Original article

A hundred cases of parasuicide: V. Validation of the Amharic Version of Hopelessness Scale at St. Paul's General Specialized Referral Hospital, AA, Ethiopia

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Abstract

Background: Hopelessness is an important variable in parasuicide and suicide. The need for a valid and reliable Amharic version (AV) of Hopelessness Scale (HS) for clinical screening is obvious.
Objective: To test the validity and the reliability of the AV of HS.
Methods: 100 consecutive parasuicide cases arriving at the OPD were included in this 'retrospective descriptive clinical case study'. Self-rated AV of HS and interviewer-rated Expanded BPRS was administered. The AV of HS was validated against the corresponding item/items on the Expanded BPRS. Reliability test was also performed.
Results: *Concurrent validity:* Yule's Q, between AV of HS and Expanded BPRS depression and suicidality items were 0.66265, p=0.00052 and 0.55585, p=0.04144 respectively.
Construct validity: It was shown that cases with the intention 'to die' had significantly higher (p=0.0028) HS scores than those without the intention. The association between the dichotomous measures of AV of HS and intention 'to die' was very highly positive and significant (Yule's Q=0.89563, P=0.00011). No such relationships between the AV of HS scores and other 9 endorsed intentions/'reasons' for parasuicidal act with different themes. These findings indicate that the AV of HS has an acceptable construct validity to measure Hopelessness.
Reliability: in item-total correlation test, only item no. 5 was eliminated due to low correlation coefficient (0.0370, p=0.715). Three more items were eliminated in *factor analysis* which yielded 3 factors similar to Beck's finding.
Conclusion: The AV of HS has acceptable validity, reliability and factor loading. Items recommended to be discarded have to be re-translated/re-written to keep the meaning as close to the original (English version) as possible. Further validation studies are advisable to be done. In the meantime, the AV of HS has to be applied clinically in vulnerable groups. [*Ethiop.J.Health Dev.* 2008;22 (3):275-281]

Introduction

Patients who scored high on hopelessness and depression scale were more likely to report 'escape from life' and 'surcease' as the reason for their suicidal attempt. In contrast, the less hopeless and less depressed patients tended to designate 'manipulative' reasons for their suicidal act (1).

Beck has formulated that hopelessness is a core characteristic of depression which serves as a link between depression and suicide (2). Following the development of reliable and valid psychometric instruments for measuring suicidal intent (3,4,5,6) and hopelessness (7) among suicide attempters and ideators, several studies have shown positive relationships among hopelessness, depression and suicidal behaviors. It was further shown that hopelessness correlated more strongly with suicidal intent than depression. In other words, it was found that hopelessness, rather than depression per se, was a determinant of suicidal intent (2,8,9,10).

Therefore, it is clear that in counseling of seriously suicidal patients, the therapist has to deal first with their hopelessness (or pessimism) which is defined as 'a set of negative expectations about the future' and which is at the core of their suicidal wish (1,8). But when asked directly why patients want to commit suicide, they respond by giving vague statements related in some sense to hopelessness. The HS, developed by Beck, serves as a useful adjunct for indirect assessment of the degree of suicidal risk in inpatients, outpatients and emergency psychiatric setting. A high score on this scale is almost always a sign of suicidal intent and, in fact, it was proven to be a better predictor of suicidal intent than depression (2,10). HS is reliable, easily administered and sensitive to change in patients' state of depression over time. The HS takes 5 to 7 minutes to complete and may be given to the suicidal patient prior to each interview to get a quick evaluation of present suicidal risk (1,10). The author believes that preparing an Amharic version (AV) of HS will have a useful clinical application in suicide prevention programmes in Ethiopia. After translation of any psychometric scale there is little assurance that the psychometric properties of the scale (i.e. its reliability and validity) have remained constant. Therefore, it is necessary to re-establish its validity and reliability within the new context as if it were a new scale (11).

The *aim* here is to: test the validity and the reliability of the AV of HS.

Methods

Methodology was described in detail in paper I (18). Briefly, it is summarized as follows:
The sample: The sample comprised of 100 consecutive parasuicide cases seen during the last 16 months (Jan. 1,

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1997-Apr.30, 1998) at the OPD of St. Paul's Hospital, Addis Ababa. A key informant, i.e. a close relative, was included, as required, during the interview.

Contents of the interview: The interviews were designed to assess patients' socio-demographic and clinical profiles, past psychiatric problems, methods of parasuicidal act, reasons for parasuicide, life events encountered within the last 12 months, interpersonal difficulties and social and psychological benefits of the act. List of reasons and life-events were obtained from similar studies.

This study was also designed to assess the symptoms and severity of symptoms and to classify them into different diagnostic categories by using the 24-item 'Expanded Brief Psychiatric Rating Scale' (EBPRS). This scale is useful as an efficient, rapid, economical, valid and reliable method of patient classification in research using selected items from it (19, 20). All the EBPRS diagnoses were later confirmed by the DSM-IV criteria.

The instrument: The instrument to be validated is HS which consists of 20 true-false self-report statements to assess the extent of pessimism. Each item has score of 1 or 0 and the total score is the sum of the individual item scores. The possible range of sum of scores is from 0 to 20. This scale has a high degree of internal consistency and has also shown a high correlation with the clinical ratings of hopelessness and other self-administered measures of hopelessness. It is also sensitive to change in patients' state of depression over time (7). It was developed by Beck et al in 1974 in Pennsylvania and supported by the National Institute of Mental Health Grant, USA.

Translation and back-translation of HS: The HS was translated into Amharic by the author. Then each item of the Amharic version was appraised by another senior psychiatrist regarding the face validity and comprehensibility. Then, back translation into English was done by the same senior psychiatrist who has never seen the English version of HS before. No difference was revealed in any of the 20 items as all items appear to be relevant and reflect negative expectancies or measure hopelessness in various psychopathologic conditions among Amharic speaking patients. The scale did not require high reading skills and the items were free of ambiguity, double-barreled questions, value-laden questions or positive or negative wordings. The average length of items was 40 characters. Therefore, no modification was required after a discussion with the translator. To ensure that all items of the AV of HS are easy to understand, it was pre-tested during the pilot-study on a group of ten parasuicide cases who could be comparable to the ultimate target population. There were no objections or omissions in their responses. To avoid possible 'contamination' effects on HS, all psychiatric rating interviews were applied only after self-assessment with HS.

Study Design: This study was a 'retrospective descriptive clinical case study' which is a part of 'retrospective and prospective descriptive clinical case study' of 100 consecutive parasuicide cases each of which was followed for a period of five years. AV of HS was administered together with other questionnaires as soon as patients arrived at the hospital. All questions were in the past tense adding terms like 'recently' and focusing on their experiences over the last one or two days.

Statistical method of analysis: - Important socio-demographic, clinical and other variables of the 100 parasuicide cases were summarized in a frequency table. Non-parametric one sample X^2-test was used to compare the observed frequencies with the theoretical distributions of subgroups of different variables. The statistical package SPSS for window was used for all the analyses. All significance tests were 2-tailed.

The endorsement frequency (*p*): of each response alternative (0 or 1) of each of the 20 items of the AV of HS was calculated. Items endorsed by very few ($p<0.05$) or very many ($p>0.95$) subjects were discarded as the answer were predictable with >95% accuracy and as they do not improve psychometric properties of the scale (11).

The concurrent (criterion) validity: The strength of association (Yule's Q) between the AV of HS and Expanded BPRS *depression* and *suicidality* (intropunitiveness), all dichotomous, were used to determine the concurrent validity. Expanded BPRS was used here as a 'gold standard'.

Construct validity: To investigate what qualities the AV of HS could measure, the differences in the mean HS scores between 'yes' and 'no' responses to each of the 10 endorsed reasons were tested for significance (2-tailed t-test). That was to see whether the endorsed reason 'to die' could give a different result.

Reliability tests: Item-total correlation was applied to test the reliability of the AV of HS. Item-total correlation bellow 0.20 was discarded (10).

Results

The important socio-demographic and diagnostic variables of 100 parasuicide cases are summarized in Table 1 of paper IV (17).

Frequency of endorsement (p):

All items of the AV of HS had endorsement rates (*p*) ranging from 0.20 to 0.76 for one of their alternatives (dichotomous). This is within the recommended range of (0.20 to 0.80) (11).

Validity tests:

Face Validity: The fact that all items of the AV of HS appeared to be relevant and measuring what they ought to measure (i.e., the negative expectancies / pessimism / hopelessness and helplessness) and that there were no omissions of items had indicated that it has an acceptable face validity for measuring the degree of hopelessness.

Criterion Validity/Concurrent validity: The concurrent validity of the AV of HS was determined by measuring the strength of association between the AV of HS and the corresponding item or items (cluster) of the Expanded PBRS using Yule's Q similarity coefficient which is a 2x2 version of Goodman and Kruskal's gamma. All measures were dichotomous, (low scorer, 0-9) / (high scorer, 10-20) in HS and case / non-case in the Expanded BPRS which is a 'gold standard'. In all cases, items with scores of psychopathological intensity were taken into account.

Corresponding item or items (cluster) of the Expanded BPRS taken as 'gold standard' in this study is shown in Appendix 2 (19, 20).

The association (Yule's Q) between the AV of HS and Expanded BPRS *depression* and *suicidality* (*intropunitiveness*) was 0.66265, p=0.00052 and 0.55585, p=0.04144 respectively (i.e. both moderately positive, but at different levels of significant).

Construct validity: Construct validity of a test is intimately connected with the theory which forms the basis for the test and it is evaluated in different ways by investigating what qualities the test measures.

The following test was applied to determine whether the AV of HS has acceptable construct validity or not. A total of ten reasons were endorsed by patients for their parasuicidal acts as shown on Table 1 bellow. There were 85 (85%) 'Yes' responses to the first endorsed reason, 'to die', with the mean HS score of 10.5882 (SD=4.8827) and 15 (15%) 'No' responses to the same endorsed reason with the mean HS score of 6.5333 (SD=3.684). The difference is highly significant (t=9.3711, p=0.0028). In other words, on average, those who committed parasuicidal act with the intention 'to die' have significantly higher HS scores than those who committed the act without the intention 'to die'. On the other hand, there were no such statistically significant differences in HS scores between 'yes' responders and 'no' responders to other 9 endorsed 'reasons' with different themes. This indicates that there is some sort of theory that connects the AV HS scores and the intention 'to die' which is not found with other endorsed 'reasons'. In other words, this indicates that HS measures the degree of intention 'to die' and has the required construct validity.

Table 1: **Reasons endorsed for the parasuicidal act by 100 parasuicide cases and their frequencies at St. Paul's General Specialized Referral Hospital, Addis Ababa, 2007**

Reasons endorsed	N (%)
To die	85 (85)
Escape for a while from an impossible situation	62 (62)
Get relief from a terrible state of mind	48 (48)
Make people understand how desperate you were feeling	35 (35)
Make people sorry for the way they have treated or frightened you or get your own back on someone	26 (26)
Try to influence some particular person or get them change their mind	16 (16)
Show how much you loved someone	13 (13)
Seek help from someone	12 (12)
Find out whether or not someone really loved you	10 (10)
Accident	1 (1)

Again using Table 2 to examine the association between the two sets of dichotomous variables, it was found that the association between the degree of hopelessness, 'high' or 'low', and type of response about intention to die, 'yes' or 'no', was very highly positive and significant (Yule's Q=0.89563, p=0.00011). No such positive and significant association was found between the degree of HS score and response in the other 9 endorsed 'reasons' with different constructs.

Table 2: **Response about 'intention to die' of 'low' and 'high' HS scorers at St. Paul's General Specialized Referral Hospital, Addis Ababa, 2007**

	Response about Intention to die		Total
	Yes	No	
Scorers (10-20)	48	1	49
Mean HS score	(14.229)	(17)	
Scorers (0-9)	37	14	51
Mean HS score	(3.865)	(3.786)	
Total	85	15	100
Mean HS score	(10.5882)	(6.5333)	

Reliability tests: The 'internal consistency (homogeneity) measures' of reliability focuses on the reproducibility of measurement across different items within a test, i.e. reproducibility of content. The internal consistency (homogeneity) of the AV of HS was established by the following method (12):

The item-total correlation is one of the oldest methods for checking the internal consistency of a scale. This method is the correlation of the individual item with the scale total omitting that item. As shown in Table 3, patients showed very highly significant correlation between individual items and the total HS score, and the item-total correlation coefficients ranged from 0.2737 to 0.7315, except item number 5 which has very low correlation coefficient. 0.0370, which is insignificant (p=0.715).

Table 3: **Internal Consistency of the Amharic Version of the Hopelessness Scale at St. Paul's General Specialized Referral Hospital, Addis Ababa, 2007**

Key	Items	Item Total Correlations
True	**2.** I might as well give up because I cant' make things better for myself	.5191*
	4. I can't imagine what my life would be like in 10 years	.4959*
	7. My future seems dark to me	.6772*
	9. I just don't get the breaks, and there is no reason to believe I will in the future	.4820*
	11. All I can see ahead of me is unpleasantness rather that pleasantness	.5141*
	12. I don't expect to get what I really want	.4598*
	14. Things just won't work out the way I want them to	.5252*
	16. I never get what I want; so it's foolish to want anything	.6615*
	17. It is very unlikely that I will get any real satisfaction in the future	.6795*
	18. The future seems vague and uncertain to me	.7315*
	20. There is no use in really trying to get some thing I want because I probably won't get it	.5643*
False	**1.** I look forward to the future with hope and enthusiasm	.5174*
	3. When things are going badly, I am helped by knowing they can't stay that way forever	.3904*
	5. I have enough time to accomplish the things I most want to	.0370***
	6. In the future, I expect to succeed in what concerns me most	.5874*
	8. I expect to get more of the good things in life than the average person	.5713*
	10. My past experiences have prepared me well for my future	.2737**
	13. When I look ahead to the future, I expect I will be happier than I am now	.5133*
	15. I have great faith in the future	.6368*
	19. I can look forward to more good times than bad times	.5400*

* P=0.0000, **P=0.006, ***P=0.71

Discussion

In clinical management of parasuicide cases, the therapist has to deal first with the hopelessness and depression which are at the core of the suicidal wish. HS measures 'negative expectations' objectively (6); and a number of studies also have shown that HS is reliable, sensitive and a good predictor of suicidal intent in the Western cultures. Developing the AV of HS could have a useful application in busy psychiatric OPDs in Ethiopia as it could serve as a paper-and-pencil test which could be used by professionals and paraprofessionals. Validation of this instrument at this particular time is justifiable in view of other related studies on Parasuicide.

After translation and back-translation of the HS and after the appraisal of the AV of HS**,** it was judged to have acceptable *face validity*.

Frequency of endorsement: At this level of the validation study, it appears that all items of the AV of HS will be retained as their endorsement rates are within the recommended range of (0.20 - 0.80). Any item where one of the alternatives has a very high (p>0.95) or very low (p<0.05) endorsement frequency, the answer will be predictable with >95% accuracy. Such questions/items are discarded as they do not improve psychometric properties of a scale and, actually, they detract from them and make test larger (11).

All items have to pass further tests to be retained as part of the AV of HS.

a) Concurrent validity: The strength of association (Yule's Q) between dichotomous measures of the AV of HS and BPRS *depression* and also between AV of HS and BPRS *suicidality* (*intropunitiveness*) were both described as moderately positive and significant. The BPRS is an accepted 'gold standard' and used widely in validation studies. The above findings indicate that the AV of HS has reasonably acceptable concurrent validity with appropriate instruments.

b) Construct validity: To decide whether the AV of HS has acceptable construct validity, the following results have to be assessed:

Obtaining significantly higher scores on the AV of HS by those who responded 'yes' to the intention 'to die' and the absence of such significant differences on the AV of HS scores between 'yes' and 'no' responders to other 9 endorsed 'reasons' for parasuicidal acts could be explained by the fact that the two variables,

'hopelessness' and intention 'to die', have the same theoretical construct.

Finally, a very highly positive and significant association between the two variables, the AV of HS and type of response about intention to 'die', and lack of such association between the AV of HS scores and responses about other 9 endorsed 'reasons' with different meanings indicates that the AV of HS has an acceptable construct validity to measure hopelessness and helplessness.

c) Reliability tests: The item-total correlation coefficients which ranged from 0.2737 to 0.7315, are very highly significant except item number 5 (see Table 3) which has a very low correlation coefficient (0.0370) which is insignificant (p=0.715). The rule of thumb here is that items with lower correlations (<0.20) should be discarded. Therefore, item number 5 has to be discarded or re-written/re-translated in a future validation study of the AV of HS.

Factor analysis also was performed on this scale. The results of the whole analysis could not be included here as the capacity of this paper is limited. However, the findings could be summarised as follows: similar to Beck's analysis, only 3 factors were taped. Item no. 3, 5, 10 and 12 were discarded due to low and insignificant factor loading and or low item-total correlation.

In summary, the AV of HS has good endorsement rate by cases rated with it. It has an acceptable face validity, concurrent validity, construct validity and reliability. Factor analysis has yielded 3 factors similar to Beck's study except for some change/shift of variables with obviously acceptable reasons. The author recommends that the AV of HS be used in clinical settings among patients with different psychopathological conditions and at the same time be re-validated further.

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References

1. Beck AT, Steer RA, Kovac M and Garrison B. Hopelessness and Eventual Suicide: A 10-Year Prospective Study of Patients Hospitalised with Suicidal Ideation. Am J Psychiatry. 1985;142:559-563.
2. Pierce DW. Suicidal intent in self-injury. Brit. J. Psychiat. 1977;130:377-385.
3. Pierce DW. The Predictive Validation of a Suicide Intent Scale: A five Year Follow- up. Brit. J. Psychiat. 1982; 39:391-396.
4. Pallis DJ, Barraclough BM, Levey AB, Jenkins JS and Sainsbury P. Estimating Suicide Risk among Attempted Suicides: I. The Development of New Clinical Scales. Brit. J. Psychiat. 1982;141:37-44.
5. Pallis DJ, Gibbson JS and Pierce DW. Estimating Suicide Risk among Attempted Suicides: II. Efficiency of Predictive Scales after the Attempt. Brit. J. Psychiat. 1984;144:139-148.
6. Beck AT, Weissman A, Lester D and Trexler L. The measurement of pessimism: the Hopelessness Scale. J Consult Clin Psychol. 1974;42:861-865.
7. Minkoff K, Bergman E, Beck AT and Beck R. Hopelessness, Depression and Attempted Suicide. Am J Psychiatry. 1973;130:455-459.
8. Dyer JAT and Kreitman N. Hopelessness, Depression and Suicidal Intent in Parasuicide. Brit J Psychiatry. 1984;144:127-133.
9. Beck AT, Kovac M and Weissman A. Hopelessness and Suicidal Behaviour: An Overview. JAMA. 1975;234: 1146-1149.
10. Streiner DL and Norman GR, Health Measurement Scales: A Practical Guide to Their Development and Use second ed, Oxford, UK: Oxford Medical Publications. 1995:15-66.
11. Streiner DL and Norman GR, Health Measurement Scales: A Practical Guide to Their Development and Use, second ed, Oxford, UK: Oxford Medical Publications. 1995:59-60.
12. Norman GR and Streiner DL, Biostatistics: The Bare Essentials, second ed, Hamilton, Ontario, Canada: B. C. Decker Inc. 2000:163-177.
13. Hamilton M. The assessment of anxiety states by rating. Brit. J. Med. Psychol. 1959;32:50-5.
14. Hamilton M. Development of a rating scale for primary depressive illness. Brit. J. of Social and Clinical Psychol. 1967;6:278-96.
15. Snaith RP, Constantopoulos AA, Jardine MY and McGuffin P. A Clinical Scale for the Self-assessment of Irritability. Brit. J. Psychiat. 1978;132:164-71.
16. Freeman C and Tyrer P. Research Methods in Psychiatry: A Beginner Guide, second ed. London, UK: Gaskell. The Royal College of Psychiatrists. 1992:135-53.
17. Abdullahi, AB. A hundred cases of parasuicide: IV. Validation of the Amharic Version of IDA Scale. Ethiop J Health Dev; 2008:22
18. Abdullahi, AB. A hundred cases of parasuicide: I. Analysis of Socio-demographic and Clinical Profiles. E Afr Med J (in press)
19. Overall JE, The Brief Psychiatric Rating Scale (BPRS): Recent Developments in Ascertaining and Scaling. Psychopharmacol Bull 1988;24 (1):97-124.
20. Lukoff D, Nuechterlein KH, and Ventura J. Manual for Expanded Brief Psychiatric Rating Scale (BPRS). Schizophrenia Bull 1986;12(4):595-602.

Appendix 1: The Amharic Version of Hopelessness Scale

የተስፋ ቢስነት መለኪያ

ተ/ቁጥር _____

ቀን _____

የካርድ ቁጥር _____

መመሪያ:

ከዚህ በ ኋ የተዘረዘሩት ሐተ ፆች የ ርስዎን አንዳንድ በአሉ ዊ ወይም አፆን ዊ መልኩ በጉጉት የሚጠብቁዋቸውን ነገሮች የሚያንፀባርቁ ናቸው፡፡ ከ ያንዳንዱ ሐተ ጐን ሁለት ሁለት ምርጫዎች አሉዎት፣ ማለት ውነት ወይም ውሸት፡፡ ባለፉት አንድ ወይም ሁለት ቀናት ወይም በቅርቡ ይህንን ድርጊት ከመፈጸምዎ በፊት የነበረዎትን ትክክለኛ ስሜት የሚገልጸውን በመምረጥ ውነት ወይም ሐሰት ከሚለው ቃል አንዱን ብቻ ያስምሩ ወይም ያክብቡ፡፡

ተ/ቁጥር	ሐተ	ምርጫ	
1	ወደፊት የሚሆነውን ሁሉ በጥሩ ተስፋና በጽኑ ምኞት ጠባበቅ ነበር፡፡	ውነት	ውሸት
2	ኔ ንዲያውም አንዳንድ ሁኔ ዎችን በገዛ ራሴ ማሻሻል ወይም መሥራት ስላቃተኝ ተቹአቸዉ ነበር፡፡	ውነት	ውሸት
3	አንዳንድ ነገሮች ሳይሳኩ ሲቀሩ ለዘላለም በዚሁ ሁኔ የማይቀሩ መሆኑን ማወቁ ያግዘኝ ወይም ያጽናናኝ ነበር፡፡	ውነት	ውሸት
4	ከአሥር ዓመት በኋላ ኑሮዬ ምን ንደሚመስል ማሰብ ንኬን አልችልም ነበር፡፡	ውነት	ውሸት
5	ለማድረግ ጅግ የፈለግሁዋቸውን ነገሮች ለማከናወን ብቁ ጊዜ ነበረኝ፡፡	ውነት	ውሸት
6	ለወደፊቱ ኔን በሚመለከት ነገር ሁሉ ጥሩ ወጤት ንደማገኝ ጠባበቅ ነበር፡፡	ውነት	ውሸት
7	ምነቴ ወይም የሚመጣው ጊዜ ለ ኔ የጨለመ ይመስለኝ ነበር፡፡	ውነት	ውሸት
8	ከአንድ ከተራ ሰው የበለጠ በኑሮ ጥሩ ጥሩ ነገሮችን ንደማገኝ ጠባበቅ ነበር፡፡	ውነት	ውሸት
9	ኔ ምንም ፋ አላገኘሁም፣ ለወደፊቱም ፋ አገኛለሁ ብዬ ለማመን ምንም ምክንያት አልነበረኝም፡፡	ውነት	ውሸት
10	ያለፉት ልምዶቼ የወደፊቱን ለመጋፈጥ ደንና አዘጋጅተውኝ ነበር፡፡	ውነት	ውሸት
11	ከፊቴ ከሚደቀኑት ሃሳቦች ውስጥ ከሚያስደስቱት፣ የማያስደስቱት ይበልጥ ነበር፡፡	ውነት	ውሸት
12	በትክክል የፈለግሁትን ነገር አገኛለሁ ብዬ አልጠብቅም ነበር፡፡	ውነት	ውሸት
13	የወደፊቱን ስመለከት ከነበርኩበት የበለጠ ተደሳች ሆናለሁ ብዬ ጠብቅ ነበር፡፡	ውነት	ውሸት
14	ሁኔ ዎች / ነገሮች ልክ ንደተመኘሁዋቸው ውጤት አልነበራቸውም፡፡	ውነት	ውሸት

15	በወደፊቱ ወይም በሚመጣው ጊዜ ላቅ ምነት ነበረኝ።	ውነት	ውሸት
16	የፈለግሁትን በጭራሽ ስለማላገኝ፣ ምንም ነገር መፈለጌ ሞኝነት ነበር።	ውነት	ውሸት
17	ኔ ለወደፊቱ ውነተኛ ርካ ማግኘቲ ጭራሽ የማይመስል ነበር።	ውነት	ውሸት
18	የወደፊቱ ሁኔ ለ ኔ የደበዘዘና ያልተረጋገጠ ይመስል ነበር።	ውነት	ውሸት
19	ከመጥፎ ጊዜዎች ይልቅ የበለጡ ጥሩ ጊዜዎች ያጋጥሙኛል ብዬ ጠብቅ ነበር።	ውነት	ውሸት
20	ለማግኘት የተመኘሁትን ስለማላገኝ፣ ለማግኘት ጥረት ማድረጉ ምንም ጥቅም አልነበረውም።	ውነት	ውሸት

Appendix: 2

Corresponding item or items (cluster) of the Expanded BPRS taken as 'gold standard' in this study (19, 20).

1) Item no. 1, 3, 4, 13, 14, 18 and 19 measures the magnitude of all aspects of ***Depression***.

2) Item no. 2 and 15 measure the magnitude of different aspects of ***Anxiety***.

3) Item no. 19 measures the severity of ***Suicidality (Intropunitiveness)*** which include expressed desire, intent or actual actions to harm or kill self and which is the result of hopelessness and helplessness.

4) Item no. 5 which measures the magnitude of ***Hostility (Extropunitivess)*** and which includes animosity, contempt, belligerence, threat, arguments, tantrums, property destruction, fights and any other expressions of hostile attitudes or actions.