ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES, SCHOOL OF MEDICINEDEPARTMENT OF PSYCHIATRY, CLINICAL PSYCHOLOGY PROGRAM

ADAPTATION OF AMHARIC VERSION OF VANDERBILT ATTENTION DEFICIT AND HYPERACTIVITY DISORDER DIAGNOSTIC PARENTING SCALE IN ADDIS ABABA, ETHIOPIA

BY: ASHENAFI TAREKU (CP 2)

A THESIS SUBMITTED TO THE DEPARTMENT OF PSYCHIATRY, SCHOOL OF MEDICINE, COLLEGE OF HEALTH SCIENCES, ADDIS ABABA UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR MASTER'S DEGREE IN CLINICAL PSYCHOLOGY

JUNE, 2025

ADDIS ABABA UNIVERSITY

ADDIS ABABA, ETHIOPIA

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By: Ashenafi Tareku

Rating: _____

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Acronyms

ADDES-2	Attention Deficit Disorder Evaluation Scale-Second Edition
ADHD	Attention Deficit Hyperactivity Disorder
ASEBA	Achenbach System of Empirically Based Assessment
AUC	Area Under the Curve
CD	Conduct Disorder
CRS-R	Conners Rating Scales-Revised (CRS-R)
CVI	Content validity Index
DSM 5 TR	Diagnostic and Statistical Manual of Mental Disorders Fifth edition Text Revision
DSM-II	Diagnostic and Statistical Manual of Mental Disorders Second edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders Fourth edition
ICD	International Classification of Diseases
SNAP IV	Swanson, Nolan, and Pelham-IV Questionnaire
SDQ	Strengths and Difficulties Questionnaire (SDQ)
TASH	Tikur Anbessa Specialized Hospital
VADPRS	Vanderbilt Attention Deficit Hyperactive Disorder Diagnostic Parent Rating Scale
VADTRS	Vanderbilt Attention Deficit Hyperactive Disorder Diagnostic Teacher Rating Scale

Acknowledgements

First and foremost, I express my deepest gratitude to the Almighty for giving me the strength, and perseverance to embark on this research journey. I would also like to express my gratitude to my family specially my sister and friends who supported me.

I am also thankful to Dr. Awoke Mihretu and Dr. Eyerusalem Solomon for their support, invaluable guidance, and scholarly insights throughout the process of this thesis. Their dedication and expertise have significantly contributed to shaping the trajectory of this study.

Furthermore, I extend my sincere appreciation to Addis Ababa University, College of Health Sciences, School of Medicine, and Department of Psychiatry for providing the necessary resources, environment, and platform for academic growth and research excellence. Their commitment to advancing knowledge in the field of psychiatry is truly commendable.

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Abstract

Background: Worldwide ADHD is the common neurodevelopmental disorder which is commonly diagnosed in children and adolescents with a significant global prevalence. In Ethiopia VADPRS and the scales full psychometric properties were not yet conducted. Adapting and validating screening tool for ADHD is crucial for facilitating early identification, assessing the severity of psychopathology, and guiding targeted interventions in contexts similar to the current study setting in Ethiopia

Methods: A Pilot study was used to adapt VADPRS into the Amharic language. A purposive sampling technique was implemented to gather preliminary data for the study, with the sample size is 26 participants. To assess the clarity, comprehension, and cultural relevance cognitive interviewing was conducted and this data also helps to assess and determine face validity. To evaluate content validity of the experts was invited to review and rate the translated version. To determine internal consistency of the tool Cronbach alpha was used.

Objectives: The main objective of this study was to adapt and evaluate the preliminary psychometric properties of the Vanderbilt Attention Deficit Hyperactive Disorder Diagnostic Parent Rating Scale (VADPRS) into Amharic language.

Result: The cognitive interviewing conducted in 9 participants shows 37 items in the tool get the highest values this indicate that these items have linguistic clarity and cultural appropriateness and also the tool shows high face validity. The tools average content validity index was found 0.91 clarity, 0.93 cultural appropriateness and 0.94 relevance, these results meet the recommended threshold for content validity. Additionally, the total scale shows $\alpha = .95$ value which indicates acceptable internal consistency.

Conclusion: The adapted Amharic version of the VADPRS has demonstrated strong face and content validity in assessing ADHD in Ethiopian children.

Recommendation: Conduct validation studies to determine the psychometrics properties of the adapted Amharic version of ADHD.

Key words: Cognitive interviewing, face validity and content validity

1. Introduction

1.1 Background of the study

Attention Deficit Hyperactivity Disorder (ADHD) is a neuropsychiatric condition mostly which affects children adolescents, and adults around the world, characterized by a pattern of diminished sustained attention, and increased impulsivity or hyperactivity recognized as a multiple condition, with genetic, neurobiological, and environmental factors contributing to its onset and development (1). According to Diagnostic and Statistical Manual of Mental Disorders Fifth edition Text Revision, (DSM 5 TR) Attention Deficit Hyperactivity Disorder is neurodevelopmental disorder which is characterized as a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development (2).

Worldwide ADHD is the common neurodevelopmental disorder which is commonly diagnosed in children and adolescents with a significant global prevalence (3). According to Kaplan and Sadock (2013) 5% to 8% of children affected by ADHD, with 60% to *80% of these children meet full criteria for the disorder in adolescence ((1). Some recent studies show the prevalence of ADHD is a significance public health concern. A systematic review and meta-analysis study done in 2023 shows that the prevalence of ADHD in children aged 3-12 and adolescents aged 12-18 is 7.6% and 5.6% respectively (4). On other systematic review and meta-analysis done in 2015 shows the prevalence of ADHD estimates with an overall pooled estimate of 7.2% (5) Additionally, a meta-analysis study of the worldwide prevalence of mental disorders in children which include 41studies conducted in 27 countries across the world estimated the prevalence of ADHD 3.4 % (6).

Study done in 2020 in South Africa estimated the prevalence of ADHD symptoms 7.7% presented with the combined subtype, 6.7% presented with hyperactivity and impulsiveness, and 11.0% with inattentiveness (7). A recent meta-analysis study done in Sub Saharan country mainly on the prevalence of Youth mental disorders estimated around 6.55% attention-deficit hyperactivity disorder (8).

In Ethiopia, the prevalence of ADHD is higher than the global averages which is estimated around 14.2%(9). Recent cross-sectional studies done in Ethiopia indicates high prevalence rate. A community based Cross-sectional study done in Shewa Robit town estimates the prevalence of ADHD among children aged 6 to 17 around 13% (10). In other cross-sectional study which is done in hospital setting among children attending pediatric OPD estimated to 8.4% (11).

Some of the tools that are widely used to screen and assesses ADHD are: Conners Rating Scales-Revised (CRS-R), IOWA Conners Teacher Rating Scale, Swanson, Nolan, and Pelham-IV Questionnaire SNAP IV, the Attention Deficit Disorder Evaluation Scale-Second Edition (ADDES-2, and VADPRS/VADTRS, these tools are have their own characteristics and normative value (12). The Vanderbilt Attention Deficit and Hyperactivity Disorder Diagnostic Parent Rating Scale (VADPRS) is a widely used and well-validated tool for assessing ADHD symptoms in children and adolescents (13). The rating scale consists of 18 items of DSM criteria to diagnosis ADHD, characterized by inattention, hyperactivity and impulsivity scales by parents. and it consists 8 items of oppositional defiant behaviors, 12 items of conduct disorder and 7 items of mood related disorders. Additionally, the rating scale consists 8-item performance section ((14).

1.2 Statement of the problem

Core symptoms of ADHD inattention, hyperactivity, and impulsivity have significant impact on children's overall development. In children, inattention is characterized by difficulty in staying focused on one task. Symptoms may include making careless mistakes in schoolwork, overlooking details, or finding it hard to follow through on instructions. Often, these children may be labelled as lazy or underachieving due to the gap between their potential and actual performance. Hyperactivity characterized by constant motion, inappropriate running, or difficulty playing quietly. This symptom noticeably impacts school settings, where conventional systems might not accommodate their need for movement. Impulsivity in children may characterized as acting swiftly without considering consequences ((2).

Considering the Developmental impact of the disorder evaluation, diagnosis, and treatment are a continuous process (15) A defining trait of ADHD is the vast symptom variability among

individuals, often making diagnosis and treatment trickier. Here in is where assessment scales come into play, serving as invaluable tools to categorize, analyze, and monitor these diverse symptoms (16). Studies show that for the assessment and screening of ADHD VADRS is suitable for a general population screen for ADHD and it is helpful in the clinical diagnosis of ADHD ((17). The tool is available in English and Spanish and design to assesses ADHD in two setting for impairment in school and home (14).

In Ethiopia most of studies focusing on ADHD prevalences use tools like Disruptive Behavior Disorder Rating Scale and VADPRS and the scales full psychometric properties were not yet conducted. In the study done in Southwest Ethiopia a community-based found the VADHD rating internal consistency (Cronbach's alpha=0.94 (11,18,19). additionally, Ethiopia has the high prevalence of ADHD highlights the need for accurate and reliable diagnosis tool for the disorder (9,10). Making early assessment and intervention using culturally relevant and accurate assessment tool is essential in improving the diagnosis and treatment of ADHD in the local context.

Adapting and validating a screening tool for ADHD is crucial for facilitating early identification, assessing the severity of psychopathology, and guiding targeted interventions in contexts similar to the current study setting in Ethiopia. A well-validated tool enhances the accuracy of screening, ensuring that individuals at risk receive timely assessment and appropriate support (20). Moreover, it helps clinicians and researchers better understand symptom severity, comorbid conditions such as CD, anxiety and depression symptoms, and functional impairments, ultimately improving intervention planning and treatment outcomes (21).

1.3 Rationale of the study

Despite Ethiopia's high prevalence rate in ADHD a significant gap exists in culturally validated and adapted tool for assessment. According to the researcher's knowledge, no culturally adapted tools had validated to assess the ADHD.

This study was aim to address the gap issue by adapting the VADPRS into the Amharic language, ensuring its cultural and linguistic relevance for Ethiopian children. The primary aim of this study

was adaptation of the Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) of Amharic. Culturally adapted and validated assessment of ADHD will provide standardized instrument for accurate assessment of attention Deficit Hyperactive Disorder and associated Impairment in Ethiopia. This adaptation work will allow for the validation and use of standardized Amharic version of VADPRS for the diagnosis of ADHD, Measuring the prevalence of ADHD through validation and the design of culturally contextualized interventions.

1.4 Literature Review

1.4.1 Introduction to ADHD

Attention-deficit hyperactive disorder (ADHD) is one of the most frequent neurodevelopmental disorders within child and adolescent psychiatry with high prevalence which is estimated around 5% to 8 % worldwide (1). Studies show that for the past ten years there are thousands of published papers on the assessment and treatment of ADHD (22). The nosological criteria for ADHD were first recognized by American Psychology Association (APA) in the Diagnostic and Statistical Manual of Mental Disorders (second edition; DSM-II) published in 1968. The disorder categorized in behavior disorders of childhood and adolescence as a hyperkinetic reaction of childhood which is characterized by over activity, restlessness, distractibility, and short attention span, especially in young children; the behavior usually diminishes in adolescence (23). The current version of DSM 5 TR categorizes ADHD as one of neurodevelopmental disorder which is characterized by persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with development and functioning (2) .

International Classification of Diseases (ICD) define ADHD as symptoms that is outside the limits of normal variation expected for age and level of intellectual development which is characterized by persistent pattern of inattention symptoms and/or a combination of hyperactivity and impulsivity (24) . Despite these nosological criteria for diagnosis of the disorder, some studies show that lack of specific and narrow explanations of the disorder, arguing that the criteria's have become broader placing more emphasis on the specialist’s expertise and experience (25) .

1.4.2 Diagnosis of ADHD

The DSM 5 TR diagnostic criteria for ADHD mainly depends on exclusion criteria for other disorders. If the behavioral symptoms are explained by psychotic disorder, mood or anxiety disorder, personality disorder, substance intoxication, or withdrawal ADHD should not be diagnosed (APA, 2022). ADHD diagnostic classification is based on the observation of behavioral symptoms which defined as a neurodevelopmental disorder (25). The DSM-5 TR classify the symptoms of ADHD into symptoms of inattention (9 symptoms) and hyperactivity/impulsivity (9 symptoms). The diagnosis of the disorder to met the criteria only require 6 symptoms out of nine for each sub-type. The presentation of the symptoms in the DSM 5 TR categorized into three; predominantly inattentive, predominantly hyperactive/impulsive, and combined presentation. For the criteria to be met symptoms have to be present in two or more settings before the age of 12 years for at least 6 months and have to reduce or impair social, academic, or occupational functioning (2). The ICD 11 diagnostic criteria for ADHD is much similar to the DSM 5 TR in the presentation of the symptoms, in contrast ICD 11 differ from DSM 5 TR it describes the essential features of the disorder, without giving a precise age of onset, duration, or number of symptoms (ICD 11) (24).

1.4.3 Epidemiology

The epidemiology of ADHD is found to be increasing worldwide which is commonly diagnosed in children and adolescents with a significant global prevalence (3). A systematic review and meta regression analysis conducted in 2007 including more than 9000 records from the year 1978 to 2005 worldwide-pooled prevalence of ADHD is estimated around 5.29% (26) . According to Kaplan and Sadock (2013) 5% to 8% of children affected by ADHD, with 60% to 80% of these children meet full criteria for the disorder in adolescence (1) . Some recent studies show the prevalence of ADHD is a significance public health concern. A systematic review and meta-analysis study done in 2023 shows that the prevalence of ADHD in children aged 3-12 and adolescents aged 12-18 is 7.6% and 5.6% respectively (4). On other systematic review and meta-

analysis done in 2015 shows the prevalence of ADHD estimates with an overall pooled estimate of 7.2% (5) .

Additionally, a meta-analysis study of the worldwide prevalence of mental disorders in children which include 41studies conducted in 27 countries across the world estimated the prevalence of ADHD 3.4 % (6) Furthermore studies show that the prevalence of ADHD has some difference in the study area. A systematic review and meta-analysis study done in 2024 including 117 studies shows the overall prevalence of ADHD in register studies estimated around 1.6%, in survey studies 5.0%, in one-stage clinical studies 4.2%, and in two-stage clinical studies 4.8% (27) .

The prevalence of ADHD in Africa differs significantly. One study which a review literature from Africa on the epidemiology of ADHD and associated co-morbid conditions among African children. The prevalence of ADHD varied with rates of between 5.4% and 8.7% (28) .

In meta-analysis study shows the pooled prevalence of ADHD in children and adolescents in Africa estimated around 7.47%, with significant difference in gender which is greater in boys (10.60%) than in girls (5.28%). The meta-analysis study also found predominantly inattentive type (ADHD-I) was found to be the most common subtype of ADHD, followed by hyperactive–impulsive type (ADHD-HI) and the combined type (ADHD-C) with the prevalence of 2.95%, 2.77%, and 2.44% respectively. The predominantly inattentive type (ADHD-I) was the most common type of ADHD in both boys (4.05%) and girls (2.21%) (29) .

Study done in 2020 in South Africa estimated the prevalence of ADHD symptoms 7.7% presented with the combined subtype, 6.7% presented with hyperactivity and impulsiveness, and 11.0% with inattentiveness (7)A recent meta-analysis study done in Sub Saharan country mainly on the prevalence of Youth mental disorders estimated around 6.55% attention-deficit hyperactivity disorder (8) .

1.4.4 ADHD In Ethiopia

In Ethiopia the prevalence of ADHD is higher than the global averages which is estimated around 14.2% (9) . Recent cross-sectional studies done in Ethiopia indicates high prevalence rate. A community based Cross-sectional study done in Shewa Robit town estimates the prevalence of ADHD among children aged 6 to 17 around 13% (10) . In other cross-sectional study which is done in hospital setting among children attending pediatric OPD estimated to 8.4% (11). In contrast study done in rural area of Ethiopia found that the prevalence of ADHD in children aged 6-17 similar with global prevalence which is estimated around 7.3% (19) . Additionally, a recent meta-analysis study on the prevalence of ADHD found that 8.81% with children aged 6-12 and concluded that out of every 12 children in Ethiopia one suffers from ADHD (30). In addition to the high prevalence rate in Ethiopia studies found some risk factors associated with ADHD. The most highlighted risk factors are living with single parent, low socioeconomic status, maternal complication during pregnancy and life time substance use of parents found to be high potential for risk factors for ADHD (9,10,19,30) .

1.4.5 Cultural adaption of tools

Psychometric tools have significance role in understanding and quantifying psychological parameters (31) . For researchers and clinicians to access reliable and valid measures of psychometrics in their own language studies suggest that a significant of cross-culturally validated instruments or scales to conduct cross-cultural research and provide quality patient care (32) . Since the majority of developed psychometrics tools are in English language studies show that there are lacks of cross cultural adapted and validated psychometrics instruments. Studies also recommends for populations culturally differ from the developed population and speaks different language, translating and adapting the instrument is an efficient solution for the lack of available instruments (33) . The nature of cross-cultural validation and adaptation of tools requires careful consideration, since the procedures (translation, adaptation and validation) of instruments is very time-consuming and requires careful planning and the adoption of rigorous methodological

approaches to derive a reliable and valid measure of the concept of interest in the target population (32) . Culturally sensitive assessment instruments are needed, but many challenges exist in obtaining valid and reliable measurement. Some studies done to describe important consideration in the process of cross-cultural adaption and translation of instruments suggests that "methodological pitfalls related to colloquial phrases, jargon, idiomatic expressions, word clarity, and word meanings" (34).

Werner and Cambell (1970) cited in Bracken and Barona (1991) offer a five basic consideration for good quality translation of instruments; Test items should be consists of simple sentences nouns should be repeated pronouns should be avoided in the test directions, test items should not contain metaphors and colloquialism, the passive tense in the test direction and items should be avoided, hypothetical phrasing and subjunctive mood in the test direction items should be avoided (35) . The guideline for translating psychometric instrument from original language to target language have five stages; first forward translation at least by two independent translators to target language, second synthesis of the two forward translations, third back translation, fourth expert committee discussion, fifth pretesting (32).

After the translation process for cross-cultural adaptation the psychometrics properties of the translated instrument should have to be conducted. Research shows that the more complete the psychometric approaches for evaluation of the translated instrument the more confidence will be generated in its psychometrics properties (36) . There seven psychometric properties commonly used psychometric approaches in this step are estimation of: internal consistency reliability (or sensitivity and specificity); stability reliability (test–retest reliability); homogeneity; construct-related validity such as convergent and/or divergent (discriminant) validity; criterion-related validity such as concurrent and/or predictive validity; factor structure of the instrument (dimensionality); and model fit (32,36).

1.4.6 Assessments tools for ADHD

ADHD assessment is important for understanding an individual's functioning and guiding treatment decisions. Reliable assessment tools and effective therapeutic support are crucial for

managing ADHD. This understanding is supported by extensive research showing its connection to brain-behavior relationships and executive function, often manifesting in childhood (37).

A systematic study done from the year 1985 to 2021 show that there are multiple screening and assessment of which is more than 41 screening tools that were grouped into four categories (Achenbach System of Empirically Based Assessment (ASEBA), DSM-IV symptom scales, Strengths and Difficulties Questionnaire (SDQ), and Other Scales. This study found that the pooled Area Under the Curve (AUC) for studies using a combined ADHD symptoms score was 0.82 (95% which is indicating a good overall ability to differentiate between children with and without ADHD (38).

Some of the tools that are widely used are: Conners Rating Scales-Revised (CRS-R), IOWA Conners Teacher Rating Scale, Swanson, Nolan, and Pelham-IV Questionnaire SNAP IV, the Attention Deficit Disorder Evaluation Scale-Second Edition (ADDES-2, and VADPRS/VADTRS, these tools are have their own characteristics and normative value. The CRS-R, the SNAP-IV, the Attention Deficit Disorder Evaluation Scale-Second Edition (ADDES-2), are most likely to provide scale's normative base and psychometric properties thorough assessment. The IOWA Conners Teacher Rating Scale has found useful for treatment monitoring, especially its limited range of items may miss symptoms of interest (12).

A gold-standard approach involves evidence-based assessments that adhere to DSM-5 criteria and incorporate multi-informant, multi-method data collection. The VADTRS and VADPRS has good sensitivity to rapidly identify as many true cases. The Academic Performance and Behavioral Performance subtypes make the tool that should help to tease out the effects of ADHD in children's functioning. the VADPRS, a parent-report scale demonstrating strong internal consistency, factor structure, and concurrent validity(12). This scale is a valuable resource for assessing ADHD in children and adolescents, contributing to a comprehensive evaluation process.

1.4.6 Psychometrics properties VADPRS

Across the multiple studies in a community level and clinical setting the psychometric properties of VADPRS found to be support the tool as a diagnostic scale for ADHD. On the study done in community population in USA found estimates of coefficient alpha ranged from .91 to .94 and the analogous KR20 coefficient for a binary item version of the scale ranged from .88 to .91. Test-retest reliability exceeded .80. The VADPRS produced a sensitivity of .80, specificity of .75, positive predictive value of .19, and negative predictive value of .98 (13). The English version of VADPRS was initially validated in a clinical population of 243 children with high internal consistency .90) for each of the presentations of ADHD, as well as the externalizing (ODD/CD) subscale and the internalizing (anxiety/depression) subscale (14) .

The Czech version of parenting scale find indicate that the VADPRS scale is more accurate in identifying individuals with ADHD when professionals provide the diagnosis with Cronbach's alpha .94, .91 and .91 for ADHD combined, inattentive and hyperactive respectively (39) . Study done in Tamil clinical and school setting the reliability statistics (Internal consistency) of VADPRS found Cronbach's alpha- 0.925 (40) . The VADPRS Greek version reliability of all factors presented was found adequately high, confirming the high internal consistency of the items ((20)

2. Research Questions

How effectively can the original English version of the Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) be translated into the Amharic language?

What are the content and face validity of the Amharic Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) in Ethiopian children?

What is internal consistency of translated VADPRS scale?

3. Research Objectives

3.1 General Objective

To adapt the Vanderbilt Attention Deficit Hyperactive Disorder Diagnostic Parent Rating Scale (VADPRS) into Amharic language.

3.2 Specific objectives

To assess the semantic validity of the Amharic version of the VADPRS at Tikur Anbessa Specialized Hospital (TASH).

To evaluate face and content validity of the translated Amharic version of the Vanderbilt Attention Deficit Hyperactive Disorder Diagnostic Parent Rating Scale (VADPRS)

To calculate internal consistency of the translated VADPRS scale

4. Research Methods

4.1 Study design

A Pilot study was used to adapt the Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) into the Amharic language. A pilot study is useful in verifying whether the adopted tool is aligned with the cultural context (41).

4.2 Study setting

The study was conducted at the child psychiatry outpatient department of Tikur Anbessa Specialized Hospital. TASH serves as a referral hospital, attracting a diverse patient population. TASH treats a broader range of individuals experiencing common mental disorders, trauma, medical conditions with co-occurring symptoms. Notably, its dedicated psychiatric unit experiences a high volume of outpatients.

4.3 Study period

The study period was from March to June 2025.

4.4 Study population

The participant of this study was Parents or primary caregivers of children aged 6–12 years from child psychiatry outpatient department of Tikur Anbessa Specialized Hospital and Expert with different background.

4.5 Sample size

A purposive sampling technique was implemented to gather preliminary data for the study, with the sample size 26 participants including experts and parent/caregivers. A sample size of 10–40 individuals is recommended for pilot testing (42). The small sample size is sufficient for this study as it would be a pilot study focusing on assessing the feasibility and gathering preliminary data on psychometric properties.

4.6 Instruments

Socio-demographic

To collect data on socio-demographic information of Parents and children structured questionnaire was developed and used to get information like, sex, age, grade level.

Vanderbilt Diagnostic Parent Rating Scale (VADPRS

The VADRTS were developed originally for inattention and hyperactivity of DSM-IV criteria but it remains similar with DSM-V diagnostic criteria of ADHD (43). The parent informant assessment scale of the behaviour of the child consists of 55 items which is 18 items criteria for the Inattention and Hyperactivity / Impulsivity domains and also consisting of scale 8, 14 and 7 items to screen for oppositional defiant disorder (ODD), conduct disorder (CD) and mood and anxiety symptoms respectively. The scale utilizes a 4-point scale from never (0) to very often (3). In addition, 8-item performance section of the VADPRS is also available and assesses functioning in general school settings, reading, mathematics, written expression, parent relations, sibling relations, peer relations, and games and team activities. Ratings for performance items range from "Problematic" to "Above Average." ((14)

Cognitive interviewing

To ensure the Amharic version of VADPRS clarity, culturally appropriateness, and properly understood by parents Cognitive interviewing was applied for parents of children aged 6-12 years. The interviewer was followed a structured think-aloud protocol, which consisted probe questions for item specific, domain level, and overall feedback.

4.7 Translation Process

The translation process of the original VADPRS tool from English to Amharic was conducted using recommended established procedures (44). First, the VADPRS was translated independently from English to Amharic by two bilingual translators (1) Language Expert and (2) Subject matter.

Second, Experts were synthesized and carefully modified the results of the forward translations. Finally, the translated versions were evaluated and reached consensus among mental health and psychometric experts.

4.8 Data collection and analysis

Data was collected from participant using structured questionaries and the translated Amharic version of VADPRS. The collected data was checked for completeness and consistency and coded into SPSS and Microsoft excel for further analysis. To assess the clarity, comprehension, and cultural relevance of the adapted VADPRS cognitive interviewing was conducted and this data also helps to assess and determine face validity of the adapted tool. Each participant was interviewed to rate the clarity of the instructions and items of the scale using semi structured interview questions. Participants who rate the instructions any item of the instrument as unclear are asked to provide suggestions as to how to rewrite the statements to make the language clearer. To evaluate content validity of the experts was invited to review and rate the translation version to ensure its clarity, cultural appropriateness and relevance of the item. The content validity is computed using Content Validity Index. To assess the internal consistency of the translated Amharic version VADPRS, Cronbach's alpha was used.

4.9 Ethical Consideration

Ethical clearance was sought from Department of Psychiatry. College of Health science, Addis Ababa University. Informed written consent was obtained from all participants after explanation of study's purpose, procedures, and their right to withdraw at any time. Data confidentiality and anonymity was ensured. Permission from the author of VADPRS Dr. Mark Wolraich, Professor of Developmental and Behavioral Pediatrics, Oklahoma University Health Centre was sought by email.

5. Results

5.1 Sociodemographic variables of participants

A total of 26 participants was participated in the study; seven experts (3 Males and 4 Females) for a panel review of the translation process with different backgrounds, 9 parents (7 female and 2 male) for a cognitive interview, and 10 experts (4 female and 6 male) to review the tools for content validity index.

Table 01: Sociodemographic variables of parents/caregivers and Experts

Variables		Experts for CVI	Parents/caregivers	Expert panel
Gender	Male	6	2	3
	Female	4	7	4
Age	Range	28-60	31-50	**Not specified**
	Mean	37.8	40.67	**-**
Profession/Expertise's	Psychiatry resident	5	-	-
	Child and adolescents psychiatrist	2	-	-
	Forensic Psychiatry	1	-	-
	Psychiatrist	1	-	-
	Clinical psychologist	1	-	-
Educational status	Elementary	-	5	-

	High school	-	4	-
Years of experience	Range	3 - 20	-	**Not specified**
	Mean	7.8	-	**-**
Employment status	Employed	10	4	7
	Unemployed	-	5	-
Residency	Addis Ababa	**Not specified**	7	
	Oromia	-	2	

For the evaluation of the quality and accuracy of the Amharic-translated version of VADPRS participated. The review panel included seven (3 Male and 4 Female) bilingual experts with experience in child and adolescent psychiatry, counseling psychology, clinical psychology, psychometrics experts, and mental health epidemiology. For cognitive interviewing, nine parents/caregivers participated, ranging in age from 31 to 50 years, with a mean age of 40.67 years. Regarding the participants' educational background, five participants had completed elementary school, and four had completed high school. Most participants (five) were unemployed, while the remaining four were working. Additionally, the majority (seven) live in Addis Ababa, and two were from Oromia region. For content validity, 10 experts (4 female and 6 male) professionals with different expertise were participated; 5 psychiatry residents, 2 child and adolescent psychiatrists, 1 psychiatrist, 1 forensic psychiatrist, and 1 clinical psychologist ranging from age 28 to 60 years, with a mean age of 37.8 years. Additionally, their experience in their fields ranges from 3 years to 20 with a mean of 7.8 years

5.2 Translation and adaptation process

After the two forward translations of the VADPRS Amharic version 1A & 1B were completed by two different translators, experts in panel review reached on consensus to develop version 2 of the tool. In expert review panel experts asked questions like “what this sentence means clinically? and what should be the appropriate meaning in Amharic to get the exact meaning and measurement. In attention domain some phrases raise a question on linguistically clarity of item 1, 4, 5 and 6. The word “detail” in Item 1 raised the question of the direct Amharic translation for detail is “**ዝርዝር**” for this expert agreed that parents may not understand the purpose of the item so it is easier to put the Amharic word “**ትንንሽ ነገሮች**” to capture the meaning of the item. The direct Amharic translation of the word “Direction” in item 4 is “**መመሪያ**” expert commented that it is more directed and inappropriate to ask children and it changed to “**ትዕዛዝ**”. To make it clear and understandable the phrase “organizing tasks” in item 5, some examples are included. Additionally, on item 6 “ongoing mental effort” was translated in Amharic to the action of the phrase which is in Amharic “**ረዘም ላለ ጊዜ ተኩረት የሚሹ ጉዳዮች**” expert agreed that this phrase can catch the meaning of what is going to be asked

In the hyperactive domain only item 13 was modified which is to make it clear and understandable "quiet play activities" for the parent examples of quite play activities were included in the item. Additionally, in the Oppositional defiant disorder domain Item 23 and 24 some phrases were looked if they can capture the intended construct. On the original item 23 “his/her mistake” can be captured by the Amharic words “**ጥፋትን እና ስህተትን**” expert agreed that this Amharic phrase can capture the whole concept of what was asking in the English. On item 24 the word “Touchy or annoyed easily annoyed by others” raised a question of what is measured by this word? it was agreed that touchy going to measure the child's emotional sensitivity or irritability the best Amharic version word is “**ስለ ወይም በቀላሉ በሰዎች የሚረበሽ/የምትረበሽ**”.

Conduct disorder domain Item 27, 30, and 31 raised questions because in this domain the items ask exhibitions of some behavior that the child exhibits. On item 27 the word “Bullies” is translated based on the exact definitions of the word which shows patterns of aggressive or

dominating behavior toward peers. For this word, the appropriate Amharic word is "**ማሸማቀቅ**" because this word can capture the manipulation of the action. On Item 30 for the word truant the Amharic version is "**መፎረፍ**" questions was raised if it is appropriate to use slang language. Finally, experts agree that the word is easier and most parents can understand it. Additionally, on this domain original item 31 and also other items in the original tool use the verb "has" repeatedly to show a certain behavior or characteristic. Expert agreed that the two Amharic words "**ማሳየት**" and "**ይጠቅማል**" can describe the experience that happened and is still relevant and connected to the present and used to capture the items meaning for the repetitiveness and the occurrence of the behavior response item.

In the domain of conduct disorder according to DSM questions were asked if the child exhibits or is involved in some behaviors. Additionally, in item 47 the phrase "self-conscious" is excluded because of the lack of words that can capture the exact meaning and the expert agreed that only translating the phrase" easily embarrassed" to Amharic is enough to capture what is going to be measured. Expert agreed that for every item in the questionary, using a pronoun is mandatory, such as "she/he," to make the sentence clear and understandable for the parent.

Table 2: Revised item in expert panel review

Items	Original phrase	Initial translation V1A	Initial translation V1B	Revised Translation/Experts consensus V2
1	Detail	**ለነገሮች**	**ዝርዝር**	**ትንንሽ ነገሮች**
4	Direction	**መመሪያ**	**መመሪያዎች**	**ትዕዛዝ**
5	Organized tasks	No example	No example	**ለሚዋታ፣ ለትምህርት እና የቤት ውስጥ ተግባራት**
6	Ongoing mental effort	**ረዘም ላለ ጊዜ ትኩረትን**	**የአእምሮ ስራን**	**ረዘም ላለ ጊዜ ትኩረት የሚሹ ጉዳዮች**

13	Quite play activities	No example	No example	ስዕል መሳል፣ ሙዚቃ ማዳመጥ
23	his/her mistake	ጥፋቱን	ስህተቶቻቸውን	ጥፋትን እና ስህተትን
24	Touchy	በቀላሉ በሌሎች ላይ መበሳጨት	ይበሳጫሉ/ይናደዳሉ	ስሰ
27	Bullies	ሌሎችን ማስፈራራት	ሌሎችን ያበሽቃሉ	ማሸማቀቅ
30	Truant	ያለ ፍቃድ	ያለ ፍቃድ	መፎረፍ
31	“has”	ማድረስ	ያሳያሉ	ይትቀማል/ማሳየት
43	Self-conscious	-	-	Removed

5.3 Cognitive Interview

Clarity rating

To assess the clarity, comprehension, and cultural relevance of the VADPRS version 2 each participants rated whether each item was clear or unclear, and they were asked to give comments on items wording, sentence structure and clarity using cognitive interviewing technique. On the cognitive interviewing participants comments related to problems of unclear phrases and unclear items. Participants reactions to problematic wording and phrase were especially helpful in identifying items that were inappropriate and unclear in the context.

Table 3: participant rating for clarity of items

Item no	Description	Clear	Unclear
1.	**Careless mistakes**	**7**	**2**
2.	Difficulty keeping attention	9	9
3.	Doesn't listen	9	9
4.	Difficulty following instruction	9	9
5.	Difficulty organizing tasks	9	9
6.	Avoids tasks need mental effort	8	1
7.	Loses things	9	0
8.	**Easily distracted**	**7**	**2**
9.	Forgetfulness	9	0
10.	**Fidgets or squirms**	**6**	**3**
11.	Leaves seat	9	0
12.	Runs or climbs	9	0
13.	Difficulty in quiet play activities	9	0
14.	**Restlessness**	**7**	**2**
15.	Talkative	9	0
16.	Blurt out answers	9	0

17.	Difficulty waiting his turn	8	1
18.	Interrupts others	9	0
19.	Argues with adult	8	1
20.	Loses temper	9	0
21.	Defies rules	9	0
22.	Deliberately annoying others	9	0
23.	Blames others	9	0
24.	Easily annoyed by others	8	1
25.	Resentful	9	0
26.	Spiteful	9	0
27.	Bullies other	9	0
28.	Start psychical fight	9	0
29.	Lies	9	0
30.	Skip school	9	0
31.	Physically cruel to people	9	0
32.	Steals	9	0
33.	Destroys other properties	9	0

34.	Uses weapons	9	0
35.	Cruel to animals	9	0
36.	Fire setting	9	0
37.	Breaks into places	9	0
38.	Stay out overnight	9	0
39.	Run away	9	0
40.	Forces sex	9	0
41.	Fearful	9	0
42.	Afraid to try new things	9	0
43.	**Worthless feeling**	**7**	**2**
44.	Self-blame	9	0
45.	Lonely feeling	9	0
46.	Sadness	9	0
47.	Easly embarrassed	9	0

In the VADPRS Amharic version attention domain items which is rated by 9 participants for its clarity of the items, most items (item 2, 3, 4, 5, 7 and 9) was rated clear by whole participants. From 9 item in this domain item 6 was rated clear by 8 participants and unclear by 1 participant. On the other hand, item 1 and 8 were get the lowest clarity rating which only rated clear by 7 participant and rated unclear by 2 participants unclear. In the Hyperactivity/impulsivity domain all participant rated 6 items clear from 9 items (item 11, 12, 13, 15, 16 and 18). However, one item

(items 10) received the lowest clarity scores in this domain and also overall other domains with 6 participants rated clear and 3 participants rated this item as unclear. Additionally, Item 14 and item 17 was also rated by two participants unclear and one participant as unclear respectively.

The majority of items 6/8 in the oppositional defiant disorder domain, (Items 20, 21, 22, 23, 25, and 26) were rated as clear by all participants. However, two items in this domain which is Item 19 and 24 were each rated as unclear by 1 participant and clear by 8 participants. All items 14 in the conduct disorder domain rated by all participant clear. In the domain of Anxiety/Depression the majority of items rated clear by all participants except item 43. Two participants found the Amharic version of item 43 "Feels worthless or inferior (**የበታችነት ወይም ዋጋቢስንት መሰማት**)" as unclear and 7 participants rated as clear.

Cultural appropriateness and language expression of items

In addition to clarity rating participant commented on some items that need clarification on expression of the child's behavior, clarity, cultural appropriateness of certain items and specific language expressions of items in every domain

In attention domain some terms in four Items (1, 6, 8 and 9) raised concern toward interpretation and language expression. For example, one participant reported that the expression of item 01 is not clear and it is not understandable

P05 "the expression is not clear …. it is not understandable"

Another participant stated that in item 6 the Amharic translated phrase for "ongoing mental effort" which is "**ረዘም ላለ ጊዜ ትኩረት የሚሹ ጉዳዮች**" is not clear.

P03 "**ረዘም ላለ ጊዜ ትኩረት የሚሹ ጉዳዮች የሚለው ግልጽ አይደለም**"

Additionally, item 08 was flagged by two participants as unclear, the participants reported that the Amharic version of the item's language is unclear.

P02 “I didn’t understand the term distracted by noises (**በተለያዩ ድምጾች መረበሽ**)”.

Furthermore, despite the clarity of the items four participants raised concern about the term “forgetful (**ዘንጉ መሆን**)” in the Amharic version of item 09 and some participant “ዘንጉ መሆን” with a more common and clearly understood term like “reckless (**ቸልተኛ መሆን**)” P03, P04 and P06.

In the hyperreactivity domain phrases and words in three items (10, 14 and 17) raised concern. Participants reported that the clarity of two phrase “squirm (**መቁነጥነጥ**)” and “fidgets with hand or feet (**እግርን ማፍተልተል**)” in the item 10 are unclear. Additionally, one participant reported that these two phrases squirm(**መቁነጥነጥ**)” and “fidgets with hand or feet (**እግርን ማፍተልተል**)” on item 10 are different across every child so should be asked separately

> *P02 “the word fidgeting with feet is unclear.…it is little bit difficult because it differs child to child.*
>
> *P05 “Fidgets with hands or feet or squirms are different child to child.… should has to be asked separately.*

Three participants reported the phrase “Driven by motor (**ሞተር የተገጥመለት**)” in the Amharic version of item 14 is unclear and inappropriate term. One participant suggested that the question should more directly reflect if the child is unusually active and another participant reported that it should have to be excluded because it is not clear and it is inappropriate term. Additionally other participant commented that this phrase should have to be replaced by the term “**እረፍት የሌለው** (restless)” instead of saying “Driven by motor (**ሞተር የተገጥመለት**)”.

> *P05 “I didn’t understand it … is it asking if the child is active?”*
>
> *P06 “the question is not clear should have to removed it is inappropriate to ask”*
>
> *P09 “……it is good if the term replaced by restlessness (**እረፍት የሌለው**)”*

Furthermore, one participant reported that item 17 (has difficulty waiting his or her turn) is not clear because it needs more clarification and examples to be understood.

> *P01 “in which place he has difficulties waiting for his turn?... it is not clear it needs”*

On the oppositional defiant disorder domain three items (19, 21, and 24) raised concern by participants. One participant found the Amharic version of item 19 (argues with adult "**ከአዋቂዎች ጋር መከራከር**") unclear, especially regarding who the child is arguing with and the use of the term "**አዋቂ**". Additionally, this participant also commented that to replace the term "adult (**አዋቂ**)" to "argues with elders or parents (**ከትልልቅ ሰዎች ጋር ወይም ከወላጅ ጋር መከራከር**)".

> P01 "how old is adult should have to be? ……. for example, everyone above 18 is adult…… it should have to be corrected with it argues with elders or parents…"

Another participant found the Amharic version of item 21 "defies or refuses to go along with adult's requests or rules (**የአዋቂዎችን ትዕዛዝ እና ሕጎች ሆነ ብሎ አለመቀበል ወይም መቃወም**)" is inappropriate because her child defies or refuses to go along with adults 'requests or rules and this may be due his condition so considering his age it is not appropriate to ask this item

> P06 "due to his illness he defies …. Considering his age, I think his question is shouldn't be asked.… because it is due to his illness."

Additionally, on the oppositional defiant disorder domain item 24 ("**ስስ ወይም በቀላሉ በሰዎች የሚረበሽ/የመትረበሽ**") found unclear by one participant and specifically the term "touchy (**ስስ**)" is also unclear for another participant.

> *P03 "the word touchy is not clear.…"*
>
> *P05 "the whole question is not clear, especially the word touchy"*

Participant reported a comment on specific terms and inappropriateness of the items in conduct disorder domain. For example, one participant raised a concern on the item 34 "Has used a weapon that can cause serious harm (**ከፍተኛ ጉዳት የሚያደርሱ መሳሪያዎችን ይጠቀማል/ትጠቅማለች (ምሳሌ፦ ቢላ፣ ዱላ፣ ድንጋይ፣ ሽጉጥ**)"), she reported that her son throws stone but she believes that it is because his illness, so in this item some terms are should be included that ask if the child is doing what he does deliberately or intentionally.

> *P05 "my son throws stone… due to their illness it should have to be asked if they do it intentionally…… it should have to be mentioned if does it* deliberately or intentionally"

Other participants raised concern about if it is appropriate to ask item 40 "forcing someone into sexual activity (**መሲብ ነክ ለሆኑ ተግባራት ሰዎችን ማስገደድ**") considering their Child age. Participant reported that their child is not capable of forcing others into sexual activity, considering age it is not appropriate to ask.

> *P01 "the phrase sexual activity should be sked considering age.… It is not appropriate to ask a child.… their age is not yet gotten to that"*
>
> *P04 "the question is not according to age.… it is not appropriate for her…..it may happen in the future"*

Additionally, one participant reported that all items included in conduct disorder domain are not appropriate to ask considering her child's age.

In anxiety/depression domain participant reported on two items (43 and 44). In item 43 some participants stated that the term "worthless (**ዋጋቢስነት**)" is not clear and one participant stated that it is not the time that the child thinks this way.

> *P03 "the word worthless is not clear.… I didn't understand the whole question"*
>
> *P06 "it is not the time that he thinks like that"*

Additionally, one participant commented that the term in item 44 "self-blame (**ራስን መውቀስ**)" should be replaced by "Umbrage (**የማኩረፍ**)" because the child doesn't feel this way at this age

> *P01 "it is good instead of saying he blames himself saying umbrage by it…… because the child doesn't know this feeling yet"*

5. 4 Face validity of the VADPRS

The cognitive interviewing conducted in 9 participants indicates that the Amharic version of VADPRS shows that high face validity, despite some items that are get low clarity rate in the tool. In the attention and hyperactive domain item 1, 8, 10 and 14 and in the anxiety/depression domain item 43 was flagged out by at least two participants and seems unclear in terms of clarity of wordings and cultural familiarization. This indicates that these items lack some clarity on what

they tend to measure and appropriateness. Additionally, on the Oppositional defiant disorder and conduct disorder domain get high face validity but items in these domains raised questions by participants on the appropriateness of the items considering the age of the children and cultural aspects. Overall, this study shows that the majority of items in the Amharic version of VADPRS shows high face validity.

5.5 Content validity Index

Experts were asked to rate the relevance of each item on the instrument using a 4-point Likert scale and I-CVI was calculated for each item and each domain separately on the second version of the instrument based on the proportion of experts' rate. The average scale-level CVI (S-CVI/Ave) was calculated for each domain.

Table 4: Content validity Index

Items	I-CVI		
	Clarity	Cultural appropriateness	Relevance
Item 1	0.9	0.9	0.9
Item 2	**0.7**	0.9	1
Item 3	0.9	0.9	0.9
Item 4	0.9	0.9	0.9
Item 5	**0.7**	1	1
Item 6	**0.7**	0.9	1
Item 7	0.9	0.9	1

Item 8	0.9	1	1
Item 9	0.9	1	1
S-CVI/Ave for attention domain	**0.85**	**0.93**	**0.96**
Item 10	0.9	1	1
Item 11	1	1	1
Item 12	1	1	0.9
Item 13	1	1	1
Item 14	0.8	0.8	1
Item 15	1	0.9	1
Item 16	1	0.9	1
Item 17	1	0.9	1
Item 18	1	0.9	1
S-CVI/Ave for Hyperactive domain	**0.96**	**0.93**	**0.98**
Item 19	0.9	0.8	0.9
Item 20	0.9	0.9	0.9
Item 21	0.9	0.9	0.9
Item 22	0.9	0.9	0.9

Item 23	0.9	0.9	1
Item 24	**0.6**	0.9	1
Item 25	0.8	0.9	1
Item 26	**0.7**	0.8	0.9
S-CVI/Ave ODD domain	**0.82**	**0.87**	**0.93**
Item 27	1	0.9	1
Item 28	0.9	0.9	1
Item 29	0.9	0.9	1
Item 30	0.9	1	1
Item 31	0.8	1	1
Item 32	0.9	1	0.9
Item 33	0.9	1	0.9
Item 34	0.9	1	0.9
Item 35	1	1	0.9
Item 36	1	0.9	0.9
Item 37	1	1	0.9
Item 38	1	0.8	0.9

Item 39	1	1	0.9
Item 40	1	0.9	0.9
S-CVI/Ave CD domain	**0.94**	**0.95**	**0.93**
Item 41	0.8	0.9	0.9
Item 42	1	0.9	0.9
Item 43	1	1	0.9
Item 44	1	1	0.9
Item 45	1	1	0.9
Item 46	1	1	0.9
Item 47	1	1	0.9
S-CVI/Ave domain Anxiety/ depression domain	**0.97**	**0.97**	**0.9**
S-CVI/Ave	**0.91**	**0.93**	**0.94**

The content validity of the adapted VADPRS version 2 attention domain was rated by 9 experts for clarity found that most of the items meet the threshold of the recommended I-CVI cutoff (0.78). Items 1, 3, 4, 5, 7, 8, and 9 meet the threshold for the recommendation 0.9, however, three items 2, 5 and 6 (0.7) the lowest value. In addition to the clarity of the items, experts rate on dimensions of cultural appropriateness and relevance of each item in the attention domain range from 0.9 - 1. The I-CVI for cultural appropriateness was found higher than the recommended threshold with three universally agreed items. The result of I-CVI for the relevance of the items in the attention domain was also shown to be excellent with six universally agreed items. S-CVI/Ave of the domain's clarity, appropriateness and relevance was found 0.85, 0.93, and 0.96 respectively.

I-CVI hyperactivity/impulsivity domain for clarity, appropriateness and relevance was found highest score for whole item ranged from 0.8 – 1 with 7, 4, and 8 universally agreed items. Additionally, the S-CVI/Ave of this domain's clarity, appropriateness and relevance was 0.96, 0.93, and 0.98 respectively which is the highest average score in the relevance of the items in the Amharic version of VADPRS. On the oppositional defiant disorder domain, I-CVI for clarity dimension except item 24 (0.6) and 26 (0,7) the whole items score is higher than the recommended cut off score ranged from 0.8 – 0.9. Item 24 (0.6) I-CVI score is the lowest in this domain and from the whole Amharic version of VADPRS items. In addition to the clarity, cultural appropriateness ranged from 0.8 - 0.9 and relevance ranges from 0.9 – 1 was found higher than recommended cutoff with four universally agreed item in the relevance dimension. The S-CVI/Ave oppositional defiant disorder domain was found clarity 0.82, cultural appropriateness 0.87 and relevance 0.93. The S-CVI/Ave for clarity 0.82 is the lowest score average in the domain even if it meets the recommended cut off.

The I-CVI score for conduct disorder domain was found between 0.8 – 1 for clarity, cultural appropriateness and relevance of the items with 7, 8 and 5 universally agreed items respectively. The average score for this domain is clarity 0.94, cultural appropriateness 0.95 and relevance 0.93 The I-CVI score for anxiety/depression domain was found between 0.8 – 1 for clarity, cultural appropriateness and relevance of the items with 6 clarity and 5 cultural appropriateness universally agreed items respectively. The average score for this domain is clarity 0.97, cultural appropriateness 0.97 and relevance 0.94 which is the highest average score in the clarity and cultural appropriateness of the items in the Amharic version of VADPRS.

The overall S-CVI/Ave for the Amharic version of VADPRS rated by 9 experts was found 0.91 clarity, 0.93 cultural appropriateness and 0.94 relevance, these results meet the recommended threshold for content validity.

Reliability statistics

Table 5: internal consistency of the Amharic version of VADPRS

Domains	Values (Cronbach alpha)
Attention	.89
Hyperactivity	.60
Oppositional defiant disorder	.72
Conduct Disorder	.84
Anxiety/depressive	.60
VADPRS-A	.95

The above table shows that pilot testing of internal consistency (Cronbach's alpha) of five domains was found .89, .60, .72, .84, and .60 respectively. This indicate that except hyperactivity (.60) and anxiety/depressive (.60) domain which has lowest value, others demonstrated high internal consistency. The total scale shows .95 value which indicates that high internal consistency.

6. Discussion

The aim of this study was to adapt, assesses and determined preliminary psychometrics properties of the adapted Amharic version of VADPRS. The cognitive interviewing conducted in 9 participants indicates that the Amharic version of VADPRS shows that high face validity, despite some items that are get low clarity rate in the tool. Using cognitive interview to determine validity and reliability of an instrument by assessing the relevance and clarity of items for the target population potential to improve the of the measuring instrument psychometric properties (45).

Study done in focusing culture and global mental health suggested that the barriers towards communication in mental health issues make the clinical contexts of diagnostic interviews and treatment interventions (46). This study addresses the concern by conducting structured face validity and content validity of Amharic version of VADPRS, ensuring the adapted tool reflects both linguistic and cultural meanings relevant to Amharic-speaking parents. This study was conducted following rigorous procedures for translation and adaptation, including forward translation, expert panel review, cognitive interviewing, and content validity index. Studies recommended cross cultural adaption of tools requires careful planning and following rigorous methodological procedures. Translating and adapting tools for cross cultural following rigorous procedures will lead to more accurate adaptation and cross-cultural validation of a translated instrument (32,36).

Few item (1, 8, 10, 14 and 43) in this study was flagged out by at least two participants and seems unclear in terms of clarity of wordings and cultural familiarization This indicate that these items lack some clarity on what they tend to measure and appropriateness. Additionally, on the Oppositional defiant disorder and conduct disorder domain get high face validity but items in these domains raised questions by participants on the appropriateness of the items considering the age of the children and cultural aspects. Overall, this study shows that the majority of items in the Amharic version of VADPRS shows high face validity.

Werner and Cambell (1970) cited in Bracken and Barona (1991) suggested that to ensure good translation quality of instruments there are five considerations. The recommendations clarify that

items in the instrument should be consists of simple sentences, pronouns should be avoided in the test directions and test items should not contain metaphors (35). In this study considering the nature of Amharic language and to make the tool clearer and understandable to parents some pronouns are used in some items. Additionally, the guidelines, raise caution against the use of metaphors. In this study the metaphor "acts as if driven by a motor" in Item 14 was noted as culturally confusing, supporting the recommendation to use simple, literal language in translations.

A study focusing on critical examination of the face validity identified four types of conception towards face validity term. validity by assumption, validity by definition, validity by appearance and validity by hypothesis. The paper argues that mostly face validity tends to be overlooked and misunderstood (47). The adapted version of this tool aligns most closely with the appearance of validity view, where the focus is on how well the test items seem relevant, clear, and appropriate to Amharic-speaking parents

The result rated by 9 experts was found 0.91 clarity, 0.93 cultural appropriateness and 0.94 relevance, these results meet the recommended threshold and shows high content validity of the adapted tool. The recommended threshold is when six or more experts are used, I-CVI values should not be less than 0.78 (48). Despite the overall CVI/Ave score five items (2, 5, 6, 24, and 26) in the tool get the lowest score that is below the threshold this indicate that items with an I-CVI near 0.78 should be revised and items with a low I-CVI should be deleted, Polit et al., 2007 cited in (49). In this regard only item 2, 5 and 6 from attention domain and item 24 and 26 from ODD domain get the lowest rating score which range from 0.6 – 0.7 clarity rating. This indicate that the Amharic version VADPRS tool is linguistically clear, culturally appropriate, and relevant to the intended construct within the Ethiopian context.

Studies suggested that in the process of adapting and translation process from original language to targeted Pilot testing of a translated instrument enhances the quality of the final version of the translated instrument (32,36). The pilot testing of the Amharic version for internal consistency aligns with Arabic version of VADPRS adaptation, which also reported high Cronbach's alpha values (e.g., $\alpha = 0.90 – 0.95$), with an overall Cronbach's alpha of 0.95, indicating excellent internal

consistency (21). Cronbach α values of 0.7 to 0.8 are regarded as satisfactory (50), However, the hyperactivity (α = 0.60) and anxiety/depression (α = 0.60) domains show lower internal consistency, but given the relatively small sample size, statistical outputs should be interpreted with caution.

Over all in this study 10 items (1, 2, 5, 6, 8, 10, 14, 24, 26, and 43) get lower values from the Cognitive interviewing and expert review based on participant comment and suggestion these items were revised and reached on consensus. Furthermore, 37 items in the tool get the highest values this indicate that these items have linguistic clarity and cultural appropriateness.

7. Strength and limitations

This study is acknowledging some limitations. The first one is the number of participants participated in the cognitive interviewing. These parents represented a small range of backgrounds, possibly limiting the Amharic version of VADPRS evaluation across different cultural groups. Additionally, the study only focusses on adapting and working on face and content validity, other important psychometrics properties are not included in the study. Despite these limitations, the study gives valuable adapted tool that its preliminary psychometrics properties are determined to conduct other psychometrics properties.

8. Conclusion

The adapted Amharic version of the VADPRS has demonstrated acceptable face and content validity in assessing ADHD in Ethiopian children. Thus, it can be effectively utilized to conduct and determine other psychometrics properties (different indicators of reliability and validity). However, it is important to recognize the need for further evaluation of its use beyond this group.

9.Recommendations

1. Conduct validation studies to determine the other psychometrics properties (internal consistency, test rest reliability and construct validity) of the adapted Amharic version VADPRS using large sample size.
2. Conduct a study with larger and more demographically diverse samples of both parents and experts to establish the psychometric properties of the Amharic version VADPRS across different cultural groups in Ethiopia.
3. Since the original VADPRS has parent and teacher format, any future validation work should focus on adaptation and assessment of the teacher format in Amharic.

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Annex I

Informed Consent for Parents or caregivers

My name is Ashenafi Tareku. I am a second-year clinical psychology trainee at Addis Ababa University. I am conducting research titled "Adaptation of Vanderbilt Attention Deficit and Hyperactivity Disorder Diagnostic Parenting Scale into Amharic language: in Tikur Anbessa specialized Hospital and Nehemiah Autism Center"

You are invited to participate in a research study that aims to adapt and validate the Vanderbilt Attention Deficit and Hyperactivity Disorder (ADHD) Diagnostic Parenting Scale into the Amharic language.

Purpose of the Study: The purpose of this study is to ensure that the scale is culturally relevant and accurate for use in Ethiopia. By participating in this study, you will contribute to improving the diagnosis and treatment of ADHD in the local context

Procedures: If you agree to participate, you will be given to complete the Vanderbilt ADHD Diagnostic Parenting Scale in Amharic. This will involve responding to a series of questions about your child's behavior, the questionnaire will take approximately **60 minutes** to complete.

Voluntary Participation

If you are eligible for this research, you will be asked for your consent to participate in this study. Your participation in this research is on a voluntary basis. You have the right to refuse participation in the study. You can also withdraw from the study at any point during the data collection period. If you decide not to participate; there will be no negative consequences to you.

Benefits of Participation: There are no direct benefits to participating in this study. However, your participation may you will contribute to the development of a culturally adapted tool for diagnosing ADHD in Ethiopia. This could help improve the accuracy of ADHD assessments and potentially lead to better outcomes for children in your community.

Risks of Participation: There are no known risks associated with participating in this study.

Confidentiality: All information collected in this study will be kept confidential. Your name will not be used in any reports or publications. Only the principal investigator and the research team will have access to your data.

Right to Withdraw: You have the right to withdraw from this study at any time without penalty. If you decide to withdraw, you can simply stop participating and no further data will be collected from you.

If you would like to get more information about the study or have any concerns, please contact the primary investigator

Ashenafi Tareku +251 965006509.

Email- atsay236@gmail.com

Advisors: Dr. Awoke Mihiretu

Dr. Eyerusalem

Address of Department of Psychiatry clinical psychology program, Addis Ababa University:

Address of Department of Psychiatry clinical psychology program, Addis Ababa University:

Phone- (+251)118962052

If you are willing to participate in the study, you will be given a copy of the information sheet and you will be asked to sign an informed consent form

Informed Consent Form

I have read and received information and understood the information provided about the research, procedure, risks, benefits and that participating in the research will not affect me. I am informed that the researcher will ensure my confidentiality. I consent to participate voluntarily in the research Adaptation and Validation of Vanderbilt Attention Deficit and Hyperactivity Disorder Diagnostic Parenting Scale into Amharic language: in Tikur Anbessa Specialized Hospital and Nehemiah Autism Center

Participant's Signature _____ Date _____

Date: _____

Identification Number: _____

Thank you for agreeing to participate in this study.

Demographic Information: For parents or primary caregiver

- **Age:** _____
- **Sex:** _____ (Male/Female)
- **Residence:** _____
- **Religion:** _____
- **Marital Status:** _____ (Single/Married/Divorced/Widowed/Separated)
- **Educational Status:** _____ (Highest level of education completed)
- **Occupation:** _____ (Current or most recent occupation)

Demographic Information of the child

- **Age:** _____
- **Sex:** _____ (Male/Female)
- **Grade level**

Annex II

Information sheet for expert

My name is Ashenafi Tareku. I am a second-year clinical psychology trainee at Addis Ababa University. I am conducting research titled "Adaptation of Vanderbilt Attention Deficit and Hyperactivity Disorder Diagnostic Parenting Scale into Amharic language: in Tikur Anbessa specialized Hospital"

You are invited to participate in a research study that aims to adapt the Vanderbilt Attention Deficit and Hyperactivity Disorder (ADHD) Diagnostic Parenting Scale into the Amharic language.

Purpose of the Study: The purpose of this study is to ensure that the scale is culturally relevant and accurate for use in Ethiopia. By participating in this study, you will contribute to improving the screening, diagnosis and treatment of ADHD in the local context

Procedures: If you agree to participate, you will be given to complete the Vanderbilt ADHD Diagnostic Parenting Scale in Amharic. This will involve responding 5 domains and 47 items rating it for the degree of relevant each item, clarity of each item and cultural appropriateness of the items in Ethiopian context. The questionnaire will take approximately **30- 50 minutes** to complete

Voluntary Participation

If you are eligible for this research, you will be asked for your consent to participate in this study. Your participation in this research is on a voluntary basis. You have the right to refuse participation in the study. You can also withdraw from the study at any point during the data collection period. If you decide not to participate; there will be no negative consequences to you.

Benefits of Participation: There are no direct benefits to participating in this study. However, your participation will contribute to the development of a culturally adapted tool for screening ADHD in Ethiopia. This could help improve the accuracy of ADHD assessments and potentially lead to better outcomes for children in your community.

Risks of Participation: There are no known risks associated with participating in this study.

Confidentiality: All information collected in this study will be kept confidential. Your name will not be used in any reports or publications. Only the principal investigator and the research team will have access to your data.

Right to Withdraw: You have the right to withdraw from this study at any time without penalty. If you decide to withdraw, you can simply stop participating and no further data will be collected from you.

If you would like to get more information about the study or have any concerns, please contact the primary investigator

Ashenafi Tareku +251 965006509.

Email- atsay236@gmail.com

Advisors: Dr. Awoke Mihiretu

Dr. Eyerusalem

Address of Department of Psychiatry clinical psychology program, Addis Ababa University:

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Phone- (+251)118962052

If you are willing to participate in the study, you will be given a copy of the information sheet and you will be asked to sign an informed consent form

Informed Consent Form

I have read and received information and understood the information provided about the research, procedure, risks, benefits and that participating in the research will not affect me. I am informed that the researcher will ensure my confidentiality. I consent to participate voluntarily in the research Adaptation of Vanderbilt Attention Deficit and Hyperactivity Disorder Diagnostic Parenting Scale into Amharic language: in Tikur Anbessa Specialized Hospital

Participant's Signature _____ Date _____

Please complete the following form to provide your background information. This information will be used only for research purposes and will remain confidential.

Expert ID (Assigned by researcher): _____

Gender: _____

Age: _____

Profession: _____

Area of Specialization: _____

Years of Experience in the Field: _____

Workplace/Institution: _____

Annex III

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name:_____Parent's Phone Number:_____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3

7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3

23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie,"cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

Symptoms (continued) Never		**Occasionally**	**Often**	**Very Often**
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3

38. Has stayed out at night without permission		0	1	2	3
39. Has run away from home overnight		0	1	2	3
40. Has forced someone into sexual activity		0	1	2	3
41. Is fearful, anxious, or worried		0	1	2	3
42. Is afraid to try new things for fear of making mistakes		0	1	2	3
43. Feels worthless or inferior		0	1	2	3
44. Blames self for problems, feels guilty		0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"		0	1	2	3
46. Is sad, unhappy, or depressed		0	1	2	3
47. Is self-conscious or easily embarrassed		0	1	2	3
Performance	Excellent	Above Average	Average	Somewhat Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5

53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Annex IV

የመረጃ ቀጽ (ለተሳታፊዎች)

ጤና ይስጥልኝ፤ እኔ አሸናፊ ታሪኩ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የ ሁልተኛ አመት የስነ-ልቦና ህክምና (Clinical Psychology) ሰልጣኝ ነኝ። እንደ ስልጠናው አንድ አካል በጥቁር አንበሳ ስፔሺያላይዝድ ሆስፒታል ኤ.ዲ.ኤች.ዲ (ADHD) ለመመዘን እና ለመጠየቅ የሚያገለግል መጠይቅ ወደ አማረኛ ቀይሬ (ተርጉሜ) በዚህ ቋንቋ ያለውን ተግባራዊነት ለማረጋገጥ እያጠናሁ ነው።

አላማ ፡- የዚህ ጥናት ዓላማ በኢትዮጵያ ለሚገኙ ሕፃናት ጥቅም ላይ እንዲውል ባህላዊ ጠቀሜታው እና ተግባራዊነት ለማረጋጋጥ ነው። በዚህ ጥናት በመሳተፍ የ ADHD ምርመራ እና ህክምናን ለማሻሻል የሚደረገው ጥረት ላይ አስተዋጽኦ ያደርጋሉ።

ሂደቶች፡ በዚህ ጥናት ከተስማሙ ስለ ልጅዎት ባህሪ የሚጠይቁ ቀጽ ይሰጦታል። ይህን የመጠይቅ ቅፅ ለመሙላት እስከ 60 ደቂቃ ሊፈጅ ይችላል።

ጥቅም፡- ይህ ጥናት ለአንተ/ች ቀጥተኛ የሆነ ጥቅም ላይኖረው ይችላል። ነገር የእርስዎ ተሳትፎ በኢትዮጵያ ውስጥ ኤ.ዲ.ኤች.ዲ (ADHD) ለመመዘን እና ለመጠየቅ የሚያገለግል መጠይቅ እንዲዳብር አስተዋጽኦ ሊያደርግ ይችላል።

በፈቃደኝነት ላይ የተመሰረተ ተሳትፎ፣ ለዚህ ጥናት ከተመረጡ፤ በፍቃደኝነት ላይ የተመሰረተ የስምምነት ቅጽ እንዲሞሉ ይጠየቃሉ። በዚህ ጥናት ውስጥ ያለዎት ተሳትፎ በፈቃደኝነት ነው። ለመሳተፍ ወይም ላለመሳተፍ የመምረጥ ነፃነት አለዎት። በጥናቱ ላለመሳተፍ ከወሰኑ፤ መረጃ በምንሰበስብበት ወቅት ራስዎን ከጥናቱ ማግለል ይችላሉ። በዚህም ምክኒያት በእርስዎ ላይ ምንም አሉታዊ ውጤቶች አይኖሩም።

የተሳትፎ ጥቅም ፣ በዚህ ጥናት ብምሳትፎ ምንም አይነት ቀጥተኛ ጥቅም የለውም። ሆኖም፣ የእርስዎ ተሳትፎ የኢትዮጵያን ባህል መሰረት ያደረግ ኤ.ዲ.ኤች.ዲን (ADHD) ለመመዘን እና ለመጠየቅ የሚያገለግል መጠይቅ ማዘጋጀት ላይ ትልቅ አበረከትዎ አለው።

የጥናቱ አደጋዎች፣ በዚህ ጥናት ውስጥ ያለዎት ተሳትፎ ምንም ዓይነት ስጋት ወይም ደህንነትዎ ላይ አደጋ አይኖረውም።

ሚስጥራዊነት፡ በዚህ ጥናት ውስጥ የሚሰበሰቡ መረጃዎች በሙሉ በሚስጥር ይቀመጣሉ። ስም በማንኛውም ሪፖርቶች ወይም ህትመቶች ውስጥ ጥቅም ላይ አይውልም። ዋናው መርማሪ እና የምርምር ቡድኑ ብቻ መረጃው ይኖራቸዋል።

ስለ ጥናቱ ተጨማሪ መረጃ ማግኘት ከፈለጉ ወይም የሚያሳስብዎት ነገር ካለ የጥናቱን ዋና ተመራማሪ ያግኙ።

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በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ የመረጃ ወረቀቱ ቅጂ ይሰጥዎታል እና እንዲፈርሙ ይጠየቃሉ።

በመረጃ የተደገፈ የስምምነት ቅጽ

መረጃውን አንብቤ ተረድቼ ተቀብያለሁ እናም ስለ ምርምሩ ፣ሂደቱ ፣አደጋው ፣ጥቅሞቹ እና በምርምሩ ውስጥ መሳተፌ ምንም አይነት ጉዳት እንደማይደርስብኝ አንብቤ ተረድቻለሁ። በመጠይቁ ተመራማሪዎቹ ሚስጥራዊነቱን እንደሚጠብቁልኝ ተነግሮኛል። በምርምሩ ላይ በፈቃደኝነት ለመሳተፍ ተስማምቻለሁ::

የተሳታፊ ስም_____ ቀን_____ ፊርማ_____

የቃለ መጠይቅ መመሪያ

ጤና ይስጥልኝ ስሜ አሸናፊ ታሪኩ ይባላል። የጥናቱ አካል እንደመሆኑ መጠን ከእርስዎ ጋር ቃለመጠይቅ ለማድረግ እፈልጋለው። ቃለ-መጠይቁ እስከ 60 ደቂቃ ይፈጃል። በቃለመጠይቁ ወቅት በማንኛውም ጊዜ እረፍት ማድረግ ከፈለጉ እባክዎን በነጻነት ይናገሩ፤ በመሆኑም ቃለመጠይቁን ልናቆም እንችላለን። ይህ ቃለ መጠይቅ ያስፈለገበት ምክንያት ኤ.ዲ.ኤች.ዲ (ADHD) ለመመዘን እና ለመጠየቅ የሚያገለግል መጠይቅ ላይ እርስዊ ያሎትን ሃሳቦችዎን እና አስተያየቶችዎ ለማወቅ ነው።

በዚህ ቃለመጠይቅ ውስጥ ትክክለኛ ወይም የተሳሳቱ መልሶች የሉም። ሃሳቦችዎን እና አስተያየቶችዎ በግልፅ ለማንፀባረቅ ሙሉ ነፃነት እና ምቾት እንዲሰማዎት እንፈልጋለን።

የሚነግሩኝን ነገር ለመስማት ከፍተኛ ፍላጎት አለኝ። የቃለመጠይቁን ክፍለ ጊዜ በድምፅ የምቀዳ ሲሆን በተጨማሪም የተወሰኑ ማስታወሻዎችን ልፅፍ እችላለው። ስምዎ የድምፅ ቅጂው ላይ የማይገባ ሲሆን በቃለመጠይቁ ወቅት እርስዎን ለመግለፅ ቁጥር የምንጠቀም ይሆናል። ከቃለመጠይቁ በኃላ የድምፅ ቅጂውን ወደ ፅሁፍ በመቀየር ቅጂው ይደመሰሳል። በቃለመጠይቁ ውስጥ ስም ጠቅሰው እንኳን ቢሆን፤ ቅጂውን ወደ ፅሁፍ በምንቀይርበት ወቅት የተጠቀሰውን ስም አናጋልጥም። ወደ ፅሁፍ የተቀየረውን ግልባጭ ሰነድ የሚያዩት የጥናቱ አካል የሆኑ ብቻ ተመራማሪዎች ናቸው።

በማንኛውም ጊዜ ቃለ መጠይቁን ለማቆም ወይም የድምፅ ቅጂውን ለማቆም በሚፈልጉበት ጊዜ ሊነግሩኝ ይችላሉ፤ እናም እናቆማለን። በዚህ ጥናት ውስጥ አለመሳተፍ፣ ማንኛውንም ጥያቄ አለመመለስ፤ ወይንም ከጥናቱ ራስዎን ማግለል ይችላሉ። ይህንን በማድረግዎ ከጥናቱ ተመራማሪዎች ወይንም ሰራተኞች ምንም ዓይነት መጥፎ መዘዞች አይደርስብዎትም። ከመጀመራችን በፊት ጥያቄዎች አሉዎት?

በዚህ ጥናት ለመሳተፍ ፍቃድኛ ስለሆኑ እናመሰግናለን !

ግላዊ መርጃ፡ ለቤተሰብ ወይም ለአሳዳጊ

- እድሜ_____
- ጾታ_____ (ሴት/ ወንድ)
- የሚኖሩበት አካባቢ _____
- ሀይማኖት_____
- የትምህርት ደረጃ _____
- የትዳር ሁኔታ _____
- የስራ ሁኔታ _____

ግላዊ መርጃ፡ የልጅ

- እድሜ_____
- ጾታ_____ (ሴት/ ወንድ)

የትምህርት ደረጃ _____

ለእያንዳንዱ ጥያቄዎች

- ይህ ጥያቄ ግልጽ ነው ብለው ያስባሉ
- ይህ ጥያቀን ልምርዳት ቅላል ነው ብለው ያስባሉ
- ልመርዳት ይሚክብዱ የተለዩ ቃላቶችህ አሉ? አዎ ክሆን መልስዎ፣ ልምርዳት ቀላል ልማድርገ ምን አይነት ቃል መጠቅም ይመርጣሉ?
- ይህንን ጥያቄ ለሌላ ወላጅ እንደገና በእራስዎ ቃል መጠየቅ ካለብዎት እንዴት ጠይቃሉ?

አጠቃላይ

- አስፈላጊ ናቸው ብለው ይሚያስቡት መጠየቅ የረሳናቸው ጥያቄዎች አሉ?
- ስለ-መጠይቁ አጠቃላይ ሀሳቦች/አስተያየቶች?
- በአጠቃላይ መጠይቁ ውስጥ መቀየር አለባችው ብለው ይሚያስቡት ጥያቄ?

Annex V

Dear expert

This VADPRS-A version contains 5 domains and 47 items we need your judgment for the degree of relevant each item, clarity of each item and cultural appropriateness of the items in Ethiopian context.

Please rate using the following rating scale

Degree of clarity

1 =Not clear

2 = Somewhat clear

3 = Quite clear

4 = Very clear

Degree of appropriateness

1 =Not appropriate

2 = Somewhat appropriate

3 = Quite appropriate

4 = Culturally appropriate

Degree of relevance

1 =Not relevant

2 = Somewhat relevant

3 = Quite relevant

4 = Highly relevant

Attention domain

This domain assesses a child's difficulty with sustaining attention:

Item no	Symptoms	Clarity	Cultural appropriateness	Relevance	Comment
1.	ለትንንሽ ነገሮች ትኩረትን ለመስጠት መቸገር ወይም በቸልተኝነት ስህተቶችን መስራት (ለምሳሌ፦ የቤት ስራ ሊሆን ይችላል)				
2.	መደርግ/ መስራት ያለባቸው ነግሮች ላይ ትኩረት ሰጥቶ መቆየት መቸገር				
3.	በሚያናግሩት/ሯት ጊዜ የሚያዳምጥ/የምታዳምጥ አልመምስል				
4.	ትእዛዝ በሚሰጥበት ጊዜ ተከትሎ ለመስራት መችገር፣ እንዲሁም ድርጊቶችን ጀምሮ ለማጠናቀቅ መቸገር (በእንቢተኝነት ወይም ባለመርዳት ያለመጣ)				
5.	ስራዎችን ወይም ተግባራትን ለማደራጅት መችግር (ለምሳሌ፦ ለጫዋታ፣ ለትምህርት እና የቤት ውስጥ ተግባራት)				
6.	ርዘም ላለ ጊዜ ትኩረትን የሚሹ ጉዳዮችን መሸሸ፣ መጀመር አለመፈለግ ወይም አለመውደድ				
7.	ለተለያዩ ተግባራት የሚያስፈልጉ እቃዎችን መጣል (ለምሳሌ፦ ደብተር፣ መጫወቻ እቃዎች፣ እርሳስ እና የቤት ስራዎች)				
8.	በተለያዩ ድምጾች ወይም በሌሎች ነገሮች በቀላሉ ትኩርት መስርቅ				
9.	በእለት እለት ተግባራት ዝንጉ መሆን				

Hyperactivity/impulsivity domain

This domain measures excessive motor activity, restlessness, and impulsive actions

Item no	Symptoms	Clarity	Cultural appropriateness	Relevance	Comment
10.	እጅ እና እግርን ማፍተልተል በተቀመጠበት/በተቀመጠችበት መቁነጥነጥ				
11.	መቀመጥ በሚኖርበት/ባት ጊዜ መነሳት				
12.	መቀመጥ ባለበት/ባት ሰዓት አብዝቶ መነሳት፣ መሯሯጥ እና መንጠላጠል				
13.	በእርጋታ የሚካሄዱ ጨዋታዎችን ለመጀመር እንዲሁም ለመጫወት መቸገር (ለምሳሌ፦ ስዕል፣ ሙዚቃ ማዳመጥ)				
14.	ሁሌም እንቅስቃሴ ላይ እዳለ/እንዳለች ወይም ሞተር የተገጠመለት/ላት መምሰል				
15.	ብዙ ማውራት				
16.	ጥያቄዎች ተጠይቀው ሳይጠናቀቁ በችኮላ መመለስ				
17.	ተራ መጠበቅ መቸገር				
18.	የሌሎች ሰዎች ተግባር ወይም ንግግር ላይ ጣልቃ መግባት ወይም ማቋረጥ				

ODD domain

This domain captures patterns of angry, argumentative, and defiant behavior, especially toward authority figures

Item no	Symptoms	Clarity	Cultural appropriateness	Relevance	Comment
19.	ከአዋቂዎች ጋር መከራከር				
20.	ቱግ ማለት ወይም ቶሎ መናደድ				
21.	የአዋቂዎችን ትዕዛዝ እና ሕጎች ሆነ ብሎ አለመቀበል ወይም መቃወም				
22.	ሆነ ብሎ ሰዎችን ማበሳጨት				
23.	ጥፋትን እና ስህተቶችን በሌሎች ማላከክ/ማሳበብ				
24.	ስስ ወይም በቀላሉ በሰዎች የሚረበሽ/የመትረበሽ				
25.	ተናዳጅ እና ቅያሜ የምይዝ/የምቲዝ ወይም ተቀያሚ				
26.	በቀለኛ እና ብድር መመልስ መፈለግ				

CD domain

This domain includes more serious behavioral violations

Item no	Symptoms	Clarity	Cultural appropriateness	Relevance	Comment
27.	ሌሎችን ማሸማቀቅ፣ ማስፈራራት ወይም ማወክ				
28.	ድብድብን ማንሳሳት				
29.	ከኃላፊነት ለመሸሽ ወይም ከገባበት ችግር ለመውጣት መዋሸት (መሳሌ፦ ሌሎችን ማጨበርበረ)				
30.	መፎረፍ/ያለፍቃድ ከትምህርት ቤት መቅረት				

31.	በሰዎች ላይ አካላዊ ጭካኔ ማሳየት				
32.	ዋጋ ያላቸው ንብረቶችን መስረቅ				
33.	የሌሎችን ንብረት ሆነ ብሎ ማበላሸት				
34.	ከፍተኛ ጉዳት የሚያደርሱ መሳሪያዎችን ይጠቀማል/ትጠቅማለች (ምሳሌ፦ ቢላ፣ ዱላ፣ ድንጋይ፣ ሽጉጥ)				
35.	በእንስሳት ላይ ጭካኔን ማሳየት				
36.	ሆነ በሎ ጉዳት ለማድረስ የእሳት ቃጠሎ እንዲነሳ ማድረግ				
37.	የሌሎች ሰዎችን ቤት፣ መኪና ወይም ንግድ ቦታ ሰብሮ መግባት				
38.	ያለፍቃድ በምሽት ከቤት ውጭ መቆየት				
39.	በምሽት ያለፍቃድ ከቤት ወጥቶ ማደር				
40.	ወሲብ ነክ ለሆኑ ተግባራት ሰዎችን ማስገደድ				

Anxiety/depression domain

This domain evaluates emotional symptoms

Item no	Symptoms	Clarity	Cultural appropriateness	Relevance	Comment
41.	ፈሪ፣ ሰጉ እና ተጨናቂ መሆን				
42.	ስህተት ላለመስራት ብሎ አዲስ ነገር ለመሞከር መፍራት				
43.	የበታችነት ወይም ዋጋቢስንት መሰማት				

44.	**የጥፋተኝነት ስሜት፣ ለችግሮች ሁሉ ራስን መውቀስ**				
45.	**ያለመወደድ፣ ያለመፈለግ እና የብቸኝነት ስሜት መሰማት፣ ሰዎች አይወዱኝም ብሎ/ብላ ማማረር**				
46.	**የማዘን፣ ያለመደሰት ወይም የመደበት ስሜት**				
47.	**በቀላሉ መሸማቀቅ/ ማፈር**				

Annex VI

VADPRS Amharic version 1A

Date: April 04, 2025

Translator: Abel Nigussie (MSc. Clinical psychology)

የወላጅ መጠየቅ

ቀን የልጅ ስም የትውልድ ቀን

የወላጅ ስም የወላጅ ስልክ ቁጥር

መጠንን ሲገልጹ ከእድሜ ደረጃው ከሚጠበቀው አንጻር እንደሆነ ያስተውሉ

ፎርሙን ሲሞሉ ልጅዎ ባለፉት 6 **ወራት የነበረበትን ሁኔታ እያስተወሱ**

ግምገማዎን ያደረጉት ልጅዎ የመድሃኒት ህክምና እየወሰደ የነበረበትን ወቅት ላይ ተመስርተው ነው?

አይደለም? **እርግጠኛ አይደለሁም**

በፍጹም = 0

አልፎ አልፎ =1

ብዙውን ጊዜ = 2

በጣም ብዙውን ጊዜ = 3

1 ለነገሮች ትኩረት ለመስጠት መቸገር ወይም የማይጠበቁ ቀላል ስህተቶችን መስራት (ለምሳሌ፡- የቤት ስራ ሊሆን ይችላል))

2 የተሰጡ ስራዎችን በትኩረት ለማከናወን መቸገር

3 በቀጥታ እያጋገሩት እያለ ለማዳመጥ መአገር

4 አስራራቸው በግልፅ የተቀመጡ ስራዎችን መመሪያን ተከትሎ ለመስራት እንዲሁም ጀምሮ ለማጠናቀቅ መቸገር

5 ስራዎን አክቲቪቲዎችን ለማደራጀት መቸገር

6 ረዘም ላለ ጊዜ ትኩረትን የሚጠይቁ ስራዎች ላይ ለመሳፈት አመፈለግ ወይም መሸሽ

7 መገልገያ ዕቃዎቹን መጣል (ለምሳ፡- አሳይመንቶች፣ እርሳስ፣ መጽህፍት)

8 በዙሪያው በሚመጣ አዲስ መረጃ በቀላሉ ከትኩረት መውጣት

9 የዕለት ተዕለት ተግባራትን መርሳት

10 እጅን ወይም እግሮችን ማፍተልተል ወይም በተቀመጠበት መቁነጥነጥ

11 መቀመጥ በሚገባቸው ጊዜ ከመቀመጫ ተነስቶ መንቀሳቀስ (ለምሳሌ፡- ክፍል ውስጥ)

12 መቀመጥ በሚገባቸው ሰዓት መቀመጫዎች ላይ መውጣት ወይም አብዝቶ መሯሯጥ

13 በእርጋታ የሚካሄዱ የመዝናኛ ጨዋታዎች ላይ ለመሳተፍ መቸገር

14 ሁሌም እንቅስቃሴ ላይ እዳለ ወይም ሞተር የተገጠመላት የሚመስል

15 ብዙ ማውራት

16 ጥያቄዎችን ተጠይቀው ሳይጠናቀቁ ቸኩሎ መልስ መስጠት

17 ተራውን /ተራዋን ለመጠበቅ መቸገር

18 ሌሎች ሰዎች ተናግረው ሳይጨርሱ አቋርጦ መናር፤ ጣቃ መግባት

19 ከአዋቂዎች ጋር መከራከር

20 ቱግ ማለት

21 ከአዋቂዎች የሚመጡ ትዕዛዞችን ወይም መመሪያዎችን ላለመፈፀም መጣር

22 ሆን ብሎ ሰዎችን ማበሳጨት

23 ጥፋቱን በሌሎች ማሳበስ.ማላከክ

24 በቀላሉ በሌሎች ላይ መበሳጨት

25 ተናዳጅነትና ቁጡነት

26 ቂመኝነትና መበቀል መፈለግ

27 ሌሎችን ማሰፈራራት

28 ፀብና ግብግብ ውስጥ ለመግባት ቀዳሚ መሆን

29 ከኋላፊነት ለመሸሽ ወይም ከገባበት ችግር ለመውጣት መዋሸት

30 ያለፈቃድ ከትምህርት በተደጋጋሚ መቅረት

31 ሰዎች ላይ በጭካኔ አካላዊ ጉዳት ማድረስ

32 ዋጋ ያላቸው ንብረቶች መስረቅ

33 የሌሎችን ንብረት ሆን ብሎ ማበላሸት

34 ከፍተኛ ጉዳት ሊያደርሱ የሚች መሳሪያዎች መጠቀም (ዱላ፣ ቢላዋ፣ ድንጋይ እና ሽጉጥ)

35 እንስሳትን በጭካኔ መደብደብ

36 ጉዳት ለማድረስ የእሳት ቃጠሎ እንዲነሳ ማድረግ

37 የሌሎች ሰዎች ቤት መኪና ወይም ንግድ ቤት ያለፈቃድ መግባት

38 ያለቤተሰብ ፈቃድ ሌሊቱን ውጭ ማደር

39 ከቤት ጥሎ ወጥቶ ማደር

40 ወሲባዊ ድርጊቶች ላይ እንዲሳተፉ ሌሎችን ማስገደድ

41 የመፍራትና የመጨናነቅ ፀባይ

42 ስህተት ላለመስራት ብሎ አዲስ ነገር ለመሞከር መፍራት

43 አልረባም ብሎ የማሰብና የበታችነት ስሜት

44 እራስን መውቀስና የጥፋተኝነት ስሜት መኖር

45 ብቸኛ እንዲሆንና ማንም እንደማይወደውና እንደማይፈልገው መሰማት (ማንም አይወደኝም ሲል ይደመጣል)

46 የመደበት የመከፋት ደስታ የማጣት ስሜት

47 በራስ ማፈር

VADPRS Amharic version 1B

Date: March 06, 2025

Translator: Keturah Campbell (BA degree In English language and Literature)

የቤተሰብ መጠይቅ

ዛሬው ቀን ፡ የልጅ ስም ፡ የትውልድ ቀን /የልደት ቀን ፡

የወላጅ ስም ፡ የወላጅ ስልክ ቁጥር ፡

እያንዳንዱ መረጃ የልጅዎን እድሜ ያማከለ መሆን አለበት:: ይህንን ፎርም /ቅፅ ሲሞሉ ልጅዎ ባለፉት 6 ወራት ውስጥ ያሳየውን/ያሳየችውን ባህሪ ከግምት ውስጥ ያስገቡ /ያስቡ::

ይህ ቅፅ የተሞላው ልጅዎ መዳኒት በመጠቀም ላይ ነበር? እርግጠኛ አይደለሁም /አልነበረም?

0-ታይተው አያውቁም/
1-እንደሁኔታው/
2-በተከታታይ/
3-በጣም በተከታታይ

	ምልክቶች
1-	ለዝርዝር መረጃዎች ትኩረት አይሰጡም ወይም ግድየለሽ ስህተቶችን ይሰራሉ ለምሳሌ በ (የቤት ስራዎች)
2-	መደረግ/መሰራት ላለባቸው ስራዎች ትኩረት ለመስጠት ይቸገራሉ
3-	በቀጥታ በሚደረጉ ንግግሮች ወቅት በትኩረት አለማዳመጥ
4-	መመርያዎች በቀጥታ ሲሰጡ አለመከተል እንዲሁም ስራዎችን/ተግባራትን በሰዓቱ አከናውኖ አለመጨረስ(ያለቸልተኝነት ወይም ያለእምቢተኝነት ወይም ባለመረዳትአይደለም)
5-	ስራዎችን/ተግባራቶችን ለማደራጀት ወይም ለማቀናጀት መቸገር
6-	የአእምሮ ስራን የሚፈልጉ ተግባራትን ችላ ማለት፣መሸሽ፣መጥላት
7-	ለተለያዩ ተግባራት የሚያስፈልጉ ቁሶችን መጣል፣መርሳት(መጫወቻ፣አሳይመንቶች፣እርሳስ፣ደብተር/መጽሃፍት)
8-	በቀላሉ በተለያዩ ድምጾች ትኩረት መሰረቅ/መረበሽ

9-	በእለተ እለት ተግባራት ውስጥ በቀላሉ መርሳት
10-	መቁነጥነጥ፣ እጅ ማፍተልተል
11-	መቀመጥ በሚኖርባቸው ወቅት መነሳት
12-	መቀመጥ በሚኖሪባቸው ሰዓት ያለአግባብ መሯሯጥ፣ያለአግባብ መንጠልጠል፣
13-	ለመጫወት ወይም በዝምታ የሚደረጉ ጨዋታዎችን ለመጀመር መቸገር
14-	ሁሌም ለሮጥ/ለመንቀሳቀስ ዝግጁ ነው አንዳንዴም በሞተር እንደሚንቀሳቀስማሽን
15-	በጣም ወይም ለረጅም ሰዓት ያወራል/ታወራለች
16-	ጥያቄዎች ከማለቃቸው በፊት ወይም ሙሉ ለሙሉ ከመጠየቃቸው በፊት በፍጥነት መልስ መመለስ
17-	የራስን ተራ ለመጠበቅ መቸገር
18-	የሌሎች ስራ ላይ ወይም ንግግር ላይ ጣልቃ መግባት ወይም ማቋረጥ
19-	ከታላላቆች ጋር መከራከር
20-	መበሳጨት
21-	በዋነኛነት የታላላቆችን መመርያ ወይም ተእዛዝ አለመከተል
22-	ሆን ብሎ ሰዎችን ማበሳጨት
23-	ለመጥፎ ጸባዮቻቸው ወይም ስህተቶቻቸውን በሰዎች ማሳበብ
24-	በቀላሉ በሰዎች ይበሳጫሉ/ይናደዳሉ
25-	ብስጩ ናቸው ወይም ቅርይሰኛሉ
26-	እልኸኛ እና ግትር ናቸው
27-	ሌሎችን ያበሽቃሉ/ያስፈራራሉ
28-	ድብድቦችን ያነሳሳሉ
29-	ከጥፋተኝነት ለመሸሽ ይዋሻሉ/ሃላፊነቶችን ይሸሻሉ(ማለትም ሰዎችን ይሸውዳሉ)
30-	ያለ ፍቃድ ከትምህርት ቤት ይቀራሉ
31-	ለሌሎች ሰዎች ጭካኔን ያሳያሉ
32-	ከ ፍ ያለ ዋጋ ያላቸውን እቃዎች ሰርቀው ያውቃሉ
33-	በግድ የለሽነት የሌሎችን ይንብረቶችህ ያበላሻሉ
34-	አደጋ ሊያደርስ የሚችል ቁስ ተጠቅመው ያውቃሉ(ቢላ፣እስከሪብቶ፣ድንጋይ፣ሽጉጥ)
35-	እንስ ሳቶችን ይጎዳሉ/ይጨክናሉ
36-	ሆን ብለው እሳት ለማስነሳትማክረው ያውቃሉ
37-	የሰዎችን ቤት ወይም መኪና ሰብረው ገብተው ያውቃሉ
38-	ያለ ፍቃድ ከቤት ውጭ አምሽተው ያውቃሉ
39-	በምሽት ከቤት ወጥተው ጠፍተው ያውቃሉ
40-	ሰዎችን ወደ ወሲባዊ ተጋራት ኢንዲገቡ አስገድደው ያውቃሉ
41-	ፈሪ፣ድንጉጥ ወይም ጭንቀታም ናቸው
42-	ስህተት ፍራቻ አዲስ ነገሮችን ለመሞከር ይፈራሉ
43-	የበታችነት ስሜት ወይም በራስ አለመተማመን ይሰማቸዋል
44-	ለችግሮች ራሳቸውን ተወቃሽ ያደርጋሉ
45-	ብቸኝነት ፣አለመፈለግ፣አለመወደድ ስሜት ይሰማቸዋል ወይም ሰዎች እንደማይወዷቸው ያማርራሉ
46-	ያዛናሉ፣ይጨናነቃሉ/በሃዘን እና ጭንቀት ስሜት ውስጥ ናቸው
47-	በቀላሉ ይሸማቀቃሉ

VADPRS Amharic version 2

የወላጅ ውይም አሳዳጊ መጠየቅ

ቀን _____የልጅ ስም_____የትውልድ ቀን _____

የወላጅ ስም_____የወላጅ ስልክ ቁጥር_____

አቃጣጫ፡- እያንዳንዱ መረጃ የልጅዎን እድሜ ያማከለ መሆን አለበት:: ይህንን ፎርም /ቅፅ ሲሞሉ ልጅዎ ባለፉት 6 ወራት ውስጥ ያሳየውን/ያሳየችውን ባህሪ ከግምት ውስጥ ያስገቡ /ያስቡ::

ይህ ቅፅ የተሞላው ልጅዎ መዳኒት በመጠቀም ላይ ነበር? አዎ እየወሰድ ነበረ እየወሰድ አይደለም እርግጠኛ አይደለሁም

ተ. ቁ	ምልክቶች	በፍጹም	አልፎ አልፎ	ብዙ ጊዜ	በጣም ብዙ ጊዜ
1.	ለትንንሽ ነገሮች ትኩረትን ለመስጠት መቸገር ወይም በቸልተኝነት ስህተቶችን መስራት (ለምሳሌ፡- የቤት ስራ ሊሆን ይችላል)	0	1	2	3
2.	መደርግ/ መስራት ያለባቸው ነግሮች ላይ ትኩረት ሰጥቶ መቆየት መቸገር	0	1	2	3
3.	በሚያናግሩት/ሯት ጊዜ የሚያዳምጥ/የምታዳምጥ አልመምስል	0	1	2	3
4.	ትእዛዝ በሚሰጥበት ጊዜ ተከትሎ ለመስራት መቸገር፣ እንዲሁም ድርጊቶችን ጀምሮ ለማጠናቀቅ መቸገር (በእንቢትኝነት ወይም ባለመርዳት ያለመጣ)	0	1	2	3
5.	ስራዎችን ወይም ተግባራትን ለማደራጅት መችግር (ለምሳሌ፡- ለጫዋታ፣ ለትምህርት እና የቤት ውስጥ ተግባራት)	0	1	2	3
6.	ርዘም ላለ ጊዜ ትኩረትን የሚሹ ጉዳዮችን መሸሸ፣ መጀመር አለመፈለግ ወይም አለመውደ	0	1	2	3

7.	ለተለያዩ ተግባራት የሚያስፈልጉ እቃዎችን መጣል (ለምሳሌ፦ ደብተር፣ መጫወቻ እቃዎች፣ እርሳስ እና የቤት ስራዎች)	0	1	2	3
8.	በተለያዩ ድምጾች ወይም በሌሎች ነገሮች በቀላሉ ትኩረት መስርቅ	0	1	2	3
9.	በእለት እለት ተግባራት ዝንጉ መሆን	0	1	2	3
10.	እጅ እና እግርን ማፍተልተል በተቀመጠበት/በተቀመጠችበት መቁነጥነጥ	0	1	2	3
11.	መቀመጥ በሚኖርበት/ባት ጊዜ መነሳት	0	1	2	3
12.	መቀመጥ ባለበት/ባት ሰዓት አብዝቶ መነሳት፣ መሯሯጥ እና መንጠላጠል	0	1	2	3
13.	በእርጋታ የሚካሄዱ ጨዋታዎችን ለመጀመር እንዲሁም ለመጫወት መቸገር (ለምሳሌ፦ ስዕል፣ ሙዚቃ ማዳመጥ)	0	1	2	3
14.	ሁሌም እንቅስቃሴ ላይ እዳለ/እንዳለች ወይም ሞተር የተገጠመለት/ላት መምሰል	0	1	2	3
15.	ብዙ ማውራት	0	1	2	3
16.	ጥያቄዎች ተጠይቀው ሳይጠናቀቁ በችኮላ መመለስ	0	1	2	3
17.	ተራ መጠበቅ መቸገር	0	1	2	3
18.	የሌሎች ሰዎች ተግባር ወይም ንግግር ላይ ጣልቃ መግባት ወይም ማቋረጥ	0	1	2	3
19.	ከአዋቂዎች ጋር መከራከር	0	1	2	3
20.	ቱግ ማለት ወይም ቶሎ መናደድ	0	1	2	3
21.	የአዋቂዎችን ትዕዛዝ እና ሕጎች ሆነ ብሎ አለመቀበል ወይም መቃወም	0	1	2	3
22.	ሆነ ብሎ ሰዎችን ማበሳጨት	0	1	2	3

23.	ጥፋትን እና ስህተቶችን በሌሎች ማላከክ/ማሳባብ	0	1	2	3
24.	ስስ ወይም በቀላሉ በሰዎች የሚረበሽ/የምትረበሽ	0	1	2	3
25.	ተናዳጅ እና ቅያሜ የምይዝ/የምቲዝ ወይም ተቀያሚ	0	1	2	3
26.	በቀለኛ እና ብድር መመልስ መፈለግ	0	1	2	3
27.	ሌሎችን ማሸማቀቅ፣ ማስፈራራት ወይም ማወክ	0	1	2	3
28.	ድብድብን ማንሳሳት	0	1	2	3
29.	ከኃላፊነት ለመሸሽ ወይም ከገባበት ችግር ለመውጣት መዋሸት (መሳሌ፦ ሌሎችን ማጨበርበረ)	0	1	2	3
30.	መፎረፍ/ያለፍቃድ ከትምህርት ቤት መቅረት	0	1	2	3
31.	በሰዎች ላይ አካላዊ ጭካኔ ማሳየት	0	1	2	3
32.	ዋጋ ያላቸው ንብረቶችን መስረቅ	0	1	2	3
33.	የሌሎችን ንብረት ሆነ ብሎ ማበላሸት	0	1	2	3
34.	ከፍተኛ ጉዳት የሚያደርሱ መሳሪያዎችን ይጠቀማል/ትጠቅማለች (ምሳሌ፦ ቢላ፣ ዱላ፣ ድንጋይ፣ ሽጉጥ)	0	1	2	3
35.	በእንስሳት ላይ ጭካኔን ማሳየት	0	1	2	3
36.	ሆነ በሎ ጉዳት ለማድረስ የእሳት ቃጠሎ እንዲነሳ ማድረግ	0	1	2	3
37.	የሌሎች ሰዎችን ቤት፣ መኪና ወይም ንግድ ቦታ ሰብሮ መግባት	0	1	2	3
38.	ያለፍቃድ በምሽት ከቤት ውጭ መቆየት	0	1	2	3

39.	በምሽት ያለፍቃድ ከቤት ወጥቶ ማደር	0	1	2	3
40.	ወሲብ ነክ ለሆኑ ተግባራት ሰዎችን ማስገደድ	0	1	2	3
41.	ፈሪ፣ ስጉ እና ተጨናቂ መሆን	0	1	2	3
42.	ስህተት ላለመስራት ብሎ አዲስ ነገር ለመሞከር መፍራት	0	1	2	3
43.	የበታችነት ወይም ዋጋቢስንት መሰማት	0	1	2	3
44.	የጥፋተኝነት ስሜት፣ ለችግሮች ሁሉ ራስን መውቀስ	0	1	2	3
45.	ያለመወደድ፣ ያለመፈለግ እና የብቸኝንት ስሜት መሰማት፣ ሰዎች አይወዱኝም ብሎ/ብላ ማማረር	0	1	2	3
46.	የማዘን፣ ያለመደሰት ወይም የመደበት ስሜት	0	1	2	3
47.	በቀላሉ መሸማቀቅ/ ማፈር	0	1	2	3

Revised item in v2

Item No	Previous Items	Revision v3
1	**ለትንንሽ ነገሮች ትኩረት ለመስጠት መቸገር ወይም በቸልተኝነት ስህተቶችን መስራት** (ለምሳሌ፦ የቤት ስራ ላይ ሊሆን ይችላል) By parent/caregivers	ለዝርዝር ጉዳዮች
2	**ነግሮች ላይ ትኩረት ሰጥቶ መቆየት መቸገር** Expert	**መደረግ/ መስራት ያለባቸው** (excluded)
5	**ስራዎችን ወይም ተግባራትን ለማደራጅት መቸግር** (ለምሳሌ፦ ለጫዋታ፣ ለትምህርት እና የቤት ውስጥ ተግባራት) Expert CVI	አቀናጅቶ ለማከናወን
6	**ርዘም ላለ ጊዜ ትኩረትን የሚሹ ጉዳዮችን መሸሸ፣ መጀመር አለመፈለግ ወይም አለመውደድ** expert CVI	**ረዘም ላለ ጊዜ የአዕምሮ ጥረት የሚፈልጉ** (እንደ ንባብ፣ ውስብስብ ጨዋታዎች) **ጉዳዮችን መሸሸ፣ መጀመር አለመፈለግ ወይም አለመውደድ**
8	**በተለያዩ ድምጾች ወይም በሌሎች ነገሮች በቀላሉ ትኩረት መስርቅ** parent/caregivers	በዙሪያው/ዋ በሚከሰቱ ነገሮች
9	**ዝንጉ መሆን**	መርሳት (included)
10	**በተቀመጠበት/በተቀመጠችበት መቁነጥነጥ** parent the lowest	**እጅ እና እግርን ማፍተልተል** (excluded)
14	**ሁሌም እንቅስቃሴ ላይ እዳለ/እንዳለች ወይም ሞተር የተገጠመለት/ላት መምሰል** parent	እረፍት የሌለው መሆን
19	ከአዋቂዎች ጋር መከራከር	**ከታላላቆች ጋር ወይም ከወላጅ ጋር መከራከር**".
24	**ስስ ወይም በቀላሉ በሌሎች ሰዎች የሚረበሽ/የምትረበሽ** expert the lowest	የሚበሳጭ/የምትበሳጭ
26	**በቀለኛ እና ብድር መመለስ መፈለግ** expert	ቂሙን/ ቂሟን መወጣት

27	**ማሸማቀቅ**	ጉልበተኛ መሆን
29	**ከኋላፊነት ለመሸሸ**	**ስራን ላለመስራት** (included)
43	**የበታችነት ወይም ዋጋቢስንት መሰማት** parent Caregivers	**ስሜት** (included)

VADPRS Amharic version 3 (final)

የወላጅ ውይም አሳዳጊ መጠየቅ

ቀን _____**የልጅ ስም**_____**የትውልድ ቀን** _____

የወላጅ ስም_____**የወላጅ ስልክ ቁጥር**_____

አቃጣጫ፡- *እያንዳንዱ መረጃ* **የልጅዎን እድሜ** *ያማከለ መሆን አለበት፣* **ይህንን ፎርም /ቅፅ ሲሞሉ ልጅዎ ባለፉት** 6 **ወራት ውስጥ** *ያሳየውን/ያሳየችውን ባህሪ* **ከግምት ውስጥ ያስገቡ /ያስቡ**::

ይህ ቅፅ የተሞላው ልጅዎ *መድሐኒት* **በመጠቀም ላይ ነበር**? **አዎ እየውሰድ ነበረ እየወሰድ አይደለም እርግጠኛ አይደለሁም**

ተ. ቁ	ምልክቶች	በፍጹም	አልፎ ያስቡ:	ብዙ ጊዜ	በጣም ብዙ ጊዜ
1.	ለዝርዝር ጉዳዮች ትኩረት መስጠት መቸገር ወይም በቸልተኝነት ስህተቶችን መስራት (ለምሳሌ፡- የቤት ስራ ላይ ሊሆን ይችላል)	0	1	2	3
2.	ነግሮች ላይ ትኩረት ሰጥቶ መቀየት መቸገር	0	1	2	3
3.	በሚያናግሩት/ሯት ጊዜ የሚያዳምጥ/የምታዳምጥ አልመምሰል	0	1	2	3
4.	ትእዛዝ በሚሰጥበት ጊዜ ተከትሎ ለመስራት መቸገር፣ እንዲሁም ድርጊቶችን ጀምሮ ለማጠናቀቅ መቸገር (በእንቢተኝነት ወይም ባለመርዳት ያለመጣ)	0	1	2	3

5.	ስራዎችን ወይም ተግባራትን ለማደራጅት ወይም አቀናጅቶ ለማከናወን መችግር (ለምሳሌ፦ ለጫዋታ፣ ለትምህርት እና የቤት ውስጥ ተግባራት)	0	1	2	3
6.	ረዘም ላለ ጊዜ የአዕምሮ ጥረት የሚፈልጉ (እንደ ንባብ፣ ውስብስብ ጨዋታዎች) ጉዳዮችን መሸሸ፣ መጀመር አለመፈለግ ወይም አለመውደድ	0	1	2	3
7.	ለተለያዩ ተግባራት የሚያስፈልጉ እቃዎችን መጣል (ለምሳሌ፦ ደብተር፣ መጫወቻ እቃዎች፣ እርሳስ እና የቤት ስራዎች)	0	1	2	3
8.	በተለያዩ ድምጾች ወይም በዙሪያው/ዋ በሚከሰቱ ነገሮች በቀላሉ ትኩረት መሰረቅ	0	1	2	3
9.	የእለት እለት ተግባራትን መርሳት ወይም ዘንጉ መሆን	0	1	2	3
10.	በተቀመጠበት/በተቀመጠችበት መቁነጥነጥ	0	1	2	3
11.	መቀመጥ በሚኖርበት/ባት ጊዜ መነሳት	0	1	2	3
12.	መቀመጥ ባለበት/ባት ሰዓት አብዝቶ መነሳት፣ መሯሯጥ እና መንጠላጠል	0	1	2	3
13.	በእርጋታ የሚካሄዱ ጨዋታዎችን ለመጀመር እንዲሁም ተርጋግቶ ለመጫወት መቸገር (ለምሳሌ፦ ስዕል፣ ሙዚቃ ማዳመጥ)	0	1	2	3
14.	ሁሌም እንቅስቃሴ ላይ እዳለ/እንዳለች ወይም እረፍት የሌለው/ላት መሆን	0	1	2	3

15.	ብዙ ማውራት	0	1	2	3
16.	ጥያቄዎች ተጠይቀው ሳይጠናቀቁ በችኮላ መመለስ	0	1	2	3
17.	ተራ መጠበቅ መቸገር	0	1	2	3
18.	የሌሎች ሰዎች ተግባር ወይም ንግግር ላይ ጣልቃ መግባት ወይም ማቋረጥ	0	1	2	3
19.	ከታላላቆች ጋር ወይም ከወላጅ ጋር መከራከር	0	1	2	3
20.	ቱግ ማለት ወይም ቶሎ መናደድ	0	1	2	3
21.	የአዋቂዎችን ትዕዛዝ እና ሕጎች ሆነ ብሎ አለመቀበል ወይም መቃወም	0	1	2	3
22.	ሆነ ብሎ ሰዎችን ማበሳጨት	0	1	2	3
23.	ጥፋትን እና ስህተቶችን በሌሎች ማላከክ/ማሳበብ	0	1	2	3
24.	በቀላሉ በሌሎች በሰዎች የሚረበሽ/የመትረበሽ ወይም የሚበሳጭ/የምትበሳጭ	0	1	2	3
25.	ተናዳጅ እና ቅያሚ የምይዝ/የምቲዝ ወይም ተቀያሚ	0	1	2	3
26.	በቀለኛ እና ቂሙን/ቂሟን መወጣት የሚፈልግ/የምትፈልግ	0	1	2	3
27.	ሌሎችን ማሸማቀቅ (ጉልበተኛ መሆን) ፣ ማስፈራራት ወይም ማወክ	0	1	2	3

28.	ድብድብን ማንሳሳት	0	1	2	3
29.	ከኃላፊነት ለመሸሸ (ስራን ላለመስራት) ወይም ከገባበት ችግር ለመውጣት መዋሸት (መሳሌ፦ ሌሎችን ማጨበርበረ)	0	1	2	3
30.	ያለፍቃድ ከትምህርት ቤት መቅረት	0	1	2	3
31.	በሰዎች ላይ አካላዊ ጭካኔ ማሳየት	0	1	2	3
32.	ዋጋ ያላቸው ንብረቶችን መስረቅ	0	1	2	3
33.	የሌሎችን ንብረት ሆነ ብሎ ማበላሸት	0	1	2	3
34.	ከፍተኛ ጉዳት የሚያደርሱ መሳሪያዎችን ይጠቀማል/ትጠቀማለች (ምሳሌ፦ ቢላ፣ ዱላ፣ ድንጋይ፣ ሽጉጥ)	0	1	2	3
35.	በእንስሳት ላይ ጭካኔን ማሳየት	0	1	2	3
36.	ሆነ በሎ ጉዳት ለማድረስ የእሳት ቃጠሎ እንዲነሳ ማድረግ	0	1	2	3
37.	የሌሎች ሰዎችን ቤት፣ መኪና ወይም ንግድ ቦታ ሰብሮ መግባት	0	1	2	3
38.	ያለፍቃድ በምሽት ከቤት ውጭ መቆየት	0	1	2	3
39.	በምሽት ያለፍቃድ ከቤት ወጥቶ ማደር	0	1	2	3
40.	ወሲብ ነክ ለሆኑ ተግባራት ሰዎችን ማስገደድ	0	1	2	3

41.	ፈሪ፣ ሰጉ እና ተጨናቂ መሆን	0	1	2	3
42.	ስህተት ላለመሰራት ብሎ አዲስ ነገር ለመሞከር መፍራት	0	1	2	3
43.	የበታችነት ስሜት ወይም ዋጋቢስንት መሰማት	0	1	2	3
44.	የጥፋተኝነት ስሜት፣ ለችግሮች ሁሉ ራስን መውቀስ	0	1	2	3
45.	ያለመወደድ፣ ያለመፈለግ እና የብቸኝንት ስሜት መሰማት፣ ሰዎች አይወዱኝም ብሎ/ብላ ማማረር	0	1	2	3
46.	የማዘን፣ ያለመደሰት ወይም የመደበት ስሜት	0	1	2	3
47.	በቀላሉ መሸማቀቅ/ ማፈር	0	1	2	3

Declaration

I the undersigned, declare that this thesis report is my original work, where my work is indebted to the work of others, it has not been accepted or presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

If proven otherwise, I understand that appropriate actions will be taken based on the Senate Legislation of Addis Ababa University and the Guidelines provided by the Ministry of Education.

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This thesis has been submitted for examination with my approval as University Supervisor

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