



Dermatology Life Quality Index amongst Acne vulgaris patients at Alert Hospital Dermatology Clinic

By Dr.Ayantü Bacha (3rd year, Dermatovenerology Resident)

Advisors: Dr.Aklilu Melaku, MD, assistant professor of dermatopathology, Dermatovenerology Department, AAU, college of health sciences.

Dr.Rahel Solomon, MD, assistant professor of Dermatovenerology Department of Dermatovenerology, AAU, college of Health Sciences.

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LIST OF ABBREVIATIONS

CADI Cardiff Acne Disability Index

DLQI Dermatology Life Quality Index

QOL Quality of life

SPSS Statistical Package of Social Sciences

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Abstract

Background

Acne is amongst the leading three most common cutaneous illnesses, especially in teenagers and young adults, in whom the prevalence is around 85% (ages 12–25 years). Common complications of acne include scarring and psychosocial distress which linger long after the active lesions have resolved.

Objective

To assess the Dermatology life quality Index of acne vulgaris amongst adult patients with acne vulgaris at ALERT hospital Dermatology clinic.

Methodology

A Cross-sectional prospective study was conducted from May 2023 to September 2023 at ALERT Hospital, Addis Ababa, Ethiopia. A total of 111 patients with acne vulgaris aged 18 years and older were Included. The data was collected using a structured questionnaire, assessing the patient's demographic information and Severity of Acne and Dermatology quality of life Index questionnaire.SPSS version 25.0 was used, for data entry, compilation, and analysis. Descriptive statistics with frequencies and a Chi-square test have been employed.

Results

Female-predominated comprehending 77.5% cases.the mean age of patients is 22.1 years and the mean duration of lesions is 39.5 months. Grade II acne is the most prevalent with a frequency of 50.5%. A large proportion of patients (92.8%) had post-inflammatory hyperpigmentation and 73% of them had acne scars. Seventy-two point two percent of patients had varying degrees of effect on the quality of their life. Fifty point four five percent had small effects, 14.4% had moderate effects, and 5.4% and 0.9% had very large and extremely large effects. The DLQI score had a statistically significant correlation to the grade of acne ($p=0.049$)

Conclusion and Recommendation

It has been shown in the current study that acne vulgaris poses a significant quality of life impairment. We recommend that dermatologists should assess the impact of acne on a patient's quality of life by employing different applicable tools. Identifying impairments properly and timely allows for customizing therapy and optimizing treatments.

Introduction

1.1 Background Information

Acne is amongst the leading three most common cutaneous illnesses, especially in teenagers and young adults, in whom the prevalence is around 85% (ages 12–25 years).^{1,2} Acne has no racial predilection; thus, it is an important disease worldwide and is considered one of the top 10 most prevalent skin diseases globally.^{3,4,5} There is general recognition that there are many factors in the etiology of acne vulgaris. Causes could be attributed to both genetic and environmental factors.⁶ The prevalence during adulthood has been documented to be as high as 64% in the 20s and 43% in the 30s.⁷ Fifteen percent of women and 7% of men have been reported to have acne beyond the age of 50 years.⁸

Common complications of acne include scarring and psychosocial distress which linger long after the active lesions have resolved.

Its onset in teenage years and early adulthood adds to the emotional and psychological difficulties experienced during this period.³ and it can lead to the developmental issues of body image, socialization, and sexuality. Mental issues such as dissatisfaction with appearance, embarrassment, self-consciousness, low self-esteem, and disrupted social function, reflected by lowering /avoidance of social interactions with their equivalents and opposite gender, and decreased employment opportunities have been spotlighted .⁴

There are more than 25 methods used to assess acne severity with varying applicability in clinical and research settings. The impact of acne on the QoL can be adequately assessed by using questionnaires. Examples of such scale questionnaires CADI score, the Dermatology Life Quality Index, Skindex, Dermatology Specific Quality of Life, and Children Dermatology Life Quality Index.⁹

1.2 Statement of the problem

Although back in the day acne was considered to be only a cosmetic problem, the psychosocial effects of the illness have now been scientifically proven.¹⁰

Acne Vulgaris lesions predominate in exposed areas such as the face and thorax, which leads to feelings of guilt, shame, and social isolation. According to Thomas, "In the long run acne may cause cutaneous as well as psychological scars".¹¹

Given the fact that acne causes psychological suffering, acne can affect the social, vocational, and academic performance of patients. Acne may lead to scarring and disfigurement, worsening the already present psychological and social aspects of this condition. Suicidal ideation was found to be around 6-7% in acne patients. The psychosocial impacts of acne are probably bigger than generally anticipated. Therefore, emotional problems due to acne should be taken seriously and included in the treatment plan.⁹

1.3 Significance of the Proposed Work

Even though there are not many published studies on the prevalence of Acne vulgaris in our country, a single study done at Ayder Referral Hospital by Ambaw et al has shown a prevalence of 19.4%.¹² Considering the large number of patients diagnosed with and on follow-up for acne vulgaris in our setting, there is no adequate research on the psychosocial impacts of acne vulgaris amongst our patients. This study aims to identify the psychosocial impacts of acne vulgaris with associated factors to design an adequate wholesome management plan for our patients.

1.4 Objectives of the research

General Objectives

To determine the Dermatology Life Quality Index of acne vulgaris among adult patients attending the Alert Hospital Dermatologic clinic

Specific Objectives

- ✓ To determine the demographic and clinical parameters of acne vulgaris among patients attending Alert Hospital dermatology clinic
- ✓ To determine the Dermatology life quality Index amongst acne vulgaris among patients attending Alert Hospital dermatology clinic
- ✓ To assess the correlation of clinicodemographic factors to the Dermatology Life Quality Index of acne vulgaris among patients attending Alert Hospital dermatology clinic.

2. Materials &Methods

Research Setting

The research was conducted at ALERT Hospital, in Addis Ababa, Ethiopia. ALERT Hospital, is a Specialized, hospital providing all sorts of dermatology services.

Study Design

Cross-sectional prospective study.

Study Population

Inclusion criteria

A total of 111 consecutive patients, newly diagnosed with acne vulgaris or on follow-up for acne vulgaris, of age 18 years and above, will be included in the study.

Exclusion criteria

Acne patients with a known history of mental disorders and patients who used topical and systemic drugs known to predispose to acne were excluded from the study.

Data Collection and Analysis

The data was collected using a structured questionnaire. The parameters collected were divided into – (1) Clinico demographic data: Age, sex, residence, duration, site, and grade of acne, post-acne hyperpigmentation, and acne scars. Acne was graded into four grades (I–IV) whereas acne scars (all types included) were graded as mild, moderate, and severe. (2) An Amharic DLQI questionnaire has been used. Data was collected by the investigator and dermatology residents of Addis Ababa University College of Health Sciences. SPSS version 25.0 was used, for data entry, compilation, and analysis. Descriptive statistics and a Chi-square test have been employed.

3. Results

1. clinicodemographic Variables

Among a study population of 111 patients, females predominated comprehending 77.5% of cases. mean age of patients is 22.1 years (SD=3.7) and mean duration of lesion is 39.5 months (SD=38.2). Ninety-four point six were urban residents. Forty-eight point six percent of patients had a face, chest, and back involvement; face involvement was the commonest single-site involvement, seen in 22.5% of individuals.

Grade II acne is the most prevalent with a frequency of 50.5%; 33.3% of them have grade 3 acne and only 4.5% have grade 4 acne. A large proportion of patients (92.8%) had post-inflammatory hyperpigmentation and 73% of them had acne scars, of those 18.9% had severe scars. Table 1 shows the clinicodemographic profile of the study population

Table 1 Clinicodemographic characteristics

		frequency	Percentage
Sex	Male	25	22.5
	Female	86	77.5
Residence	Urban	105	94.6
	Rural	6	5.4
grade of Acne	grade 1	13	11.7
	grade 2	56	50.5
	grade 3	37	33.3
	grade 4	5	4.5
site of acne	Face	25	22.5
	Chest	7	6.3
	Back	1	0.9
	face and chest	4	3.6
	face and back	19	17.1
	chest and back	1	0.9
	face, chest, and back	54	48.6
post-inflammatory Hyperpigmentation	Present	103	92.8
	Absent	8	7.2
acne scar	Absent	30	27.0
	Mild	40	36.0
	Moderate	20	18.0
	Severe	21	18.9

2. Quality of Life Score

Seventy-two point two percent of patients had varying degrees of effect on the quality of their life. 50.45% had small effects, 14.4% had moderate effects, and 5.4% and 0.9% had very large and extremely large effects respectively. Figure 1.

Figure 1. Effects on quality of life by total DLQI scores

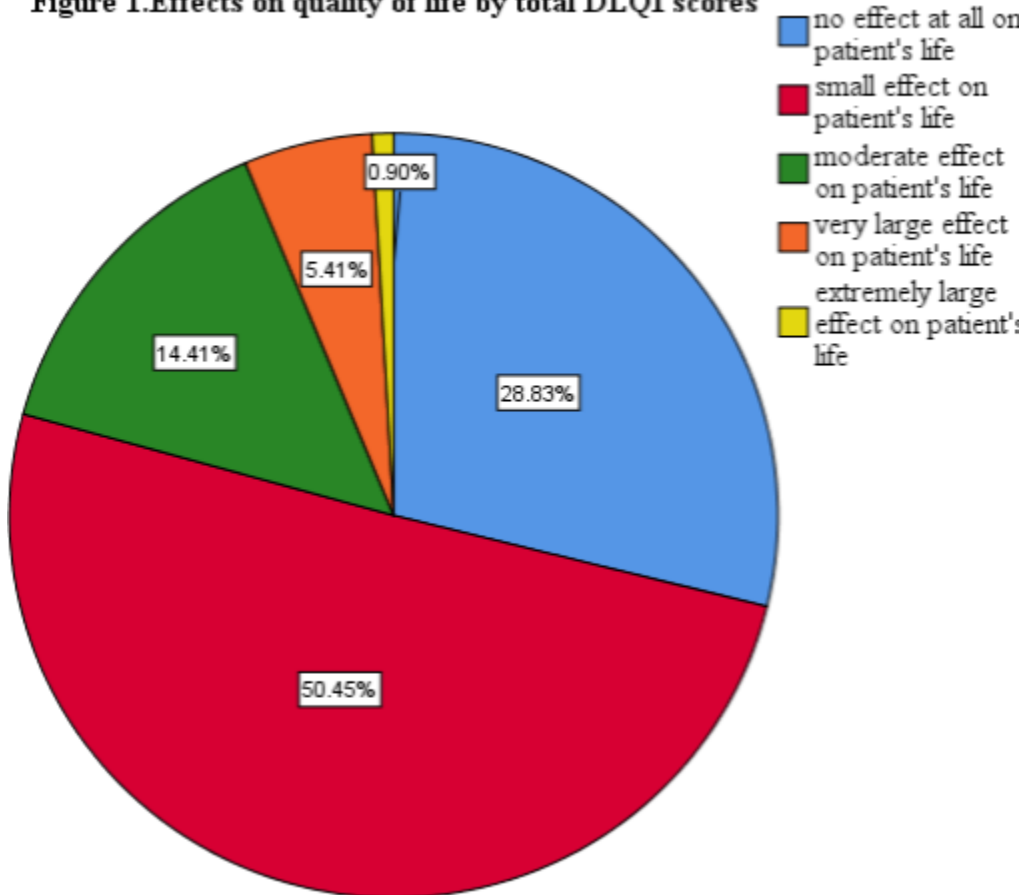


Table 2. Dermatologic Life Quality Index Parameters

Parameter	Percentage of patients reported impairment
Physical symptoms of itch, soreness, pain, stinging	67.6%
Embarrassment/self-consciousness	61.3%
Effect on daily activities-shopping, looking after home, garden	19.1%
Influence on the choice of clothes	29.7%
Effect on social/leisure activities	16.2%
Difficulty in sports	8.1%
Effect on work/study	9%
Problems with partner/close friends/relatives	10.8%
Sexual difficulties	4.5%
Treatment of acne making home messy/taking up time	6.3%

3. Correlation between Clinicodemographic Parameters and DLQI

Table 3: Significance of correlation (*P*) between the clinicodemographic factors and ten domains of dermatology life quality index questionnaire

Clinicodemographic parameters	DLQI Domains										Total DLQI score
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	
Residence	0.534	0.242	0.339	0.765	0.674	0.084	0.506	0.967	0.659	0.334	0.427
Gender	0.886	0.14	0.523	0.568	0.385	0.555	0.022	1.0	0.749	0.793	0.377
Site of Lesions	0.171	0.606	0.854	0.801	0.481	0.045	0.117	0.576	0.687	0.780	0.171
Grade of Acne	0.055	0.21	0.265	0.116	0.258	0.074	0.248	0.301	0.784	0.188	0.049
Post acne hyperpigmentation	0.356	0.72	1.0	1.0	0.247	0.232	0.290	0.136	0.413	0.348	1.0
Acne scars	0.129	0.144	0.519	0.079	0.152	0.017	0.843	0.123	0.272	0.393	0.051

4. Discussion

The current study showed that most patients had a quality of life score in the mild effect range of 50.5% which corresponds to an Indian study by Salve et al in which 45.7% of patients had mild impairment in QOL¹⁴. Similarly, a Nigerian study by Ogedegbe et al observed a mild degree of disability¹³. Alkhezzi et al also reported 34.2% of participants had a mild effect on QoL ((score 2–5) while a study by Hazarika et al showed most patients reported a moderate degree of impairment (37%) which is similar to a Pakistani study by Chowdary et al¹⁵

The DLQI score had a statistically significant correlation to the grade of acne ($p=0.049$)

Q1: Physical symptoms of itch, soreness pain, stinging

Physical symptoms were reported by 67.6% which is comparable to the 78% in the Indian study by Hazarika et al 10 patients described varying degrees of itching, usually mild, burning, and pain. Physical symptoms showed no statistically significant correlation with none of the clinic demographic parameters.

Q2: Embarrassment/self-consciousness

Sixty-one point three percent of study subjects reported embarrassment/self-consciousness. A Nigerian study showed 64.4% of study subjects were in some way psychologically perturbed by the appearance of their skin.¹³ Hazarika et al reported embarrassment in 88% of cases, the comparable outcome of 84.3% was obtained by a Saudi Arabian study by Alkhezzi et al.¹⁶ Degree of embarrassment showed no statistically significant correlation with none of the clinic demographic parameters.

Q3: Effect on daily activities-shopping looking after home, garden

In the current study, 19.1% of patients reported varying degrees of impact on daily activities and shopping. It is remarkably low as compared to the finding by Chowdary et al whose findings showed 68% of participants had impairment¹⁵ which aligns with the result by Hazarika et al, which is 69%. Thirty-one point six percent of patients had impairment according to Alkhezzi et al¹⁶.

Q4: Influence on choice of clothes

Twenty-point seven percent of patients said their acne has influenced their clothing choices which is comparable to the 25% impairment by Tasoula et al in Greece¹⁷ It was found out 37% of participants reported influence on clothing according to Hazarika et al¹⁰ Most subjects mentioned covering facial acne with scarf, hoodies and even face masks. Those with lesions on the chest and back avoided backless tops and shirts that reveal the chest. This parameter had no statistically significant correlation with none of the clinic demographic parameters. ($p>0.05$)

Q5: Effect on social/leisure activities

Only 16.2% of participants admitted varying degrees of impairment in their social and leisure activities. Different studies showed a result higher than the current study figures ranging from (53-68)^{10, 15,16}.

Q6: Difficulty in sports

In the current study, 8.1% of subjects reported their acne has caused them difficulty in sports. Hazarika et al also had a comparable result of 10%¹⁰ similarly 14% of patients had impacts on sports according to Tasoula et al¹⁷.slightly higher result of 22.5% was reported by ALkhezzi¹⁶In this study difficulty in sports had a statistically significant correlation to the site of acne and acne scar ($p=0.045$ and 0.017) respectively.

Q7: Effect on work/study

Ten percent of individuals in the study reported their acne has prevented them from school or class. This is identical to the study by darwish et al¹⁸in which the effect of acne on school performance was reported by 13.3%.ALkhezzi et al reported impairment in 4.8% of participants¹⁶ while Hazarika et al's result was remarkably high (56%).In the current study, it was found that there is a significant correlation between gender and effect on work or study. ($p=0.022$)

Q8: Problems with partner/close friends/relatives

In the present study, 10.8% of patients reported interpersonal problems. Most patients reported being inquired about it either by friends, family members, or partners which made them uncomfortable. NO statistically significant correlation to any of the Clinicodemographic parameters was found.

Q9: Sexual difficulties

Four point five percent of participants in the current study reported Sexual difficulties. Hazarika et al had an identical result of 5% 10 results in certain studies had higher results, Alkhezzi reported 14%(16) of the participants in this study reported the impact on sexual activity is due to a self-perceived reduction in sexual attractiveness.

Q10: Treatment of acne making home messy taking up time

Among the 6.3% of the study participants who claimed difficulties associated with therapy, some considered their treatment time-consuming while others claimed it is emotionally draining. Tasoula et al documented that 24.6% of pupils reported treatment was unpleasant. Other studies had numbers as high as 35-43.1 % 15, 16,18

5. Conclusions and Recommendations

Acne Vulgaris affects a large number of young adults all over the world and is usually considered a cosmetic issue alone. The psychosocial issues associated with it are often overlooked by both physicians and patients. However, it has been shown in the current study and similar other studies across the globe that it poses a varying degree of quality of life impairment.

It has been shown that bothersome physical symptoms like itching, burning, and pain among study subjects. It also caused feelings of embarrassment, and self-consciousness affecting their self-esteem. It also gets in the way of study/work, sports, social events, and leisure activities. It also strains relationships with family, friends, and partners and makes sexual encounters cumbersome.

We recommend that dermatologists should assess the impact of acne on a patient's quality of life by employing different applicable tools. Identifying impairments properly and timely allows for customizing therapy and optimizing treatments.

It is in the investigator's notion that the differences in the Sociodemographic and cultural makeup of our society (The Ethiopian context) and the Western society, where the DLQI questionnaire was originally designed, could result in gaps in the administration and interpretation of the DLQI tool. For this, in the future, we recommend designing a more culturally tailored Quality of Life assessment tool.

6. Limitations

The only limitation to the current study is the fact that it is a hospital-based study and the relatively limited sample size which might make extrapolating the results to a community level difficult.

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8. Annexes

Questionnaire

Section 1. Clinicodemographic Data

1. Age the patient (years)
2. Sex of the patient 1. Male 2. Female
3. Residence 1. Urban 2.Rural
4. Duration of acne (in months)
5. Site 1. Face 2.Chest 3.Back 4. Face and chest 5.Face and back 6.Chest and back 7.Face, chest, and back
6. Grade of acne 1.I 2. II 3. III 4. IV
7. Post-inflammatory hyperpigmentation
 1. Present 2.Absent
8. Acne scar 1. Mild 2.Moderate 3. Severe 4. Absent

Section 2.Dermatology Life Quality Index Questionnaire (Amharic Version)

DERMATOLOGY LIFE QUALITY INDEX: AMHARIC VERSION

DLCI

የዚህ መጠይቅ አላማ የቆዳዎ ሁኔታ በአጠቃላይ ህይወት ላይ በባለረወ ሳምንት ያሳደረውን ተፅዕኖ መለካት ነው። እባክዎን ለአያንዳንዱ ጥያቄ አንድ የ✓ ምልክት ያድርጉ።

1.	በባለረወ ሳምንት ሰውነትዎ ምን ያህል ማሳከሻ ተስከትኛ ህመም እና የማታጠል ስሜት ነበረው?	አጅግ በጣም በጣም በመጠኑ በካጭም	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.	በባለረወ ሳምንት የቆዳዎ በሽታ ምን ያህል አሳስቧልዎት እና አስጨንቆት ነበር?	አጅግ በጣም በጣም በመጠኑ በካጭም	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3.	በባለረወ ሳምንት የቆዳዎ በሽታ ገበያ ሲሄዱ አንዳንድ ስራዎችን በቤት ውስጥ ሲያከናውኑ ምን ያህል ችግር ፈጥሮብዎታል?	አጅግ በጣም በጣም በመጠኑ በካጭም	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ግንኙነት የለውም <input type="checkbox"/>
4.	በባለረወ ሳምንት የቆዳዎ በሽታ የሚለብሱትን ልብስ ምርጫ ምን ያህል ተፅዕኖ ፈጥሮብዎታል?	አጅግ በጣም በጣም በመጠኑ በካጭም	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ግንኙነት የለውም <input type="checkbox"/>
5.	በባለረወ ሳምንት የቆዳዎ በሽታ የሚያደርጉትን ማህበራዊ እንቅስቃሴ እና መዝናኛት ሁኔታ ላይ ምን ያህል ተፅዕኖ ፈጥሮብዎታል?	አጅግ በጣም በጣም በመጠኑ በካጭም	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ግንኙነት የለውም <input type="checkbox"/>
6.	በባለረወ ሳምንት የቆዳዎ በሽታ የሰፍሮት እንቅስቃሴ እንዲያደርጉ ምን ያህል ተፅዕኖ ፈጥሮብዎታል?	አጅግ በጣም በጣም በመጠኑ በካጭም	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ግንኙነት የለውም <input type="checkbox"/>
7.	በባለረወ ሳምንት የቆዳዎ በሽታ ከትምህርት ወይም ከስራ ምን ያህል አግዶታል?	አይደለም አይደለም	<input type="checkbox"/> <input type="checkbox"/>	ግንኙነት የለውም <input type="checkbox"/>
	አይደለም ከተባለ ምን ያህል በስራዎ እና ትምህርትዎ ላይ ችግር ፈጥሮብዎታል?	በጣም በመጠኑ በካጭም	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8.	በባለረወ ሳምንት የቆዳዎ በሽታ በርሶ የትርብ ዘመድ ወይም ንጹህ ጋር ባለዎት ግንኙነት ላይ የፈጠረብዎት ችግር ምን ይመስላል?	አጅግ በጣም በጣም በመጠኑ በካጭም	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ግንኙነት የለውም <input type="checkbox"/>
9.	በባለረወ ሳምንት የቆዳ በሽታዎ በተቃራኒ ያታ ግንኙነት ላይ የፈጠረብዎት ችግር ምን ይመስላል?	አጅግ በጣም በጣም በመጠኑ በካጭም	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ግንኙነት የለውም <input type="checkbox"/>
10.	በባለረወ ሳምንት የህክምናዎ ሁኔታ ያደረሰብዎት ተፅዕኖ ምን ይመስላል ለምሳሌ ቤትዎን በማመሳተል ወይም ብዙ ጊዜ በመውሰድ ሊሆን ይችላል?	አጅግ በጣም በጣም በመጠኑ በካጭም	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ግንኙነት የለውም <input type="checkbox"/>