. Very severe



**112.** During the past 4 weeks, how much pain did interfere your normal work (including both work outside the home and homework)? (*Select one option*)

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely

**Energy and Emotions**

**113.** These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. (*Select one circle on each line*)

<b>How much of the time during the past 4 weeks...</b>	<b>All of the Time</b>	<b>Most of the Time</b>	<b>A Good Bit of the Time</b>	<b>Some of the Time</b>	<b>A Little of the Time</b>	<b>None of the Time</b>
<b>a.</b> Did you feel full of pep?	1	2	3	4	5	6
<b>b.</b> Have you been a very nervous person?	1	2	3	4	5	6
<b>c.</b> Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
<b>d.</b> Have you felt calm and peaceful?	1	2	3	4	5	6
<b>e.</b> Did you have a lot of energy?	1	2	3	4	5	6
<b>f.</b> Have you felt downhearted and blue?	1	2	3	4	5	6
<b>g.</b> Did you feel worn out?	1	2	3	4	5	6
<b>h.</b> Have you been a happy person?	1	2	3	4	5	6
<b>i.</b> Did you feel tired?	1	2	3	4	5	6

**Social Activities**

**114.** During the past 4 weeks, how much of the time has your Physical Health or Emotional Problems interfered with your social activities (like visiting with friends, relatives, etc.)? (*Select one option*)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

**General Health**

115. How true or false is each of the following statements for you? (*Select one circle on each line*)

	<b>Definitely True</b>	<b>Mostly True</b>	<b>Don't Know</b>	<b>Mostly False</b>	<b>Definitely False</b>
<b>a.</b> I seem to get sick a little easier than other people	1	2	3	4	5
<b>b.</b> I am as healthy as anybody I know	1	2	3	4	5
<b>c.</b> I expect my health to get worse	1	2	3	4	5
<b>d.</b> My health is excellent	1	2	3	4	5

## 5. FAMILY INCOME, NUTRITION, HEALTH CARE EXPENDITURES, AND SOCIAL SUPPORTS

**116.** Last month, the approximate amount of household income spent by all family members was:

1. Less than \$50 (<25,000 drams)
  2. From \$50-99 (25,000-50,000 drams)
  3. From \$100-500 (51,000-250,000 drams)
  4. Above \$500 (>250,000 drams)
- (88) Don't know

	Always	Usually	Occasion ally	Never
<b>117.</b> How often you worry that you and your family will not have enough to eat?	O 1	O 2	O 3	O 4
<b>118.</b> How often do you have enough money to buy food for your family?	O 1	O 2	O 3	O 4
<b>119.</b> How often did you go to sleep hungry the last 4 weeks?	O 1	O 2	O 3	O 4

**120.** Please, mention whether this household or any member of it has the following working items.

*(MENTION ALL THAT APPLY)*

1. Indoor toilet
2. Hot water tank
3. Color television
4. VCR
5. Automobile
6. Auto washing machine
7. Telephone
8. Personal computer
9. Cable/satellite TV
10. Vacation home/villa
11. Non of above

**121.** Approximately what percent of the yearly income does the family spend on health care? \_\_\_\_\_

**122.** How much money did you spend on health care in the last 4 weeks?

1. Less than \$2 (< 1,000 drams)
  2. From \$2-9 (1,000- 5,000 drams)
  3. From \$10-20 (5, 000-10,000 drams)
  4. Above \$20 (> 10,000 drams)
- (88) Don't know

**123.** Who does the family seek out when health problems occur?

1. No one
2. Relative, in-house, specify
3. Relative, outside, specify
4. Friend
5. Neighbor
6. Religious man
7. Other, specify

**124.** Who does the family seek out when financial problems occur?

1. No one
2. Relative, in-house, specify
3. Relative, outside, specify
4. Friend
5. Neighbor
6. Religious man
7. Other, specify

**125.** What sources of income are available to your family?

1. Head of household works
2. Others in household work
3. Property, land, building, etc.
4. Family members residing inside of Kharabagh
5. Family members residing outside of Kharabagh
6. Charitable institutions
7. Income from saving and other investments
8. Pension, specify
9. Other, specify

**126.** Can you meet the basic economic needs of your family?

1. Yes
2. Yes, with difficulty
3. Most of the time
4. No

**The end of interview** \_\_\_ \_\_: \_\_\_ \_\_

Thank you for participating in the survey!

**AMERICAN UNIVERSITY OF ARMENIA**  
**DEPARTMENT OF PUBLIC HEALTH**

**Institutional Review Board/Committee on Human Research**

**CONSENT FORM TEMPLATE**

Title of Research Project: **Wartime Stressors: Impact on General Health Status of the Population in Stepanakert Aged 40 Years and Older.** CHR#

A graduate student as part of her course requirement at the American University of Armenia, Master of Public Health Course, is conducting research on the general health status of the middle aged and older population in Stepanakert. The purpose of the study is to investigate an association between wartime events and health problems of the population. Men and women aged 40 years and over are eligible to participate in the study.

In a few years, you may be visited again to be part of a follow-up to the study. This is not an examination or test. However, we need your answers to be as accurate and complete as possible. The interview is designed to last approximately 20-25 minutes. You and/or the investigator have the right to stop the interview at any time.

Your responses are highly valued, and we appreciate your participation in this study.

**RISKS/DISCOMFORTS**

There is no anticipated risk for the participants of the study from those encountered in everyday life. However, it may be possible that the recall of wartime events could cause you some emotional distress.

**BENEFITS:**

You may not directly benefit from this survey. However, there is a possibility that the information provided by the informants could reveal health problems connected with wartime events. This information could add a body of information indicating the need for the provision of future psychological or emotional support to the populations suffered from wars. The interview will provide you with an opportunity to express your feelings surrounding the stressful wartime events, which could result in some emotional benefits.

**CONFIDENTIALITY:**

Your name, address, telephone number will be taken to contact you for follow-up. However, your identifiers will not be used in any other part of research process. These data will be accessible only for the principal investigators of the study. Your responses will be analyzed and stored at the Public Health Department of the AUA.

## **VOLUNTARINESS**

It is your decision whether or not to be in this study. You may stop the interview at any time you wish or skip any questions, which you consider inappropriate. Your refusal to participate in the study or your decision to withdraw from the study at any time will not affect your job.

---

## **WHOM TO CONTACT:**

You should ask the interviewer any question you may have about this research. You may also contact the American University if you do not understand something that is being done. The results of the study will be maintained at the university in the Public Health library on the 4<sup>h</sup> floor. It is a public document and you are welcome to read the final report.

If you want to talk to anyone about this research you should call the person in charge of the study, [**Michael Thompson**] at [**phone number: (3741) 512592 / e-mail: mthomps@aua.am**]

The person in charge of the study will answer your questions. If you want to talk to anyone about the research study because you feel you have not been treated fairly or think you have been harmed in anyway, you should contact the American University of Armenia at **(3741) 513512**.

If you agree to be in this study, please sign your name below.

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Subject's signature

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Signature of Investigator

---

Date

**SF-36 MEASUREMENT MODEL**

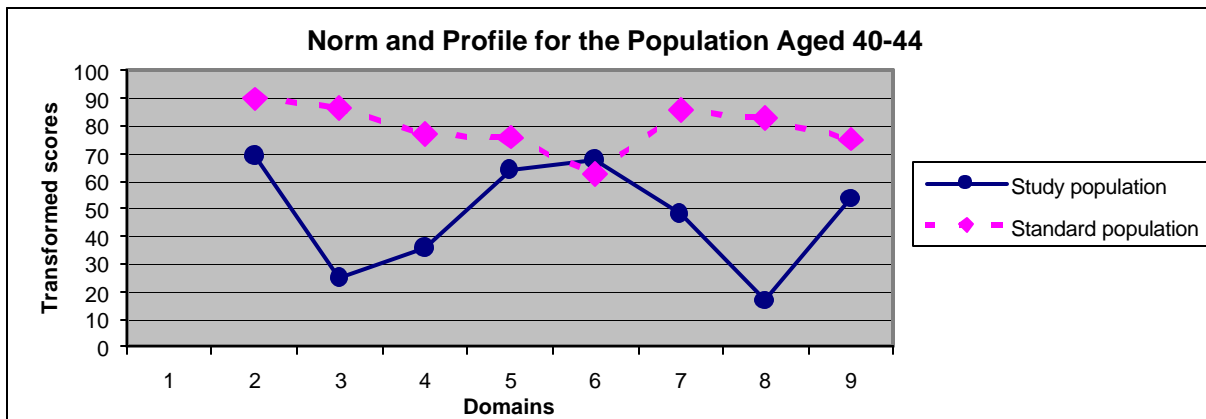
<u>ITEMS</u>	<u>SCALES</u>	<u>SUMMARY MEASURES</u>	
107 a. Vigorous Activities 107 b. Moderate Activities 107 c. Lift, Carry Groceries 107 d. Climb Several Flights 107 e. Climb One Flight 107 g. Walk Mile 107 h. Walk Several Blocks 107 i. Walk One Block 107 j. Bathe, Dress	<b>Physical Functioning (PF)</b>	<b>Physical Health (PCS)</b>	
108 a. Cut Down Time 108 b. Accomplished Less 108 c. Limited in Kind 108 d. Had Difficulty			<b>Role-Physical (RP)</b>
111. Pain-Magnitude 112. Pain-Interfere			<b>Bodily Pain (BP)</b>
105. EVGFP Rating 115 a. Sick Easier 115 b. As Healthy 115 c. Health To Get Worse 115 d. Health Excellent			<b>General Health (GH)</b>
113 a. Pep/Life 113 e. Energy 113 g. Worn Out 113 i. Tired	<b>Vitality (VT)</b>		<b>Mental Health (MCS)</b>
110. Social Extent 114. Social Time	<b>Social Functioning (SF)</b>		
109 a. Cut Down Time 109 b. Accomplished Less 109 c. Not Careful	<b>Role-Emotional (RE)</b>		
113 b. Nervous 113 c. Down in Dumps 113 d. Peaceful 113 f. Blue/Sad 113 h. Happy	<b>Mental Health (MH)</b>		



**Table I. Results of SF-36 for ages 40-44 compared with US national norms**

	Domains (means)							
	PF	RP	BP	GH	VT	SF	RE	MH
<b>Study population</b>	69.29	25.00	35.71	63.93	67.86	48.21	16.67	53.43
<b>Standard population</b>	89.70	86.66	77.06	75.87	62.42	85.75	82.76	75.12

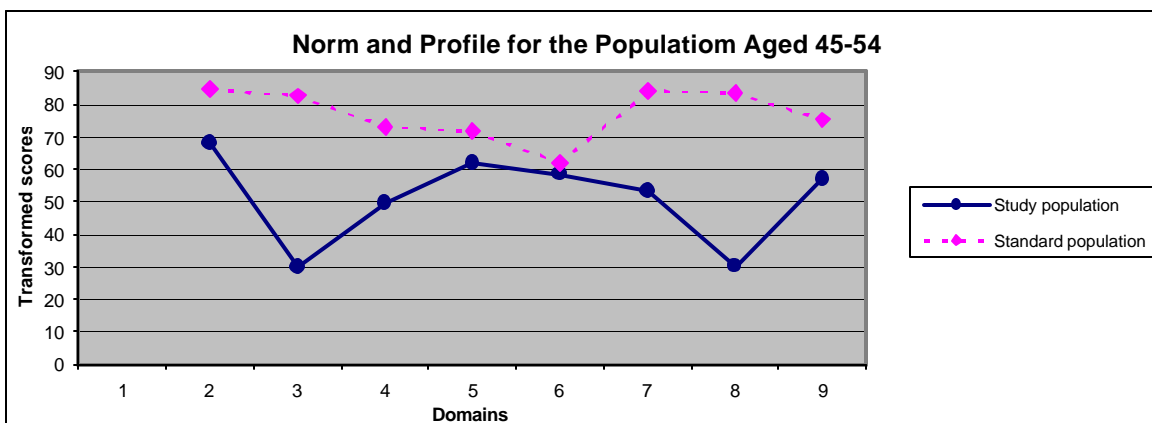
**Figure 1. Population aged 40-44**



**Table II. Results of SF-36 for ages 45-54 compared with US national norms**

	Domains (means)							
	PF	RP	BP	GH	VT	SF	RE	MH
<b>Study population</b>	68.33	29.76	49.52	61.90	58.57	53.57	30.16	57.14
<b>Standard population</b>	84.61	82.65	73.12	71.76	61.79	84.07	83.60	75.33

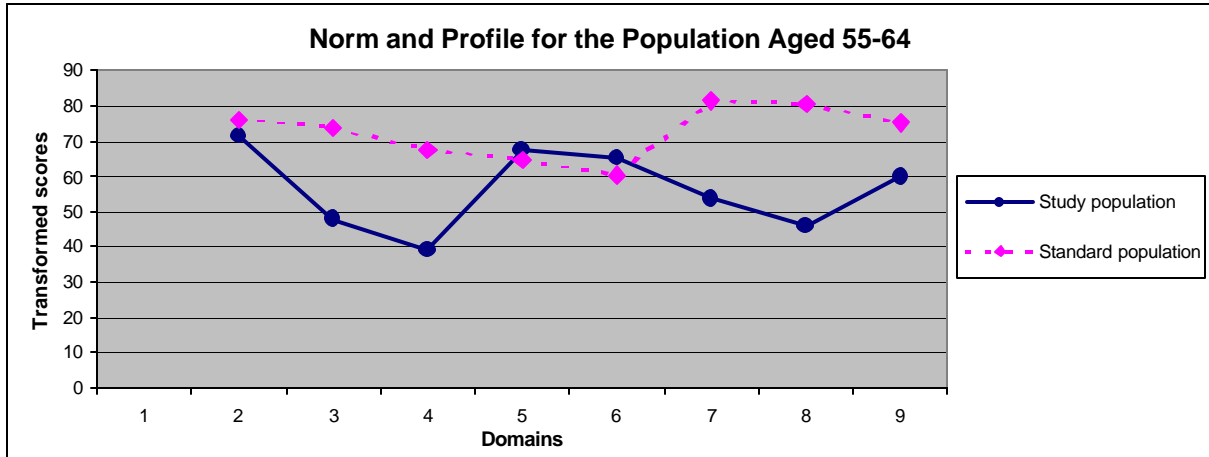
**Figure 2. Population aged 45-54**



**Table III. Results of SF-36 for ages 55-64 compared with US national norms**

	Domains (means)							
	PF	RP	BP	GH	VT	SF	RE	MH
<b>Study population</b>	71.54	48.08	39.23	67.31	65.00	53.85	40.15	59.92
<b>Standard population</b>	76.24	73.66	67.51	64.62	60.37	81.37	80.26	75.01

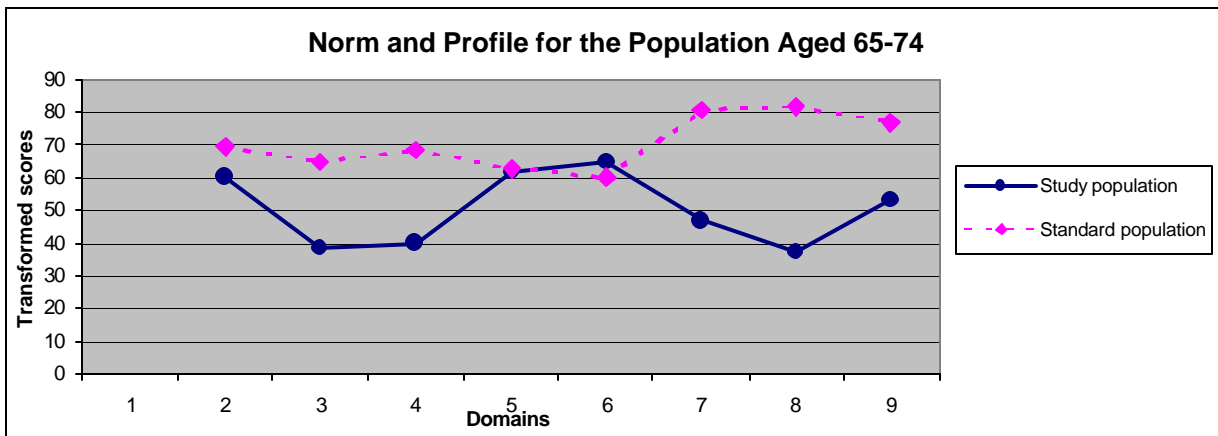
**Figure 3. Population aged 55-64**



**Table IV. Results of SF-36 for ages 65-74 compared with US national norms**

	Domains (means)							
	PF	RP	BP	GH	VT	SF	RE	MH
<b>Study population</b>	57.94	38.24	40.00	61.47	65.00	47.06	37.25	53.18
<b>Standard population</b>	69.38	64.54	68.49	62.56	59.94	80.61	81.44	76.87

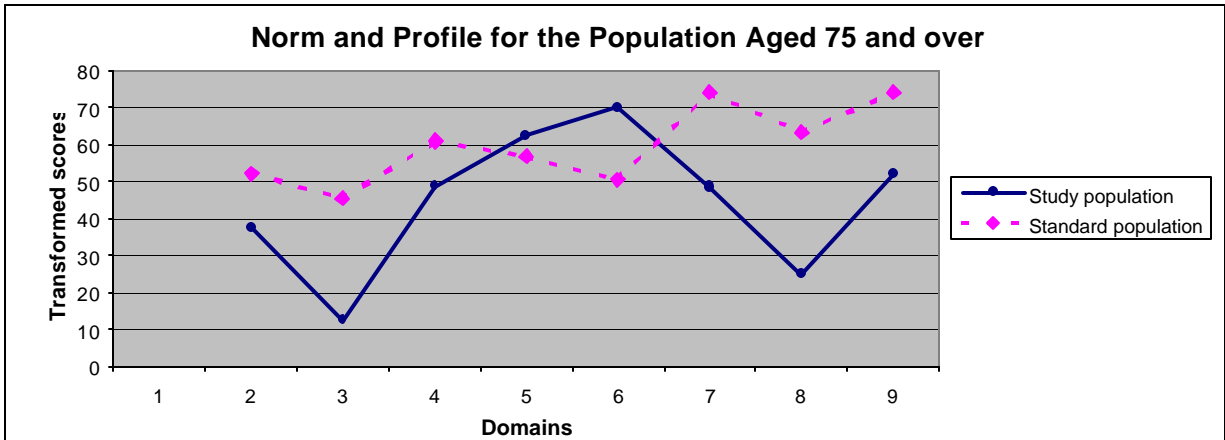
**Figure 4. Population aged 65-74**



**Table V. Results of SF-36 for ages 75 and over compared with US national norms**

	Domains (means)							
	PF	RP	BP	GH	VT	SF	RE	MH
<b>Study population</b>	37.50	12.50	48.75	62.50	70.00	48.44	25.00	52.00
<b>Standard population</b>	53.20	45.28	60.88	56.66	50.41	73.89	63.18	73.99

**Figure 5. Population aged 75 and over**



**1. Physical functioning (PF) - 50.0% is the cut point**

	Exposed	Unexposed
Diseased	16	4
Not-diseased	30	16

**RR=1.74 95% CI (0.66; 4.55) p=0.2298**

**2. Role physical (RF) – 25.0% is the cut point**

	Exposed	Unexposed
Diseased	25	8
Not-diseased	21	12

**RR=1.36 95% CI (0.75; 2.47) p=0.2840**

**3. Bodily pain (BP) – 35.0% is the cut point**

	Exposed	Unexposed
Diseased	17	8
Not-diseased	29	12

**RR=0.92 95% CI (0.47; 1.78) p=0.8148**

**4. General health (GH) – 60% is the cut point**

	Exposed	Unexposed
Diseased	10	6
Not-diseased	36	14

**RR=0.72 95% CI (0.31; 1.72) p=0.4717**

**5. Vitality (VT) – 65% is the cut point**

	Exposed	Unexposed
Diseased	20	4
Not-diseased	26	16

**RR=2.17 95% CI (0.85; 5.55) p=0.0684**

**6. Social functioning (SF) – 35.0% is the cut point**

	Exposed	Unexposed
Diseased	4	2
Not-diseased	42	18

**RR=0.87 95% CI (0.17; 4.37) p=0.8655**

**7. Role emotional (RE) – 45.0% is the cut point**

	<b>Exposed</b>	<b>Unexposed</b>
<b>Diseased</b>	34	12
<b>Not-diseased</b>	12	8

**RR=1.23 95% CI (0.83; 1.83) p=0.2583**

**8. Mental health (MH) – 60.0% is the cut point**

	<b>Exposed</b>	<b>Unexposed</b>
<b>Diseased</b>	31	10
<b>Not-diseased</b>	15	10

**RR=1.35 95% CI (0.83; 2.18) p=0.1807**

## 1. Hypertension

	Exposed	Unexposed
Diseased	27	6
Not-diseased	18	13

RR=1.9 95% CI (0.94; 3.84) p= 0.0377

## 2. Heart disease

	Exposed	Unexposed
Diseased	23	5
Not-diseased	21	15

RR=2.09 95% CI (0.93; 4.7) p= 0.0415

## 3. Diabetes mellitus

	Exposed	Unexposed
Diseased	4	2
Not-diseased	41	18

RR=0.89 95% CI (0.17; 4.46) p= 0.8864

## 4. Tuberculosis

	Exposed	Unexposed
Diseased	2	0
Not-diseased	44	20

RR=. 95% CI (. ; .) p= 0.3437

## 5. Chronic respiratory disease

	Exposed	Unexposed
Diseased	3	1
Not-diseased	43	18

RR=1.23 95% CI (0.14; 11.17) p= 0.8477

## 6. Allergy

	Exposed	Unexposed
Diseased	8	5
Not-diseased	38	15

RR=0.70 95% CI (0.26; 1.87) p= 0.4751

### 7. Kidney disease

	Exposed	Unexposed
Diseased	13	2
Not-diseased	32	18

RR=2.89 95% CI (0.72; 11.63) p= 0.0953

### 8. Arthritis

	Exposed	Unexposed
Diseased	21	3
Not-diseased	24	16

RR=2.96 95% CI (0.99; 8.74) p= 0.0197

### 9. Mental disorders

	Exposed	Unexposed
Diseased	1	0
Not-diseased	44	20

RR= . 95% CI (. ; .) p= 0.5017

### 10. Visual problems

	Exposed	Unexposed
Diseased	14	8
Not-diseased	32	12

RR=0.76 95% CI (0.38; 1.52) p= 0.4487

### 11. Asthma

	Exposed	Unexposed
Diseased	8	0
Not-diseased	38	20

RR= . 95% CI (. ; .) p= 0.0466

### 12. Anemia

	Exposed	Unexposed
Diseased	1	1
Not-diseased	44	19

RR=0.44 95% CI (0.03; 6.76) p= 0.5495

### 13. Lung disease

	Exposed	Unexposed
Diseased	10	1
Not-diseased	36	18

RR=4.13 95% CI (0.57; 30.06) p= 0.1071

**Հայաստանի Ամերիկյան Համալսարան**  
**Հասարակական Առողջապահության բաժին**  
**Հ ա մ ա ծ ա յ ն ա գ ի ր**

**Հարցազրույցի նպատակը և գործելու կարգը**

Հայաստանի Ամերիկյան Համալսարանի Հասարակական Առողջապահության բաժինը ներկայումս Ստեփանակերտում անցկացնում է 40-ից բարձր տարիքի բնակիչների ընդհանուր առողջական վիճակի հետազոտություն: Դրա նպատակն է ուսումնասիրել պատերազմի ազդեցությունը մարդկանց առողջության վրա:

Հետազոտության մեջ ընդգրկվում են 40 և բարձր տարիքի տղամարդիկ և կանայք:

Հետազոտությունը լինելու է շարունակական: Մենք ակնկալում ենք Ձեր մասնակցությունը դրան մի քանի տարի հետո ևս: Շատ կարևոր է բացահայտել պատերազմի արհավիրքները իրենց վրա կրած մարդկանց առողջական խնդիրները, որոնք հնարավոր է ծագեն տարիների ընթացքում:

Հարցազրույցը կտևի 20-25 րոպե:

Ձեր մասնակցությունը կամավոր է: Դուք իրավունք ունեք չպատասխանել ցանկացած հարցի և /կամ ցանկացած պահի հրաժարվել հարցմանը մասնակցելուց:

Ձեր պատասխանները չափազանց կարևոր են մեզ համար:

Կանխավ հայտնում ենք Ձեզ մեր երախտագիտությունը:

**Ռիսկ / Օգուտ**

Հարցազրույցին մասնակցելը չի ենթադրում ավելի մեծ ռիսկ կամ անհարմարավետություն, քան հանդիպում է առօրյա կյանքում: Սակայն հիշողությունները պատերազմական իրադարձությունների մասին կարող են որոշակի էմոցիոնալ ցավ պատճառել: Հարցազրույցից Դուք չեք ստանալու անմիջական օգուտ: Սակայն Ձեր մասնակցությունը կօգնի հիմնավորելու հոգեբանական և բժշկական օգնության անհրաժեշտությունը պատերազմից տուժած բնակչությանը:

**Գաղտնիությունը**

Ձեր անունը, հասցեն և հեռախոսի համարը անհրաժեշտ են՝ մի քանի տարի հետո Ձեզ այցելելու համար: Սակայն անձը հաստատող այդ տվյալները ուրիշ ոչ մի տեղ չեն օգտագործվի: Դրանք կպահվեն խիստ գաղտնի և մատչելի կլինեն միայն հետազոտության ղեկավարի համար: Ձեր պատասխանները կվերլուծվեն և հուսալիորեն կպահպանվեն Հայաստանի Ամերիկյան Համալսարանի Հասարակական Առողջապահության բաժնում:

**Ում դիմել**

Եթե հարցեր ծագեն հետազոտության վերաբերյալ, Դուք կարող եք դիմել հետազոտության ղեկավարին:

Մայքլ Թոմսոն հեռ. Երևանում 512592 / էլ. փոստ mthompso@aua.am

Եթե Դուք կարծում եք, որ Ձեզ հետ վարվել են անհարգալից կամ անարդարացի կարող եք զանգահարել հետևյալ հեռախոսահամարով՝ 512512 (Երևանում)

Եթե Դուք համաձայն եք մասնակցել հարցազրույցին, խնդրում ենք ստորագրել սույն համաձայնագիրը:

Հետազոտվող

\_\_\_\_\_   
 ստորագրություն

Հետազոտող

\_\_\_\_\_   
 ստորագրություն



ՊԱՏԵՐԱԶՄԱԿԱՆ ԻՐԱՎԻՃԱԿՈՒՄ ՍՏՐԵՍՆԵՐԻ ԱԶԴԵՑՈՒԹՅՈՒՆԸ  
ԲՆԱԿՉՈՒԹՅԱՆ ԱՌՈՂՋՈՒԹՅԱՆ ԿՐԱ

Հ Ա Ր Ց Ո Ւ Մ

Տարբերակիչ համար \* \_\_\_\_\_  
Արտագրեք նույն կողը ծրարի եւ մյուս  
հարցաթերթիկի վրա

Հետազոտվողի Ա. Ա. Հ. \_\_\_\_\_

Ընտանիքի գլխավորի Ա. Ա. Հ. \_\_\_\_\_

Հասցեն \_\_\_\_\_

Հեռախոսը \_\_\_\_\_

Ազգությունը \_\_\_\_\_

Հարցազրույցը վարեց՝ \_\_\_\_\_

« \_\_\_\_\_ » \_\_\_\_\_ 2001 թ.

\*Տարբերակիչ համարի կողավորում

Թվանիշ 1	Ստեփանակերտի կողը
Թվանիշ 2-3	Թաղամասի կողը
Թվանիշ 4-5	Կատարված այցի/ փորձի համարը
Թվանիշ 6	Հարցում անցկացնողի համարը

Պատերազմական ստրեսների  
ազդեցության հետազոտություն

« \_\_\_\_\_ » \_\_\_\_\_ 2001 թ.

Տարբերակիչ համարը \_\_\_\_\_

ՀԱՐՑԱՆ ԱՎԻԶՐԸ \_\_\_\_\_ :

1. ԺՈՂՈՎՐԴԱԳՐԱԿԱՆ ՏՎՅԱԼՆԵՐ

1a. Քանի՞ տարեկան եք: \_\_\_\_\_ տ. 1b. Ծննդյան ամսաթիվը « \_\_\_\_\_ » \_\_\_\_\_ 19 \_\_\_\_\_ թ.

(ՀԱՐՑՈՒՄԸ ՉՇԱՐՊԻՆԱԿԵԼ 40-ԻՑ ՑԱԾԻ ՏԱՐԻՔԻ ԱՆՁԱՆՑ ՅԵՏ)

2. Սեռը՝

- 1. Արական
- 2. Իգական

3. Որտե՞ղ եք ծնվել

- a. բնակավայրը \_\_\_\_\_
- b. երկիրը \_\_\_\_\_

4. Ամուսնական կարգավիճակը

- 1. միայնակ (ամուրի)
- 2. ամուսնացած
- 3. ամուսնալուծված
- 4. առանձնացած
- 5. այրի

5. Ասացեք, խնդրեմ.

- 5a. Քանի՞ հոգի է ապրում Ձեր ընտանիքում ներկայումս \_\_\_\_\_
- 5b. Ո՞վ է Ձեր ընտանիքի գլխավորը (ազգակցական կապը) \_\_\_\_\_

(ԸՆՏԱՆԻՔԻ ՉԼԻՍՎՈՐԻՆ ՎԵՐԱԲԵՐՎՈՂ ԲՈՂՈՐ ՀԱՐՑԵՐԻՆ ՆՇԵՔ 5b, ԵՅԵ ՅԵՏԱԶՈՏՎՈՂՆ ՈՒ ԸՆՏԱՆԻՔԻ ՉԼԻՍՎՈՐԸ ՆՈՒՅՆ ԱՆՁՆԱԿՈՐՈՒԹՅՈՒՆՆ Է)

- 5c. Քանի՞ տարեկան է Ձեր ընտանիքի գլխավորը \_\_\_\_\_
- 5d. Մինչև 18 տարեկան քանի՞ երեխա է բնակվում Ձեր տանը \_\_\_\_\_

Ընտանիքի անդամ	Նշեք Ձեր եւ Ձեր ընտանիքի գլխավորի ավարտած ամենաբարձր ուսումնական հաստատությունը 1. Դպրոց (10 տարուց պակաս) 2. Դպրոց (10 տարի) 3. Միջնակարգ մասնագիտական կրթություն 4. Ինստիտուտ, համալսարան 5. Մագիստրատուրա/ ասպիրանտուրա (6)
Հետազոտվող	
Ընտանիքի գլխավոր	

Ընտանիքի անդամ	Դուք եւ Ձեր ընտանիքի գլխավորը ներկայումս աշխատո՞ւմ եք 1. Այո (ԱՆՑԵՔ 7.9) 2. Ոչ (7)	Հետևյալից ո՞րն է լավագույնս նկարագրում Ձեր եւ Ձեր ընտանիքի գլխավորի վիճակը 1. Չեմ/չի աշխատում, փնտրում եմ /է աշխատանք 2. Չեմ/չի աշխատում, աշխատանք չեմ/չի փնտրում 3. Չեմ/չի կարող աշխատել առողջության մնայուն կորստի պատճառով 4. Տնային տնտեսուհի եմ / է 5. Թոշակատու եմ / է 6. Այլ, նկարագրեք (ԱՆՑԵՔ 7.12) (8)
Հետազոտվող		
Ընտանիքի գլխավոր		

<p>Ընտանիքի անդամ</p> <p>Քանի՞ տեղ եք աշխատում Դուք եւ Ձեր ընտանիքի գլխավորը</p> <p>1. Միայն մեկ 2. Մեկից ավելի</p> <p>(9)</p>	<p>Հիմնականում ի՞նչ հիմնարկությունում եք Դուք եւ Ձեր ընտանիքի գլխավորը աշխատում</p> <p>1. Պետական հաստատություն 2. Ոչ պետական կազմակերպություն 3. Մասնավոր ձեռնարկություն 4. Սեփական գործ 5. Այլ, նկարագրեք</p> <p>(10)</p>	<p>Ներկայումս Դուք եւ Ձեր ընտանիքի գլխավորը Ձեր մասնագիտությամբ եք աշխատում</p> <p>1. Այո 2. Ոչ 3. Մասնագիտություն չեմ/չի ստացել (88). Չգիտեմ / վստահ չեմ</p> <p>(11)</p>
<p>Հետազոտվող</p>		
<p>Ընտանիքի գլխավոր</p>		

12. Ձեր ընտանիքի բոլոր անդամներից քանի՞սն են ներկայումս աշխատում \_\_\_\_\_

**2. ԸՆՏԱՆԻՔԻ ԱՆԴԱՄՆԵՐԻ ԱՌՈՂՋԱԿԱՆ ՎԻՃԱԿԸ**

<p>Ընտանիքի անդամ</p> <p>Վերջին 4 շաբաթվա ընթացքում Ձեր ընտանիքից որքան մեկը դիմել է բժշկի որեւէ պատճառով</p> <p>1. Այո 2. Ոչ (ԱՆՑԵՔ 7.18)</p> <p>(13)</p>	<p>Պատճառները</p> <p>1. Հիվանդություն կամ վնասվածք 2. Տեղեկանքի կամ այլ փաստաթղթի համար 3. Հերթական ստուգման 4. Այլ, նկարագրեք</p> <p>(14)</p>	<p>Այցի վայրը</p> <p>1. Պոլիկլինիկա 2. Շտապ օգնության կայան 3. Հիվանդանոց 4. Բժշկի տուն 5. Այլ, նկարագրեք</p> <p>(15)</p>
<p>Հետազոտվող</p>		
<p>Ընտանիքի գլխավոր</p>		
<p>Այլ մեծահասակներ</p>		
<p>Երեխաներ</p>		

<p>Ընտանիքի անդամ</p> <p>Վճարը տվյալ պատճառի համար</p> <p>1. Բժշկին 2. Դեղանյութերին 3. Լաբորատոր հետազոտություններին (88) .Չգիտեմ / վստահ չեմ</p> <p>(16)</p>	<p>Առաջին ախտանիշների ի հայտ գալուց մինչև բժշկին դիմելու ժամանակը</p> <p>1. 1-3 օր 2. 3 օր - 1 շաբաթ 3. 1 - 2 շաբաթ 4. 2 շաբաթից ավելի</p> <p>(17)</p>
<p>Հետազոտվող</p>	
<p>Ընտանիքի գլխավոր</p>	
<p>Այլ մեծահասակներ</p>	
<p>Երեխաներ</p>	

<p>Ընտանիքի անդամ</p>	<p>Վերջին 4 շաբաթվա ընթացքում եղե՞լ է դեպք, երբ դուք կամ ձեր ընտանիքից ուրե՛տ մեկը կարիք է ունեցել դիմելու բժշկի, բայց չի դիմել:</p> <p>1. Այո 2. Ոչ (ԱՆՑԵՔ 7.20) (88) Չգիտեմ (ԱՆՑԵՔ 7.20)</p> <p>(18)</p>	<p>Պատճառները</p> <p>1. Ժամանակ չունեի 2. Գումար չունեի 3. Լուրջ չէի գնահատում իմ հիվանդությունը 4. Չգիտեի ո՞ւմ և որտե՞ղ դիմել 5. Այլ, նկարագրեք</p> <p>(19)</p>
<p>Հետազոտվող</p>		
<p>Ընտանիքի գլխավոր</p>		
<p>Այլ մեծահասակներ</p>		
<p>Երեխաներ</p>		

<p>Ընտանիքի անդամ</p>	<p>Չե՞ր տնից որե՛տ մեկը պառկե՞լ է հիվանդանոցում վերջին 12 ամիսների ընթացքում</p> <p>1. Այո 2. Ոչ (ԱՆՑԵՔ 7.27) (88) Չգիտեմ/վստահ չեմ (ԱՆՑԵՔ 7.27)</p> <p>(20)</p>	<p>Պատճառները</p> <p>1. Հիվանդություն, նկարագրեք 2. Վնասվածք, նկարագրեք 3. Ծննդաբերական, ռեպրոդուկտիվ 4. Վիրաբուժական, նկարագրեք 5. Քրոնիկ հիվանդության բուժում, նկարագրեք</p> <p>(21)</p>	<p>Տվյալ պատճառով տարեկան այցերի քանակը</p> <p>(22)</p>	<p>Տվյալ պատճառով տարեկան մահճակալ/ օրերի քանակը</p> <p>(23)</p>
<p>Հետազոտվող</p>				
<p>Ընտանիքի գլխավոր</p>				
<p>Այլ մեծահասակներ</p>				
<p>Երեխաներ</p>				

<p>Ընտանիքի անդամ</p>	<p>Հիվանդանոցի անվանումը</p> <p>(24)</p>	<p>Վերջին անգամ հիվանդանոց ընդունվելու ամսաթիվը</p> <p>(25)</p>	<p>Մտավորապես, տվյալ հիվանդության բուժման համար ինչքա՞ն փող եք ծախսել Ձեր ընտանեկան բյուջեից</p> <p>1. Հիվանդանոցային ծախսերը 2. Բժշկին</p> <p>(26)</p>
<p>Հետազոտվող</p>			
<p>Ընտանիքի գլխավոր</p>			
<p>Այլ մեծահասակներ</p>			
<p>Երեխաներ</p>			

<p>Ընտանիքի անդամ</p>	<p>Վերջին 12 ամսվա ընթացքում դուք կամ Ձեր ընտանիքի անդամներից որևէ մեկն ունեցե՞լ է բժշկական օգնության կարիք՝ դժբախտ պատահարի, վնասվածքի կամ թունավորման պատճառով</p> <p>1. Այո 2. Ոչ (ԱՆՑԵՔ 7.29)</p> <p>(27)</p>	<p>Նշեք, խնդրեմ, վնասվածք (ներ)ի հիմնական պատճառ (ներ)ը</p> <p>1. Ավտովթար 2. Ավտոմեքենայի տակ ընկնել 3. Վայր ընկնել 4. Հրդեհ կամ այրվածք 5. Խեղդվել 6. Թունավորում կամ գերդոզավորում 7. Կտրված կամ խոցված վերք 8. Հրազենային վնասվածք 9. Հարված 10. Այլ վնասվածքներ, նկարագրեք</p> <p>(28)</p>
<p>Հետազոտվող</p>		
<p>Ընտանիքի գլխավոր</p>		
<p>Այլ մեծահասակներ</p>		
<p>Երեխաներ</p>		

<p>Ընտանիքի անդամ</p>	<p>Վերջին 2 շաբաթվա ընթացքում Ձեր տան որևէ անդամ ունեցե՞լ է հետևյալ հիվանդագին վիճակներից որևէ մեկը</p> <p>1. Գլխացավ 2. Գլխապտույտ 3. Ականջի հետ կապված պրոբլեմ 4. Աչքի պրոբլեմ 5. Կրծքավանդակի, թոքային պրոբլեմ 6. Փորլուծություն 7. Մաշկային թոր 8. Մեջքի ցավ 9. Հոդացավ 10. Այլ, նկարագրեք (ԵԹԵ ՈՉ, ԱՆՑԵՔ 7.31)</p> <p>(29)</p>	<p>Ի՞նչ միջոցների եք դիմել</p> <p>1. Ոչ մի 2. Տնային բուժում 3. Դեղամիջոցների 4. Բժշկի 5. Հիվանդանոց 6. Այլ, նկարագրեք</p> <p>(30)</p>	<p>Վերջին շաբաթվա ընթացքում Ձեր տան որևէ անդամ օգտագործե՞լ է հետևյալ դեղանյութերից որևէ մեկը</p> <p>1. Ցավազրկող (ասպերին, անալգին) 2. Հազի կամ մրսածության դեղանյութեր 3. Մաշկային քսուկներ 4. Լուծողական կամ ստամոքսի համար դեղամիջոցներ 5. Բնաբերներ 6. Վիտամիններ 7. Հակաբիոտիկներ 8. Այլ, նկարագրեք</p> <p>(31)</p>
<p>Հետազոտվող</p>			
<p>Ընտանիքի գլխավոր</p>			
<p>Այլ մեծահասակներ</p>			
<p>Երեխաներ</p>			

Ձեր տան որևէ անդամ երբեք ունեցե՞լ է հետևյալ հիվանդություններից որևէ մեկը

- 1. Այո
  - 2. Ոչ
- (88) Չգիտեմ

	Հետազոտվող	Ընտանիքի գլխավոր	Այլ մեծահասակներ	Երեխաներ
32. Արյան բարձր ճնշում				
33. Արտային հիվանդություն				
34. Շաքարախտ				
35. Տուբերկուլյոզ				
36. Էպիլեպսիա (ընկնավորություն)				
37. Քաղցկեղ, նկարագրեք				
38. Քրոնիկ թոքային հիվանդություն				
39. Ալերգիա				
40. Խոցային հիվանդություն				
41. Երիկամային հիվանդություն				
42. Վահանագեղձի հիվանդություն				
43. Արթրիտ				
44. Հոգեկան խանգարում				
45. Տեսողության խանգարում				
46. Ասթմա				
47. Անեմիա				
48. Այլ, նկարագրեք				
49. Նշված հիվանդությունների ոչ մեկը				

50. Ձեր ընտանիքում որեւէ մեկը ունի՞ որեւէ հաշմանդամություն կամ տկարություն

1. Այո

2. Ոչ (ԱՆՑԵՔ 7. 55)

Հետելյալ սեմսոր հաշմանդամություններից որեւէ մեկը ունե՞ք Դուք կամ Ձեր ընտանիքի որեւէ անդամը	Հետելյալ ֆիզիկական տկարությունից կամ հաշմանդամությունից որեւէ մեկը ունե՞ք Դուք կամ Ձեր ընտանիքի որեւէ անդամը	Ո՞րն է հիվանդության պատճառը	Ի՞նչ բուժում կամ այլ միջոցառում է պահանջում այդ հաշմանդամությունը կամ տկարությունը
0. Ոչ մի հաշմանդամություն 1. Մասնակի խլություն 2. Լրիվ խլություն 3. Մասնակի համրություն 4. Լրիվ համրություն 5. Խուլ եւ համրություն 6. Մասնակի կուրություն 7. Լրիվ կուրություն  (51)	0. Ոչ մի հաշմանդամություն 1. Մեկ ձեռքի եւ մեկ ոտքի պարալիզ 2. 2 ոտքի պարալիզ 3. Հեմիպլազիա (1 ոտք եւ 1 ձեռք) 4. Պարապլազիա (2 ոտքերը) 5. Կվադրիպլազիա (4 վերջույթները) 6. Տրիպլազիա (3 վերջույթները) 7. Սպազմ, նկարագրեք 8. Ամպուտացիա, նկարագրեք 9. Հոդային դեֆորմացիա 10. Այլ, նկարագրեք  (52)	1. Բնածին 2. Ծննդաբերական վնասվածք 3. Դժբախտ պատահար կամ վնասվածք 4. Հիվանդություն, նկարագրեք 5. Այլ, նկարագրեք (88) Չգիտեմ  (53)	Սկարագրեք  (54)

55. Դուք երբեւէ ծխել եք

1. Այո

2. Ոչ (ԱՆՑԵՔ 7. 58)

56. Դուք ծխո՞ւմ եք ներկայումս

1. Այո

2. Ոչ (ԱՆՑԵՔ 7. 58)

57. Քանի՞ սիգարետ եք ծխում օրվա ընթացքում \_\_\_\_\_

58. Այս տանը քանի՞ ծխող կա \_\_\_\_\_

59. Վերջին 4 շաբաթվա ընթացքում Դուք գործածե՞լ եք ոգելից խմիչքներ

1. Այո

2. Ոչ

(88) Չեմ հիշում

<p>Ընդհանրապես որքա՞ն հաճախ եք Դուք ոգելից խմիչք գործածում</p> <ol style="list-style-type: none"> <li>1. Երբեք կամ շատ հազվադեպ (ամիսը մեկ անգամից հազվադեպ)</li> <li>2. Հազվադեպ (ամիսը մեկ կամ երկու անգամ)</li> <li>3. Երբեմն (շաբաթը մեկ անգամ)</li> <li>4. Բավականին հաճախ (շաբաթը 2-3 անգամ)</li> <li>5. Հաճախ (շաբաթը 3 անգամից ավելի)</li> <li>6. Ամեն օր</li> </ol> <p>(60)</p>	<p>Դուք երբեւէ ունեցե՞լ եք ոգելից խմիչքների չարաշահման պրոբլեմ</p> <ol style="list-style-type: none"> <li>1. Այո</li> <li>2. Ոչ</li> </ol> <p>(61)</p>	<p>Ձեր կարծիքով, Ձեր ընտանիքի անդամներից որեւէ մեկն ունի՞ ոգելից խմիչքների չարաշահման պրոբլեմ</p> <ol style="list-style-type: none"> <li>1. Այո</li> <li>2. Ոչ</li> </ol> <p>(62)</p>
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63. Վերջին 24 ամիսների ընթացքում Ձեր ընտանիքի անդամներից որեւէ մեկը մահացե՞լ է

1. Այո
2. Ոչ (ԱՆՑԵՔ 7. 70)

Ազգակցական կապը ընտանիքի գլխավորի հետ (64)	Սեռը (65)	Մահվան տարիքը (66)	Մահվան ամսաթիվը (67)	Մահվան վայրը (68)	Մահվան պատճառը (69)

**3. ՊԱՏԵՐԱԶՄԱԿԱՆ ԻՐԱԴԱՐՁՈՒԹՅՈՒՆՆԵՐԻ ԺԱՄԱՆԱԿԱԳՐԱԿԱՆ ՏՎՅԱԼՆԵՐԸ**

70. Դուք գտնո՞ւմ եք, որ այս տունը Ձեր մշտական տունն է:

1. Այո
2. Ոչ (ԲԱՅԱՏՐԵՔ \_\_\_\_\_)

71. Ձեր ընտանիքը բնակվո՞ւմ էր այս տանը 1988-89 թ.թ.

1. Այո (ԱՆՑԵՔ 7.76)
2. Ոչ

72. Ե՞րբ եք Դուք տեղափոխվել այս բնակարանը (թիվը) \_\_\_\_\_

73. Որտե՞ղ էիք Դուք բնակվում մինչեւ 1988 թ. իրադարձությունները \_\_\_\_\_

74. Ինչո՞ւ եք Դուք թողել Ձեր նախկին բնակարանը (բնակավայրը) \_\_\_\_\_

75. Ինչո՞ւ եք Դուք տեղափոխվել այստեղ \_\_\_\_\_

76. Ինչքա՞ն ժամանակ է որ Դուք բնակվում եք Ղարաբաղում \_\_\_\_\_

77. Դուք կարո՞ղ եք վերհիշել թե որտեղ էիք բնակվում սկսած 1988 թ., եւ եթե այդ ընթացքում տեղափոխվել եք, խնդրում են մշեք բնակավայրը եւ տեղափոխվելու պատճառը

Տարին	Բնակավայրը	Պատճառը
1988-	<ol style="list-style-type: none"> <li>1. Ստեփանակերտ</li> <li>2. Ստեփանակերտից դուրս</li> <li>3. Ղարաբաղից դուրս</li> <li>4. Հայաստանից դուրս</li> <li>5. Ադրբեջան</li> </ol>	<ol style="list-style-type: none"> <li>1. Սովորելու</li> <li>2. Ամուսնության</li> <li>3. Աշխատելու</li> <li>4. Պաշտպանվելու</li> <li>5. Այլ պատճառով, նկարագրեք</li> </ol>

78. Դուք կարո՞ղ եք վերհիշել Ձեր աշխատանքային կենսագրությունը սկսած 1988 թ.

Տարին	Զբաղմունքը	Վայրը (1-5)	Զբաղմունքը փոխելու պատճառը (1-5) 6. Թոշակի (ՆՇԵՔ ԹՈՇԱԿԱՅԻՆ ՏԱՐԻՔԸ)
1988-			

79. Ընդհանուր առմամբ 1988-ից մինչև 1994 թ., քանի՞ տարի եք Դուք անցկացրել Ղարաբաղից դուրս \_\_\_\_\_

80. Այդ տարիների ընթացքում ո՞վ էր Ձեր ընտանիքի գլխավորը \_\_\_\_\_  
Կարո՞ղ եք Դուք վերհիշել նրա աշխատանքային կենսագրությունը սկսած 1988-ից

Տարին	Զբաղմունքը	Վայրը (1-5)	Զբաղմունքը փոխելու պատճառը (1-6)
1988-			

81. Չէի՞ք կարող վերհիշել, թե որտեղ էր նա բնակվում սկսած 1988-ից եւ եթե երբեւէ նա տեղափոխվել է այդ տարիների ընթացքում, նշեք խնդրեմ տեղափոխվելու վայրը եւ պատճառը

Տարին	Վայրը (1-5)	Պատճառը (1-6) 7. Մահվան պատճառով
1988-		

82. Մահվան դեպքում նշեք խնդրեմ մահվան պատճառը

1. Վնասվածք, նկարագրեք
  2. Շաքարախտ
  3. Ինֆարկտ
  4. Կաթված (ինսուլտ)
  5. Քաղցկեղ, նկարագրեք
  6. Այլ, նկարագրեք
- (88) Չգիտեմ



Եթե հետ վերադառնալիս պատերազմական իրադարձություններին, չէի՞ք կարող վերհիշել, թե նշված պատահարներից որոնք են տեղի ունեցել Ձեզ կամ Ձեր ընտանիքի որեւէ անդամի հետ

1. Այո 2. Ոչ

Պատահարներ	Հետազոտվող	Ընտանիքի գլխավորը	Այլ անդամ(ներ)	Տարին
83. Ֆիզիկական հարձակման ենթարկվել				
84. Հետապնդվել եւ կալանավորվել ՕՄՕՆ-ի կողմից				
85. Առեւանգվել եւ վերադարձվել				
86. Առեւանգվել եւ չվերադարձվել				
87. Ահաբեկվել առանգվելու եւ ֆիզիկական հարձակման ենթարկվելու				
88. Սեփական տան վնասում, որ այն դառնում է անբնակելի				
89. Սեփական տան հրդեհում, ավիրում				
90. Գույքի հափշտակում				
91. Մեքենայի հափշտակում/ հրդեհում				
92. Այլ, նկարագրեք				
93. Այլ, նկարագրեք				

94. 1988 թ. դեպքերից սկսած, Ձեր տան անդամներից որեւէ մեկը վնասվե՞լ է պատերազմական իրադարձությունների հետ կապված որեւէ պատճառով

1. Այո  
2. Ոչ (ԱՆՑԵՔ 7. 99)

Ընտանիքի անդամը	Ինչպե՞ս է դա պատահել	Ե՞րբ է դա պատահել	Վնասվածքի տեսակը	Որպես այդ վնասվածքի հետեւանք, որեւէ պրորլեմ դեռեւս անհանգստացնո՞ւմ է Ձեր ընտանիքի տվյալ անդամ (ներ)ին
	1. Տանը 2. Փողոցում 3. Ոմբակոծումից 4. Օդային գրոհից (ավիացիա) 5. Նշանառու (սնայպեր) 6. Էլեկտրականությունից 7. Այլ, նկարագրեք (95)	1. Տարին 2. Ամիսը (96)	1. Այրվածք 2. Կոտրվածք 3. Հրազենային վնասվածք 4. Հարված 5. Այլ, նկարագրեք (97)	1. Այո 2. Ոչ (88). Չգիտեմ (98)
Հետազոտվող				
Ընտանիքի գլխավոր				
Այլ մեծահասակներ				
Երեխաներ				

99. 1988 թ. դեպքերից հետո, Ձեր ընտանիքի որեւէ անդամ մահացե՞լ է

1. Այո  
2. Ոչ (ԱՆՑԵՔ 7. 105)

Ընտանիքի անդամը	Մահվան տարին	Ո՞ր երկրում է մահացել	Մահվան վայրը	Մահվան պատճառը	Ձեր կարծիքով, պատերազմը որեւէ կապ ունի՞ Ձեր ընտանիքի անդամի մահվան հետ
	(100)	1. Ղարաբաղում 2. Ղարաբաղից դուրս (101)	1. Հիվանդանոց 2. Տուն (102)	1. Վնասվածք 2. Այլ, նկարագրեք (103)	1. Այո (PUBUSԴԵՔ) 2. Ոչ (104)

4. ԱՌՈՂՋԱՊԱՀԱԿԱՆ ՀԱՐՑՈՒՄ

105. Ինչպե՞ս կզնահատեիք Ձեր առողջությունն ընդհանուր առմամբ:

(շրջանակի մեջ վերցրեք միայն մեկ թիվ)

- Գերազանց 1
- Շատ լավ 2
- Լավ 3
- Ոչ այնքան լավ 4
- Վատ 5

106. Ինչպե՞ս կզնահատեիք Ձեր առողջությունն այժմ համեմատած մեկ տարի առաջվա հետ:

(շրջանակի մեջ վերցրեք միայն մեկ թիվ)

- Շատ ավելի լավ այժմ, քան մեկ տարի առաջ 1
- Որոշ չափով ավելի լավ այժմ, քան մեկ տարի առաջ 2
- Այժմ գրեթե նույնը, ինչ մեկ տարի առաջ 3
- Որոշ չափով ավելի վատ այժմ, քան մեկ տարի առաջ 4
- Շատ ավելի վատ այժմ, քան մեկ տարի առաջ 5

107. Ստորև թվարկված են մի քանի առօրյա գործողություններ: Արդյո՞ք Ձեր ներկայիս առողջական վիճակը խանգարում է Ձեզ կատարել այդ գործողությունները: Եթե այո, որքանո՞վ:

(շրջանակի մեջ վերցրեք մեկ թիվ՝ յուրաքանչյուր տողում)

	ԳՈՐԾՈՂՈՒԹՅՈՒՆՆԵՐ	Այո, շատ է խանգարում	Այո, քիչ է խանգարում	Ոչ ամենևին չի խանգարում
ա.	Ակտիվ գործողություններ, օրինակ՝ վազել, ծանրություն բարձրացնել, զբաղվել ակտիվ սպորտաձևերով	1	2	3
բ.	Միջին ակտիվության գործողություններ, օրինակ՝ սեղան տեղաշարժել, փոշեծփչով մաքրել, սեղանի թեմիս խաղալ կամ պարտեզում աշխատել	1	2	3
գ.	Մթերքով պայուսակը բարձրացնել կամ տանել	1	2	3
դ.	Աստիճաններով բարձրանալ մի քանի հարկ	1	2	3
ե.	Աստիճաններով բարձրանալ մի հարկ	1	2	3
զ.	Կքանստել, կռանալ կամ ծնկի գալ	1	2	3
է.	Քայլել մոտ մեկ կիլոմետր	1	2	3
ը.	Քայլել մի քանի հարյուր մետր	1	2	3
թ.	Քայլել հարյուր մետր	1	2	3
ժ.	Ինքնուրույն լողանալ կամ հագնվել	1	2	3

108. Արդյո՞ք վերջին 4 շաբաթվա ընթացքում ունեցել եք Ձեր աշխատանքի կամ ամենօրյա այլ գործերի հետ կապված հետևյալ դժվարություններից որևէ մեկը կամ մի քանիսը՝ Ձեր առողջական վիճակի հետևանքով:

(շրջանակի մեջ վերցրեք մեկ թիվ՝ յուրաքանչյուր տողում)

		ԱՅՈ	ՈՉ
ա.	Կրճատել եք աշխատանքի կամ այլ գործերի վրա ծախսած ժամանակը	1	2
բ.	Կատարել եք ավելի քիչ, քան կցանկանայիք	1	2
գ.	Ի վիճակի չեք եղել կատարել որոշակի տիպի աշխատանք կամ այլ գործեր	1	2
դ.	Դժվարությամբ եք կատարել աշխատանքը կամ այլ գործեր (օրինակ՝ պահանջվել են լրացուցիչ ջանքեր)	1	2

109. Արդյո՞ք վերջին 4 շաբաթվա ընթացքում ունեցել եք Ձեր աշխատանքի կամ ամենօրյա այլ գործերի հետ կապված հետևյալ դժվարություններից որևէ մեկը կամ մի քանիսը՝ որևէ հուզական վիճակի (օրինակ՝ ընկճվածության կամ մտահոգվածության) հետևանքով:

(շրջանակի մեջ վերցրեք մեկ թիվ՝ յուրաքանչյուր տողում)

		ԱՅՈ	ՈՉ
ա.	Կրճատել եք աշխատանքի կամ այլ գործերի վրա ծախսած ժամանակը	1	2
բ.	Կատարել եք ավելի քիչ, քան կցանկանայիք	1	2
գ.	Սովորականից պակաս ուշադրությամբ եք կատարել աշխատանքը կամ այլ գործեր	1	2

110. Վերջին 4 շաբաթվա ընթացքում Ձեր առողջական կամ հուզական վիճակը որքան՞ով է խանգարել Ձեր առօրյա շփումներին ընտանիքի, ընկերների, հարևանների կամ այլոց հետ:

(շրջանակի մեջ վերցրեք միայն մեկ թիվ)

- Ամենևին 1
- Թեթևակի 2
- Չափավոր 3
- Բավականին 4
- Չափազանց 5

111. Վերջին 4 շաբաթվա ընթացքում որքա՞ն ֆիզիկական ցավ եք զգացել:

(շրջանակի մեջ վերցրեք միայն մեկ թիվ)

- Ոչ մի 1
- Շատ թույլ 2
- Թույլ 3
- Չափավոր 4
- Ուժեղ 5
- Շատ ուժեղ 6

112. Վերջին 4 շաբաթվա ընթացքում որքան՞ով է ցավը խանգարել Ձեր նորմալ աշխատանքին (ինչպես տանը, այնպես էլ տնից դուրս):

(շրջանակի մեջ վերցրեք միայն մեկ թիվ)

- Ամենևին 1
- Թեթևակի 2
- Չափավոր 3
- Բավականին 4
- Չափազանց 5

113. Ինչպե՞ս հարցերը վերաբերում են Ձեր ինքնազգացողությանը վերջին 4 շաբաթվա ընթացքում: Խնդրում ենք յուրաքանչյուր հարցի համար ընտրել այն միակ պատասխանը, որն ամենից մոտ է Ձեր զգացածին:

Վերջին 4 շաբաթվա ընթացքում որքա՞ն ժամանակ եք Դուք...

(շրջանակի մեջ վերցրեք մեկ թիվ՝ յուրաքանչյուր տողում)

		Ամբողջ ժամանակ	Ժամանակի մեծ մասը	Ժամանակի զգալի մասը	Ժամանակի որոշ մասը	Ժամանակի փոքր մասը	Ոչ մի ժամանակ
ա.	զգացել Ձեզ եռանդով լի	1	2	3	4	5	6
բ.	եղել շատ նյարդայնացած	1	2	3	4	5	6
գ.	զգացել այնքան ընկճված, որ ոչինչ չէր կարող Ձեզ ուրախացնել	1	2	3	4	5	6
դ.	զգացել հանգիստ ու խաղաղ	1	2	3	4	5	6
ե.	եղել շատ առույգ	1	2	3	4	5	6
զ.	եղել սրտնեղած ու տխուր	1	2	3	4	5	6
է.	զգացել լրիվ ուժասպառ	1	2	3	4	5	6
ը.	եղել երջանիկ	1	2	3	4	5	6
թ.	զգացել հոգնած	1	2	3	4	5	6

114. Վերջին 4 շաբաթվա ընթացքում Ձեր առողջական կամ հուզական խնդիրները որքա՞ն ժամանակ են խանգարել Ձեր շփումներին շրջապատի հետ (օրինակ՝ չեք կարողացել այցելել ընկերներին, բարեկամներին և այլն):

(շրջանակի մեջ վերցրեք միայն մեկ թիվ)

- Ամբողջ ժամանակ 1
- ժամանակի մեծ մասը 2
- ժամանակի որոշ մասը 3
- ժամանակի փոքր մասը 4
- Ոչ մի ժամանակ 5

115. Ըստ Ձեզ, որքանո՞վ է ճԻՇԾ կամ ՍԽԱԼ հետևյալ պնդումները յուրաքանչյուրը:

(շրջանակի մեջ վերցրեք մեկ թիվ՝ յուրաքանչյուր տողում)

		Լիովին ճիշտ է	Հիմնականում ճիշտ է	Զգիտեմ	Հիմնականում սխալ է	Լիովին սխալ է
ա.	Կարծես թե ես ավելի հեշտ եմ հիվանդանում, քան ուրիշները	1	2	3	4	5
բ.	Ես նույնքան առողջ եմ, որքան իմ ճանաչած մարդիկ	1	2	3	4	5
գ.	Ես կարծում եմ, որ իմ առողջությունը կվատանա	1	2	3	4	5
դ.	Իմ առողջությունը գերազանց է	1	2	3	4	5

**5. ԸՆՏԱՆԻՔԻ ԵԿԱՍՈՒՏԸ, ՍՆՈՒՆԴԸ, ԱՌՈՂՋԱՊԱՀԱԿԱՆ ԾԱԽՍԵՐԸ ԵՎ ՍՈՑԻԱԼԱԿԱՆ ԱՊԱՀՈՎՎԱԾՈՒԹՅՈՒՆԸ**

116. Ստուգվորապես որքա՞ն գումար է ծախսել Ձեր ընտանիքն վերջին 4 շաբաթվա ընթացքում

- 1. \$ 50-ից քիչ (25 000 դրամից քիչ)
- 2. \$ 50-99 (26 000 -50 000 դրամ)
- 3. \$ 100-500 (51 000 -250 000 դրամ)
- 4. \$ 500-ից շատ (250 000 դրամից շատ)
- (88) Զգիտեմ

		Սշտապես	Սովորաբար	Երբեմն	Երբեք
117.	Որքան հաճախ եք վախենում, որ Դուք եւ Ձեր ընտանիքը կարող եք քաղցած մնալ բավականաչափ սնունդ չունենալու պատճառով	1	2	3	4
118.	Վերջին 4 շաբաթվա ընթացքում Դուք որքա՞ն հաճախ եք պառկել քնելու քաղցած վիճակում	1	2	3	4
119.	Որքա՞ն հաճախ եք Դուք բավականաչափ դրամ ունենում Ձեր ընտանիքին եւ Ձեզ սննդով ապահովելու համար	1	2	3	4

120. Ասացեք խնդրեմ բոլոր այն հարմարությունները թվարկածներից, որ ունեք Դուք կամ Ձեր ընտանիքը սարքին վիճակում

- |                           |                        |   |
|---------------------------|------------------------|---|
| 1. Զուգարան բնակարանում   | 5. Ավտոմեքենա          | 9. Կաբելային / արբանյակային անտենա          |
| 2. Տաք ջրի բաք            | 6. Լվացքի մեքենա       | 10. Ամառանոց                                |
| 3. Գունավոր հեռուստացույց | 7. Հեռախոս             | 11. Եզված հարմարություններից ոչ մեկը չունեմ |
| 4. Տեսամագնիտաֆոն         | 8. Անձնական հաճակարգիչ |   |

121. Ստտավորապես տարեկան եկամտի ո՞ր տոկոսն է Ձեր ընտանիքը ծախսում առողջապահության համար \_\_\_\_\_

122. Վերջին 4 շաբաթվա ընթացքում ինչքա՞ն գումար է ծախսել Ձեր ընտանիքը առողջապահության համար

- 1. \$ 2-ից քիչ (1 000 դրամից քիչ)
- 2. \$ 2-9 (1 100 -5 000 դրամ)
- 3. \$ 10-20 (5 500 -11 000 դրամ)
- 4. \$ 20-ից շատ (11 000 դրամից շատ)
- (88) Չգիտեմ

123. Երբ ծագում են առողջական խնդիրներ, ո՞ւմ օգնությանն է դիմում Ձեր ընտանիքը

- 1. Ոչ մեկին
- 2. Ընտանիքի անդամի, նկարագրեք \_\_\_\_\_
- 3. Ոչ ընտանիքի անդամ հարազատի
- 4. Ընկերոջ
- 5. Հարեւանի
- 6. Եկեղեցականի
- 7. Այլ, նկարագրեք \_\_\_\_\_

124. Երբ ծագում են ֆինանսական պրոբլեմներ, ո՞ւմ օգնությանն է դիմում Ձեր ընտանիքը

- 1. Ոչ մեկին
- 2. Ընտանիքի անդամի, նկարագրեք \_\_\_\_\_
- 3. Ոչ ընտանիքի անդամ հարազատի
- 4. Ընկերոջ
- 5. Հարեւանի
- 6. Եկեղեցականի
- 7. Այլ, նկարագրեք \_\_\_\_\_

125. Ի՞նչ եկամտի աղբյուրներ ունի Ձեր ընտանիքը

- 1. Ընտանիքի գլխավորը աշխատում է \_\_\_\_\_
- 2. Ընտանիքի այլ անդամ(ներ) աշխատում է/ են \_\_\_\_\_
- 3. Սեփականություն, հողամաս, շենքեր և այլն \_\_\_\_\_
- 4. Ղարաբաղի ներսում բնակվող այլ հարազատներ \_\_\_\_\_
- 5. Ղարաբաղից դուրս բնակվող այլ հարազատներ \_\_\_\_\_
- 6. Բարեգործական կազմակերպություններ \_\_\_\_\_
- 7. Խնայողություններ \_\_\_\_\_
- 8. Թոշակ, նկարագրեք \_\_\_\_\_
- 9. Այլ, նկարագրեք \_\_\_\_\_

126. Դուք կարողանո՞ւմ եք հոգալ Ձեր ընտանիքի հիմնական տնտեսական պահանջները

- 1. Այո
- 2. Այո, դժվարությամբ
- 3. Հիմնականում
- 4. Ոչ

ՀԱՐՑՄԱՆ ՎԵՐՋԸ \_\_\_ : \_\_\_

Շնորհակալություն հարցազրույցին մասնակցելու համար