

**A SURVEY OF THE LEVEL OF DEPRESSION, ANXIETY AND
STRESS AMONG PERSONS WITH VISUAL DISORDERS IN
UNIBEN COMMUNITY**

BY

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DEPARTMENT OF OPTOMETRY

FACULTY OF LIFE SCIENCES

UNIVERSITY OF BENIN,

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APRIL 2024

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**A THESIS PRESENTED TO THE DEPARTMENT OF OPTOMETRY,
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APRIL 2024

CERTIFICATION AND APPROVAL

This is to certify that this research project titled **A SURVEY OF THE LEVEL OF DEPRESSION, ANXIETY AND STRESS AMONG PERSONS WITH VISUAL DISORDERS IN UNIBEN COMMUNITY** was carried out by **ARIMORO PRAISE OGHOGHO** in the Department of Optometry, Faculty of Life Sciences, University of Benin in partial fulfillment of the requirement for the Doctor of Optometry degree in the 2022/2023 Academic Session.

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DEDICATION

I want to dedicate this work to my grandparents, Late Elder J.O Arimoro and Late Mrs. R.E Arimoro who longed to see this day but could not make it.

ACKNOWLEDGEMENTS

I am grateful to God Almighty, whose grace and mercy kept me through my academic endeavour in the University in good health and a sound mind.

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ABSTRACT

Visual disorders have a profound impact on the overall well-being of individuals, often extending beyond physical impairments to include psychological and emotional challenges. This research assessed the prevalence and levels of depression, anxiety and stress among persons with visual disorders within the University of Benin community. This study employed the use of a structured questionnaire as well as the Depression, Anxiety and Stress Scale (DASS-21) self-report questionnaire. The results of the study showed that the prevalence of depression was 61.0% with majority (28.2%) of the respondents having moderate depression levels. Length of time of managing their ocular condition was statistically significant with $p=0.021$. The prevalence of anxiety among respondents was 73.75% with majority (34.5%) of the respondents having moderate anxiety levels. Length of time of managing their ocular condition was statistically significant with $p=0.038$. While the prevalence of stress was 28.75% with majority (12.5%) of the respondents having mild stress levels. Age, Level of education and Length of time of managing their ocular condition were all statistically significant with $p=0.058$, 0.020 and 0.047 respectively. Refractive errors accounted for majority (65.8%) of the visual disorders found within this region and thus the most frequently experienced. This research serves as proof that emphasizes the importance of addressing the mental health needs of individuals with visual disorders and, subsequently, to inform the development of strategies for early detection, intervention and support.

Keywords: visual disorder, mental health, depression, anxiety, stress

CHAPTER ONE

1.0 INTRODUCTION

Sight is not just a sense; it's a fundamental gateway to experiencing the world and engaging with daily life. The intricate and complex nature of human vision plays a crucial role in shaping our overall well-being and participation in various aspects of life. From crossing streets to avoiding obstacles, vision enables safe and independent movement, empowering individuals to navigate their surroundings confidently. Reading, cooking, cleaning, and personal hygiene all rely heavily on visual information. Without it, completing these essential tasks becomes significantly more difficult, impacting independence and quality of life.

Facial expressions, gestures, and body language play a crucial role in understanding emotions and intentions during social interactions. Vision impairment can hinder this crucial aspect of communication, leading to social isolation and loneliness. Visual stimuli contribute significantly to emotional responses. Seeing loved ones, enjoying nature, or engaging in hobbies visually triggers positive emotions and helps regulate stress. Conversely, limited vision can restrict these experiences, potentially impacting emotional well-being.

The majority of information we receive about the world comes through our eyes. Vision plays a vital role in learning, memory, and cognitive development. Understanding spatial relationships and navigating complex environments heavily rely on visual perception. Impaired vision can affect these abilities, impacting tasks like driving, playing sports, and even performing certain jobs.

Vision allows us to identify potential dangers like oncoming traffic, uneven surfaces, or unsafe objects. Impaired vision increases the risk of accidents and injuries, impacting physical health and safety.

Vision loss, more than just limiting physical capabilities, casts a long and often underestimated shadow on mental well-being. Individuals with visual impairments are significantly more vulnerable to experiencing depression, anxiety, and stress compared to the sighted population.

Depression:

Studies consistently report higher rates of depression among individuals with visual impairments. A CDC study by Patel et al. (2017) found that 1 in 4 adults with vision loss reported experiencing anxiety or depression, with younger adults displaying a fivefold greater risk compared to older counterparts. Similar findings were reported by Rao et al. (2017), who attributed this elevated risk to factors like loss of independence, social isolation, and perceived stigma.

Anxiety:

The limitations imposed by visual impairment can fuel anxiety due to heightened concerns about safety, mobility, and dependence on others. A systematic review by Roesch-Ely et al. (2018) identified anxiety as a prevalent issue, particularly among those with recent vision loss or low levels of social support. Similarly, a study by Lu et al. (2018) found that individuals with visual impairments reported higher levels of social anxiety compared to sighted individuals.

Stress:

Navigating daily tasks and social interactions becomes more complex with limited vision, leading to increased stress. A study by Lin et al. (2016) explored this link, reporting a positive correlation between vision impairment severity and stress levels. Additionally, concerns about finances, employment opportunities, and accessing support services contribute further to the stress burden.

Several factors contribute to the increased vulnerability to mental health challenges:

- Loss of independence: Reduced ability to perform daily tasks can lead to feelings of helplessness and loss of control.
- Social isolation: Difficulty interacting and participating in social activities can lead to loneliness and isolation.
- Stigma and discrimination: Negative societal attitudes towards disability can contribute to low self-esteem and marginalization.
- Fear and uncertainty: Concerns about the future and managing daily life with vision loss can be anxiety-provoking.

Understanding the nuances adds depth to the picture. The degree of vision loss and individual coping mechanisms influence the severity of these mental health challenges. Early-onset vision loss can have a more significant impact on development and mental health compared to later-onset loss. Additionally, financial instability and limited access to resources can exacerbate mental health issues for individuals with visual impairments.

Addressing these needs is crucial. We must integrate regular mental health assessments into vision care, ensuring early identification and screening. Providing culturally and

disability-sensitive therapy in accessible formats is essential, along with fostering support groups and peer counseling. Ultimately, promoting community integration and fostering positive attitudes towards disability can combat isolation and stigma, empowering individuals with visual impairments to not just navigate the physical world, but also flourish mentally and emotionally.

1.1 BACKGROUND INFORMATION

Visual disorders encompass any condition that affects the ability to see, ranging from mild refractive errors to complete blindness. These can be broadly categorized as:

- Refractive errors: Blurred vision due to misshapen cornea or lens, including myopia (nearsightedness), hyperopia (farsightedness), and astigmatism.
- Cataracts: Clouding of the lens, often age-related, causing blurred vision and eventually blindness.
- Glaucoma: Damage to the optic nerve, leading to vision loss and potentially blindness if untreated.
- Age-related Macular degeneration: Age-related deterioration of the macula, central part of the retina, causing loss of central vision.
- Corneal diseases: Opacities or scarring on the cornea, the clear front surface of the eye, impairing vision.
- Diabetic retinopathy: Eye damage caused by diabetes, leading to vision loss and blindness.

Prevalence of Visual Disorders in Nigeria:

National Level: *The National Blindness and Visual Impairment Survey (2019) estimated a prevalence of 4.2% blindness and 1.5% severe visual impairment among adults aged ≥ 40 years in Nigeria. This translates to over 1 million blind individuals and 3 million with severe or moderate visual impairment.*

UNIBEN Community: Specific data on visual disorders within the UNIBEN community is limited. However, studies in Nigeria suggest a higher prevalence among university students compared to the general population. One of such studies is “Pattern of eye diseases and visual impairment among students in southwestern Nigeria” (Ajaiyeoba et al., 2014). This study reported a 37.3% prevalence of refractive errors among university students, suggesting a significant number experiencing vision-related challenges.

Examining the Challenges of Visual Impairment in a Societal Context

Individuals with visual impairments (VI) navigate a world fundamentally different from their sighted counterparts, confronting a complex interplay of functional limitations, social isolation, and economic disadvantages.

Daily activities, often taken for granted, transform into intricate challenges for individuals with VI. From traversing unfamiliar environments to accessing information and engaging in essential tasks like preparing meals, each step requires adaptation and, often, dependence on assistance. This constant negotiation with limitations can be physically and mentally taxing, impacting independence and fostering feelings of vulnerability.

The social sphere poses another significant hurdle. Communication barriers, difficulties in participating in group activities, and the potential for exclusion can contribute to feelings of isolation and loneliness. This social marginalization is further exacerbated by societal stigma and discriminatory attitudes, creating a sense of otherness and pushing individuals with VI further into the periphery.

The economic landscape becomes particularly treacherous for individuals with VI. Limited employment opportunities due to accessibility challenges and societal biases contribute to financial instability and dependence. The additional burden of acquiring and maintaining assistive technology and specialized services further compounds the economic hardship, creating a vicious cycle that perpetuates vulnerability.

Studies consistently demonstrate a significant disparity in mental health outcomes between individuals with VI and their sighted counterparts. A meta-analysis by Wei et al. (2016) found that individuals with VI are 2.14 times more likely to experience depression, highlighting the stark prevalence. Similarly, anxiety disorders are nearly two times more common among those with VI, according to a review by Roesch-Ely et al. (2018). Stress levels also show a worrying correlation with VI severity, as documented by Lin et al. (2016).

Nigeria and UNIBEN: Specific Concerns

The National Blindness and Visual Impairment Survey (2019) in Nigeria revealed a higher prevalence of VI compared to the global average, suggesting a potentially larger population vulnerable to mental health challenges. Additionally, a study by January et al. (2018) found that depression and anxiety were prevalent among university students in

Nigeria, suggesting a heightened vulnerability for students with VI within the UNIBEN community.

1.2 STATEMENT OF PROBLEM

The University of Benin community hosts a diverse population, including individuals with visual disorders who face unique challenges in their academic, work and personal lives. Despite the importance of addressing mental health issues, there is a limited understanding of the specific levels of depression, anxiety, and stress experienced by these individuals. This research seeks to shed light on the extent of these psychological burdens, enabling the development of tailored interventions and support services that can alleviate the negative impact of these conditions and enhance the overall well-being of people in this region.

1.3 AIM AND OBJECTIVES

1.3.1 Aim

The aim of this study is to investigate the level of depression, anxiety and stress among people who have been diagnosed with visual disorders using the University of Benin Community as a case study.

1.3.2 Objectives

1. To identify the relationship between ocular conditions and Depression, Anxiety and Stress in the University of Benin Community
2. To assess the prevalence and severity of depression, anxiety, and stress among people who have ocular conditions in the study population

3. To assess the effect of sociodemographic factors such as age, gender, level of education and occupation on the prevalence and severity of depression, anxiety, and stress in the study population.
4. To determine the effect of the length of time spent managing ocular conditions on the prevalence and severity of depression, anxiety and stress in the study population.

1.4 RESEARCH QUESTIONS

1. What are the levels of depression, anxiety, and stress among individuals with visual disorders in the University of Benin Community?
2. What demographic factors (such as age, gender) are associated with higher levels of depression, anxiety, and stress in the study population?
3. What challenges do individuals with visual disorders face in their social interactions and responsibilities?
4. What effect does the length of time spent managing ocular conditions have on depression, anxiety and stress in the study population?

1.5 SIGNIFICANCE OF STUDY

1. This study contributes to raising awareness about the mental health challenges that individuals with visual disorders may face.
2. The study provides data on the mental health status of people with visual disorders, giving a clear and evidence-based understanding of the prevalence and severity of depression, anxiety, and stress within this specific group.
3. The study can serve as a basis for advocacy and sensitization efforts aimed at promoting understanding and empathy for individuals with visual disorders.

4. By assessing depression, anxiety, and stress levels among individuals with visual disorders across different roles, the study may identify specific subgroups that are more vulnerable to mental health challenges
5. The findings can be relevant to healthcare providers, counselors, and mental health professionals who work with individuals with visual disorders.
6. This study enables comparisons with similar studies conducted in other institutions, regions, or countries. This comparative data can offer insights into how the mental health of individuals with visual disorders varies in different contexts.

1.6 DEFINITION OF TERMS

1.6.1 Visual Impairment

Visual impairment, encompassing both partial and complete vision loss, affects millions globally, profoundly impacting their lives. Understanding its various aspects, causes, experiences, and support systems is crucial for fostering inclusivity and improving well-being.

The World Health Organization (WHO) classifies visual impairment based on best-corrected visual acuity:

- Blindness: Visual acuity less than 20/400 or visual field less than 10 degrees.
- Low vision: Visual acuity between 20/70 and 20/400 or visual field between 20 and 10 degrees

This spectrum covers diverse experiences, ranging from difficulty reading small print to complete lack of sight.

Globally, an estimated 2.2 billion people have a vision impairment, with nearly 1 billion experiencing moderate or severe impairment

. Leading causes include:

- Uncorrected refractive errors: Nearsightedness, farsightedness, and astigmatism can be readily corrected with glasses or contacts
- Cataracts: Clouding of the lens, often age-related, treatable with surgery
- Glaucoma: Damage to the optic nerve, can lead to irreversible vision loss, managed with medication or surgery
- Age-related macular degeneration (AMD): Affects central vision, no cure but treatments available
- Diabetic retinopathy: Damage to blood vessels in the retina caused by diabetes, preventable with good diabetes management.

1.6.2 Depression

Depression, a pervasive mental health condition, casts a long shadow over millions of lives worldwide. It's more than just feeling down; it's a persistent state of sadness, loss of interest, and a disruption of daily functioning.

The exact cause of depression remains elusive, but it's likely a complex interplay of biological, psychological, and social factors:

- Biological factors: Brain chemistry imbalances involving neurotransmitters like serotonin and norepinephrine are implicated. Genetic predisposition also plays a role .
- Psychological factors: Negative thinking patterns, stressful life events, and past traumas can contribute to depression.

- Social factors: Social isolation, poverty, and lack of social support can increase the risk of depression.

Depression manifests in a variety of symptoms, often persisting for at least two weeks and significantly impacting daily life. Core symptoms include:

- Depressed mood: Persistent sadness, hopelessness, or feelings of emptiness.
- Loss of interest or pleasure: Diminished interest in activities once enjoyed.
- Changes in appetite or weight: Significant weight loss or gain unrelated to dieting.
- Sleep disturbances: Difficulty falling asleep, staying asleep, or sleeping too much.
- Psychomotor agitation or retardation: Restlessness or feeling slowed down.
- Fatigue or lack of energy: Feeling drained of physical and emotional energy.
- Feelings of worthlessness or guilt: Excessive self-criticism or inappropriate guilt.
- Difficulty thinking, concentrating, or making decisions: Indecisiveness or slowed thinking.
- Recurrent thoughts of death or suicide: Suicidal ideation or suicide attempts require immediate attention.

Depression isn't a one-size-fits-all condition. Different types present with varying symptom combinations and severity levels:

- Major depressive disorder (MDD): The most common form, characterized by a combination of core symptoms.
- Minor depressive disorder: Milder symptoms that don't fully meet the criteria for MDD.
- Perinatal depression: Depression experienced during pregnancy or postpartum period (Beck, 2009).
- Psychotic depression: Depression accompanied by hallucinations or delusions.

- Seasonal affective disorder (SAD): Depression with mood changes related to seasonal variations in light exposure (Lam et al., 1986).

1.6.3 Anxiety

Anxiety, a prevalent mental health condition, casts a shadow over millions worldwide. It's more than just feeling nervous; it's a persistent state of worry, apprehension, and physical symptoms that can significantly disrupt daily life.

The exact cause of anxiety remains elusive, but it likely stems from a complex interplay of biological, psychological, and environmental factors:

- Biological factors: Imbalances in brain chemicals like serotonin and gamma-aminobutyric acid (GABA) are implicated. Genetic predisposition also plays a role.
- Psychological factors: Negative thinking patterns, past traumas, and stressful life events can contribute to anxiety.
- Environmental factors: Certain medications, caffeine intake, and chronic medical conditions can trigger or worsen anxiety.

Anxiety manifests in a variety of physical, emotional, cognitive, and behavioral symptoms:

- Physical symptoms: Rapid heart rate, sweating, shortness of breath, muscle tension, dizziness, and fatigue.
- Emotional symptoms: Feelings of worry, fear, nervousness, apprehension, and irritability.
- Cognitive symptoms: Difficulty concentrating, racing thoughts, rumination, and intrusive thoughts.
- Behavioral symptoms: Restlessness, avoidance behaviors, social withdrawal, and difficulty sleeping.

Anxiety isn't a single entity; it encompasses various disorders with distinct presentations:

- Generalized Anxiety Disorder (GAD): Excessive worry about a variety of everyday things (American Psychiatric Association, 2013).
- Panic Disorder: Sudden and recurrent panic attacks characterized by intense fear and physical symptoms.
- Social Anxiety Disorder (Social Phobia): Intense fear of social situations and scrutiny
- Specific Phobias: Intense fear of a specific object or situation
- Obsessive-Compulsive Disorder (OCD): Intrusive thoughts and repetitive behaviors aimed at reducing anxiety.

1.6.4 Stress

Stress, a ubiquitous presence in modern life, is more than just feeling overwhelmed. It's a complex physiological and psychological response to perceived threats or demands. Understanding stress requires delving into its causes, physiological effects, psychological consequences, and effective coping mechanisms.

Stressors, the events or situations that trigger the stress response, can be broadly categorized:

- Psychological stressors: Work deadlines, financial strain, relationship problems, and major life changes are significant sources of stress. Social isolation and lack of control over situations can also contribute.

- Biological stressors: Illness, injury, and chronic pain activate the stress response. Disrupted sleep patterns can also be both a cause and consequence of stress.
- Environmental stressors: Traffic noise, pollution, extreme weather events, and crowded living conditions can elevate stress levels.

When a stressor is perceived, the hypothalamus, a part of the brain, activates the sympathetic nervous system. This triggers a cascade of hormonal changes:

- Adrenaline: Pushes the body into immediate action, increasing heart rate, respiration, and blood sugar levels for a surge of energy.
- Cortisol: Regulates blood sugar levels, helps mobilize energy, and suppresses functions not immediately necessary during a threat.

This acute stress response, also known as the fight-or-flight response, is essential for survival in the short term. However, chronic stress keeps the body in a constant state of high alert, with potentially detrimental effects.

Chronic stress can manifest in a variety of psychological symptoms:

- Anxiety: Persistent worry, nervousness, and feelings of being overwhelmed.
- Depression: Low mood, loss of interest in activities, and feelings of hopelessness. Studies have shown a bidirectional relationship between stress and depression, with each influencing the other.
- Irritability: Increased anger and frustration with little provocation.
- Difficulty concentrating: Trouble focusing on tasks and increased forgetfulness.
- Fatigue: Feeling drained of physical and emotional energy.

Chronic stress can have a significant impact on physical health as well:

- Weakened immune system: Increased susceptibility to illness. Chronic stress can impair the body's ability to fight off pathogens.

- High blood pressure: Stress hormones can lead to increased blood pressure, a risk factor for heart disease.
- Heart disease: Chronic stress is a risk factor for heart disease, with studies suggesting it can contribute to atherosclerosis.
- Digestive problems: Stress can exacerbate digestive issues like ulcers and irritable bowel syndrome.
- Headaches and muscle tension: Stress can contribute to headaches and muscle tension, often leading to a cycle of pain and stress.
- Building Resilience: Effective Strategies for Managing Stress

CHAPTER TWO

2.0 LITERATURE REVIEW

Kakemam *et al* (2024) conducted a study on Prevalence of depression, anxiety, and stress and associated reasons among Iranian primary healthcare workers: a mixed method study. The results showed that self-reported stress, anxiety, and depression had a prevalence of 40.3%, 42.9%, and 42.6%, respectively. Symptoms of at least one mental disorder were experienced by 54% of respondents, while 28% had all three. Major sources of stress, anxiety, and depression among PHCWs were working environment conditions, organizational policies, job-related reasons, and interpersonal relations.

Quagliato *et al* (2020) conducted a study on Depression, Anxiety And Stress In Patients With Neuro-Ophthalmic Disorders. In this study, 81.2% of neuro-ophthalmic patients presented symptoms of depression, anxiety and/or stress. A positive correlation was observed between the severity of visual impairment, incidence and severity of psychic symptoms. However, even in the group of patients with satisfactory vision, 75% had symptoms of depression, anxiety and stress, from mild to very severe.

70% of patients with optical neuritis and 100% of patients with Devic disease, ischemic stroke and non-arteritic anterior ischemic optic neuropathy (NAION) presented some degree of depression, anxiety and/or stress.

Pine and Pine (2020) conducted a study on Depression, Anxiety and Stress Indicators for Prosthetic Eye Wearers. In this study, the mean scores for depression, anxiety, and stress fell within the accepted normal ranges; however, 11% of participants experienced

moderate depression, while 7% experienced severe or extremely severe levels. Ten percent were moderately anxious, and 7% were severely or extremely severely anxious. Five percent of participants were moderately stressed, while 7% were severely or extremely severely stressed.

Boon *et al* (2022) conducted a study on Depression, anxiety, stress, and satisfaction with life: Moderating role of interpersonal needs among university students. In this study, students who experienced lower depression and anxiety reported higher satisfaction with life under the influence of low perceived burdensomeness. Perceived burdensomeness, when coupled with depression ($\beta = 0.76, p < 0.01$) and anxiety ($\beta = 0.79, p < 0.01$), contributed 15.8% of variance in satisfaction with life. Students who experienced stress reported higher satisfaction with life under the influence of high thwarted belongingness ($\beta = 0.73, p < 0.01$), contributing 17.3% of the variance in satisfaction with life.

Mirzaei *et al* (2019) conducted a study on Prevalence of Depression, Anxiety and Stress among Adult Population: Results of Yazd Health Study. In this study, it was found that Depression, anxiety, and stress were seen in 29%, 32.2%, and 34.8% of adult residents of Yazd Greater Area, respectively. The symptoms of the disorders were moderate, severe, and very severe in 18.2%, 20.2%, and 23.4% of the population, respectively. Also, a significant difference was found between the symptoms of depression, anxiety, and stress and sex, age group, education, employment, marriage status, and country of birth. Of the total population under study, 3.7% were depressed, 7.7% were anxious, 9.5% had stress alone and 16.4% had symptoms of all the 3 disorders. Frequency of depression among Zoroastrians was more than muslims (42.1% vs 29.7%).

Wong *et al* (2023) conducted a study on Depression, anxiety, and stress among university students in Selangor, Malaysia during COVID-19 pandemics and their associated factors. 388 students participated this study (72.4% female; 81.7% Bachelor's student). The prevalence of moderate to severe depression, anxiety and stress among university students are 53.9%, 66.2% and 44.6%, respectively. Multivariable logistic regression analysis found that the odds of depression were lower among students who exercise at least 3 times per week (OR: 0.380, 95% CI: 0.203–0.711). The odd ratio of student who had no personal history of depression to had depression, anxiety and stress during this pandemic was also lower in comparison (OR: 0.489, 95% CI: 0.249–0.962; OR: 0.482, 95% CI: 0.241–0.963; OR: 0.252, 95% CI: 0.111–0.576). Surprisingly, students whose are currently pursuing Master study was associated with lower stress levels (OR: 0.188, 95% CI: 0.053–0.663). However, student who had poorer satisfaction of current learning experience were more likely to experience stress.

Asif *et al* (2020) conducted a study on Frequency of depression, anxiety and stress among university students. In this study, it was found that the means of Depression, Anxiety and stress are M=15.08, M=18.24 and M=19.02 respectively. The frequency of depression, anxiety and stress among university students was found 75%, 88.4% and 84.4% respectively. The findings of the study showed the prevalence of Depression within the range of normal (25%), mild (16%), moderate (35.8%), severe (14.6%) and extremely severe (8.6%). The prevalence of anxiety was found to be in the range of normal (11.6%), mild (4.4%), moderate (19.4%), severe (17.8%) and extremely severe (46.8%). Stress was normal (15.6%), mild (33.8%), moderate (35.4%), severe (13.2%) and extremely severe (2.8%).

Rao and Ramesh (2015) in their study: Depression, anxiety and stress levels in industrial workers: A pilot study in Bangalore, India discovered that none of the workers had a positive score for depression. It also showed that around 36% of the workers had a positive score for anxiety and 18% of the workers had a positive score for stress on DASS-21 scale. The odds ratio between stress and number of leaves taken by a worker in the last 3 months suggested a dose-response relationship, but was statistically insignificant.

Basudan *et al* (2017) conducted a study on Depression, anxiety and stress in dental students. In the study, it was seen that abnormal levels of depression, anxiety and stress were identified in 55.9%, 66.8% and 54.7% of the study participants, respectively. A multiple linear regression analysis revealed multiple predictors: gender (for anxiety $b=-3.589$, $p=.016$ and stress $b=-4.099$, $p=.008$), satisfaction with faculty relationships (for depression $b=-2.318$, $p=.007$; anxiety $b=-2.213$, $p=.004$; and stress $b=-2.854$, $p<.001$), satisfaction with peer relationships (for depression $b=-3.527$, $p<.001$; anxiety $b=-2.213$, $p=.004$; and stress $b=-2.854$, $p<.001$), and dentistry as the first choice for field of study (for stress $b=-2.648$, $p=.045$). The standardized coefficients demonstrated the relationship and strength of the predictors for each subscale. To cope with stress, students engaged in various activities such as reading, watching television and seeking emotional support from others.

Siddharth *et al* (2018) conducted a study on A systematic review of depression, anxiety, and stress among medical students in India. They found that the prevalence rate of depression varied from 8.7% to 71.3%, while the pooled prevalence rate of depression

from 16 studies (n = 3882) was 39.2% (95% confidence interval: 29.0%–49.5%). Similarly, the pooled prevalence rate of anxiety from four studies (n = 686) was 34.5% (95% confidence interval: 10.1%–58.9%), and the pooled prevalence rate of stress from 28 studies (n = 5354) was 51.3% (95% confidence intervals: 42.8%–59.8%). Female students had higher rates of depression and stress as compared to males.

Kumar and Akoijam (2017) conducted a study on Depression, Anxiety and Stress Among Higher Secondary School Students of Imphal, Manipur. In this study, it was found the prevalences of depression, anxiety, and stress were high with anxiety and stress significantly higher among females, whereas prevalences of depression and stress were significantly higher among 12th standard students.

Verma and Mishra (2020) conducted a study on Depression, anxiety, and stress and socio-demographic correlates among general Indian public during COVID-19. The study revealed that in total, 25%, 28% and 11.6% of the participants were moderate to extremely severely depressed, anxious and stressed, respectively. Binary logistic regressions indicated employment status (odds ratio (OR) = 1.91; 95% confidence interval (CI): 1.072–3.418) and binge drinking (OR = 2.03; 95% CI: 1.045–3.945) were significantly associated with depressive symptoms; gender (OR = 2.17; 95% CI: 1.317–3.589), employment status (OR = 1.77; 95% CI: 1.002–3.141) and binge drinking (OR = 2.62; 95% CI: 1.361–5.048) were significantly associated with anxiety symptoms; and binge drinking (OR = 3.42; 95% CI: 1.544–7.583) was significantly associated with stress symptoms

Rabinowitz *et al* (2023) conducted a study on Depression, anxiety, and stress in pregnancy and postpartum: A longitudinal study during the COVID-19 pandemic. The results show that on average, women completed their surveys at 8.5 weeks (first trimester), 21 weeks (second trimester), 32 weeks (third trimester) and 7-weeks postpartum. Women reported mild-moderate levels of depression, anxiety, and stress throughout pregnancy. There was a significant change in symptoms of depression and anxiety over time which was best represented by a quadratic rather than linear trajectory: symptoms increased until week 23–25 and then decreased. Stress levels remained consistently elevated over time. Higher symptom levels at 1-month postpartum were predicted by younger age, lower social support, and worry about going to a healthcare facility. Change in routine due to COVID-19 was not predictive of symptom trajectory from pregnancy to postpartum.

Teh *et al* (2015) conducted a study on Depression, Anxiety and Stress among Undergraduate Students: A Cross Sectional Study. A total of 397 undergraduates participated in this study. The prevalence of the depression, anxiety and stress, ranging from moderate to extremely severe, was 30.7%, 55.5%, and 16.6% respectively. Multiple logistic regression shows significant associations between relationship status, social life and total family income per month with depression. Only ethnicity has been shown to be significantly associated with anxiety. There are significant associations between ethnicity and total family income per month with stress. No other factors have been found to be significantly associated.

Gao *et al* (2020) conducted a study on Gender differences in depression, anxiety, and stress among college students: A longitudinal study from China. On average, both female

and male college students suffered from mild anxiety in the first three years. Female students scored significantly higher in anxiety than males in the first and second years, and there was no significant gender difference in students' average depression and stress levels. A significantly larger proportion of female students experienced anxiety above the normal threshold, whereas a higher percentage of male students endured different degrees of depression; no significant gender differences were found in stress problems. Anxiety had a significant positive correlation with introversion. Female freshmen's anxiety levels were also associated with their body image, drinking habits, and academic performance.

Ramón-Arbués *et al* (2020) conducted a study on The Prevalence of Depression, Anxiety and Stress and Their Associated Factors in College Students. They found a moderate prevalence of depression (18.4%), anxiety (23.6%) and stress (34.5%) symptoms in our study population. Being <21, having problematic Internet use behavior, smoking, presenting insomnia and having a low self-esteem were independently associated with symptoms of depression, anxiety and stress. Being a woman, living with their family, having a stable partner, consuming alcohol frequently and having poor nutritional habits were significantly associated with symptoms of stress; lacking a stable partner was significantly associated with depressive symptoms; and frequent consumption of alcohol was significantly associated with symptoms of anxiety.

Manap *et al* (2016) conducted a study on Depression, Anxiety And Stress Among Undergraduate Students. In this study, The results showed that there are students having moderate to very severe level of depression, anxiety and moderate to severe level

of stress. This finding is alarming in terms of increased risk for psychiatric morbidity because it indicates the amount of burden students have to bear in the current situation.

CHAPTER THREE

3.0 MATERIALS AND METHODS

3.1 RESEARCH DESIGN

The research was carried out using a quantitative cross-sectional survey-based research design

3.2 RESEARCH LOCATION

The research was conducted within the University of Benin community at both the Ugbowo and Ekehuan campuses of the University.

3.3 STUDY POPULATION

The University of Benin Community

3.4 SAMPLE SIZE DETERMINATION

Using Fischer's formula,

$$n = \frac{Z^2 p(1-p)}{d^2}$$

Where,

n = minimum sample size

Z = Z statistic level of confidence of 95% (1.96 z score)

p = standard deviation 32% = 0.32 (Kakemam et al, 2024)

d = confidence interval ($\pm 5\%$, d = 0.05)

$$n = \frac{1.96^2 \times 0.32(1 - 0.32)}{0.05^2}$$

$$= 3.8416 \times 0.32(0.68)/0.0025$$

$$= 334.37 \approx 334$$

Minimum sample size is 334

Allowing for an attrition rate,

At 10% attrition,

$$10\% \text{ of } 334 = 33.4$$

$$334 + 33.4 = 367.4$$

The sample size hence is 367.

However, 400 participants were used for the research

3.5 MATERIAL

This research was conducted using printed copies of a structured questionnaire and the Depression, Anxiety and Stress Scale (DASS-21) Questionnaire (Lovibond and Lovibond,1995) for assessment.

3.6 INCLUSION/EXCLUSION CRITERIA

3.6.1 Inclusion Criteria

- People studying within the University of Benin community with visual disorders
- People working within the University of Benin community with visual disorders

- People either studying or working in the University of Benin community who provided informed consent to participate in this study

3.6.2 Exclusion Criteria

- People studying or working within the University of Benin Community without visual disorders
- People who did not give consent to participate in this study
- People not up to 18 years of age.

3.7 DESCRIPTION OF PROCEDURE

This study employed the use of a structured questionnaire as well as the Depression, Anxiety and Stress Scale (DASS-21) Questionnaire that has also been used in related studies conducted in Iran (Kakemam et al., 2024) and Nigeria (Okeke et al.,2023).

This printed questionnaire was given to 400 participants who gave informed consent to be part of the study.

The questionnaire was divided into three parts. The first part captured the demographic information such as age, gender, educational status and occupation.

The second part is a structured questionnaire that captured the ocular condition as well as duration, how it affects their function, self perception and social interactions. This part of the questionnaire was pre-tested to ensure that the participants in the study fully understood the questions asked.

The third and final part of the questionnaire contains the Depression, Anxiety and Stress Scale (DASS-21) questionnaire made up of 21 questions. It is a set of three self-report scale designed to measure emotional states of depression, anxiety and stress.

It is rated in a 4-point Likert scale ranging from 0 to 3.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:

Scores on the DASS-21 were multiplied by 2 to calculate the final score.

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

The scores obtained on each of the three subscales of DASS-21 were summed and multiplied by 2. Sum scores ranged from 0 to 126, and for each subscale it ranged from 0 to 42. Sum scores of 0–9 for depression, 0–7 for anxiety and 0–14 for stress were considered as normal. Sum scores of 14–20 for depression, 10–14 for anxiety and 19–25 for stress were considered as moderate. Finally, sum scores of 21–27 for depression, 15–19 for anxiety and 26–33 for stress were considered as severe. Any scores above these were considered as extremely severe. Those falling in mildly, moderately, severely and extremely severely depressed, anxious and stressed categories were considered as depressed, anxious and stressed, respectively. Those that fell under normal were considered as not depressed, not anxious and not stressed.

3.8 DATA ANALYSIS

Data was analyzed using the Statistical Package for Social Sciences (IBM-SPSS, version 22). It is categorized using sociodemographic variables and subjected to descriptive statistical evaluation to yield frequencies, percentages and proportions.

Chi square test model was used to determine the potential predictors of general vision subscales of quality of life.

For all analyses, $P \leq 0.05$ was considered statistically significant at 95% confidence interval.

3.9 LIMITATIONS OF STUDY

The limitation with carrying out this research work was finding participants who meet the inclusion criteria and were willing to give consent particularly people in the older population.

3.10 ETHICAL APPROVAL

Ethical approval to conduct this study was obtained from the Research and Ethics Committee of the Department of Optometry, University of Benin. The study adhered to the other tenets of the Helsinki Declaration and only consenting individuals were allowed to participate in the study. To maintain anonymity, no personal identifying information such as name or hometown was collected.

CHAPTER FOUR

4.0 RESULTS

Table 4.1: Sociodemographic characteristics of Respondents

Variable	Frequency	Percent
Age		
18-30	257	64.3
31-40	55	13.8
41-50	60	15.0
51-60	25	6.3
>60	3	0.8
Gender		
Male	207	51.7
Female	193	48.3
Level of Education		
No formal education	2	0.5
Primary school	6	1.5
Secondary school	263	65.8
Tertiary education	87	21.8
Postgraduate Education	42	10.5
Occupation		
Student	249	62.3
Junior staff	17	4.3
Administrative Staff	20	5.0
Technologist	22	5.5
Academic Staff	31	7.8
Others	61	15.3

Majority of the respondents were in the 18-30 age category. The study consisted of a higher proportion of Males. Most of them had secondary education. Majority of them were students.

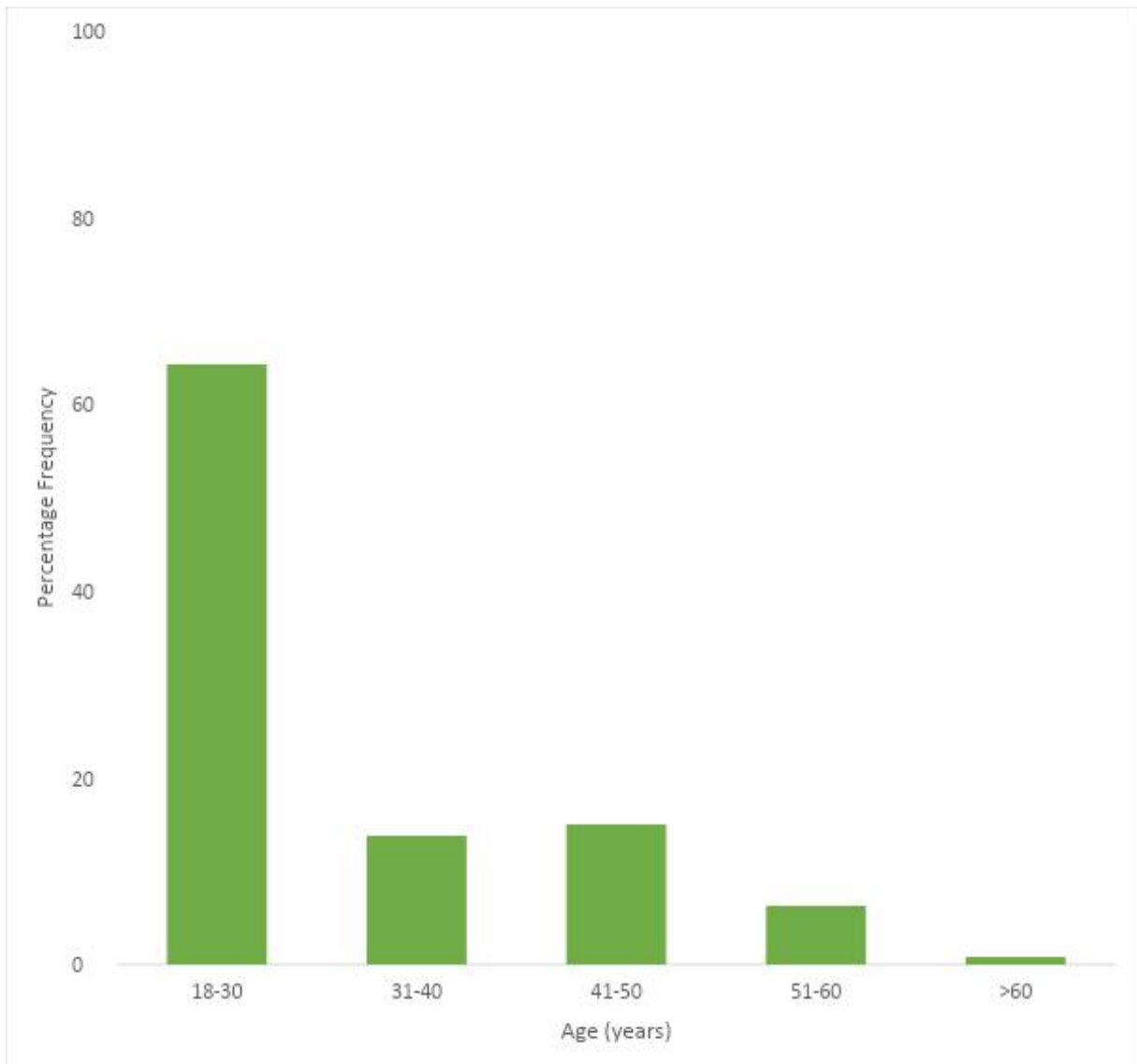


Figure 4.1: Frequency Distribution of Age of Respondents

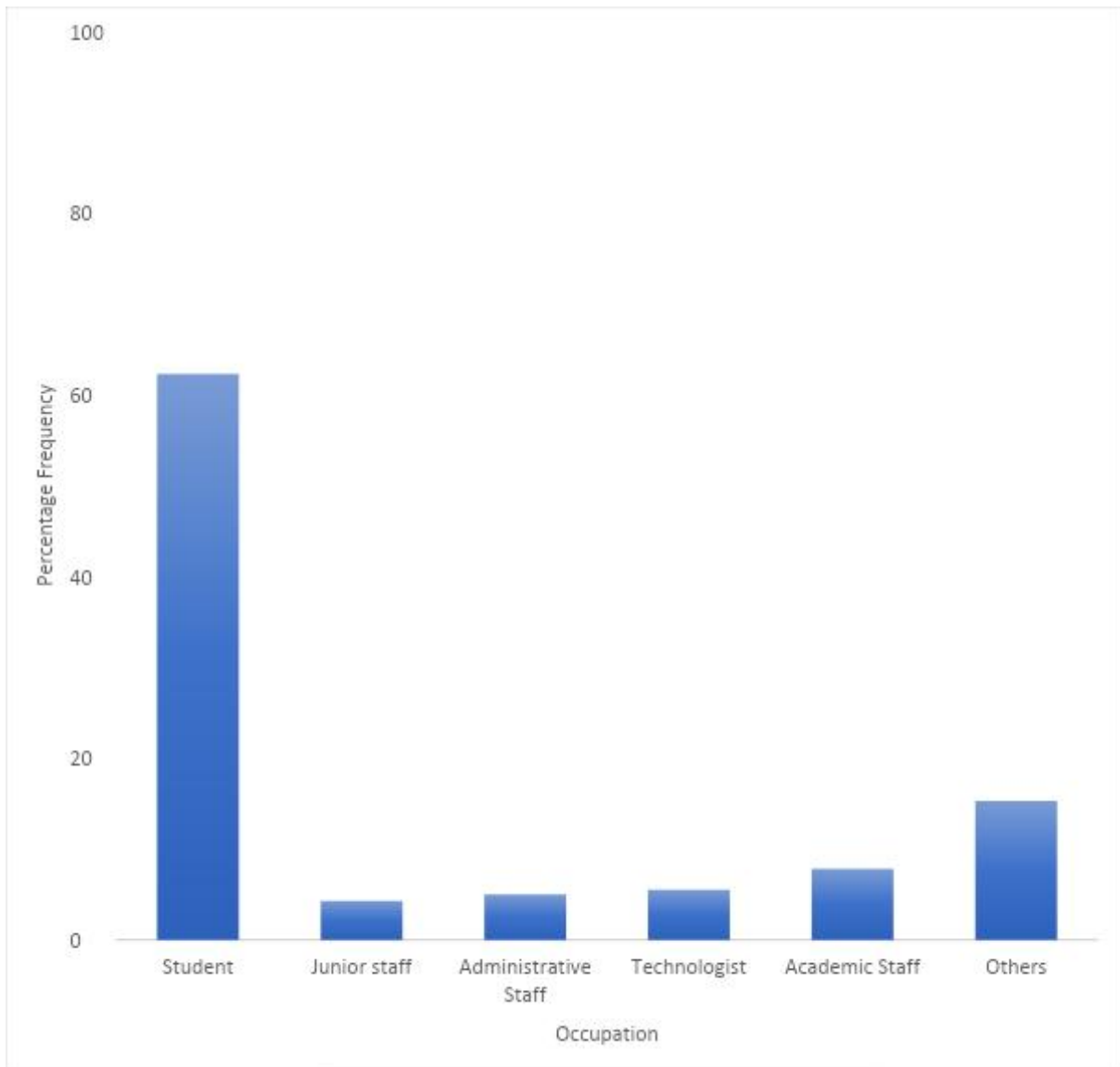


Figure 4.2: Frequency Distribution of Occupation of Respondents

Table 4.2: Oculo-visual history of Respondents

Variable	Frequency	Percent
Nature of ocular condition (s)		
Refractive Error	263	65.8
Cataract	8	2.0
Glaucoma	43	10.8
Corneal disease	1	0.3
Refractive Error & Glaucoma	37	9.3
Refractive Error & Cataract	8	2.0
Refractive Error & Age-Related Macular Degeneration	2	0.5
Refractive Error & Diabetic Retinopathy	2	0.5
Cataract & Glaucoma	1	0.3
Refractive Error, Cataract, Glaucoma	2	0.5
Refractive Error, Glaucoma & Corneal disease	1	0.3
I am not sure	31	31
Others (Retinitis Pigmentosa)	1	1
How long have you been managing this condition?		
1-3 years	103	25.8
4-6 years	127	31.8
7-9 years	101	25.3
10 years or greater	69	17.3

Majority of the ocular conditions reported by the respondents were Refractive errors.

Most of them had been managing their ocular conditions for 4-6 years.

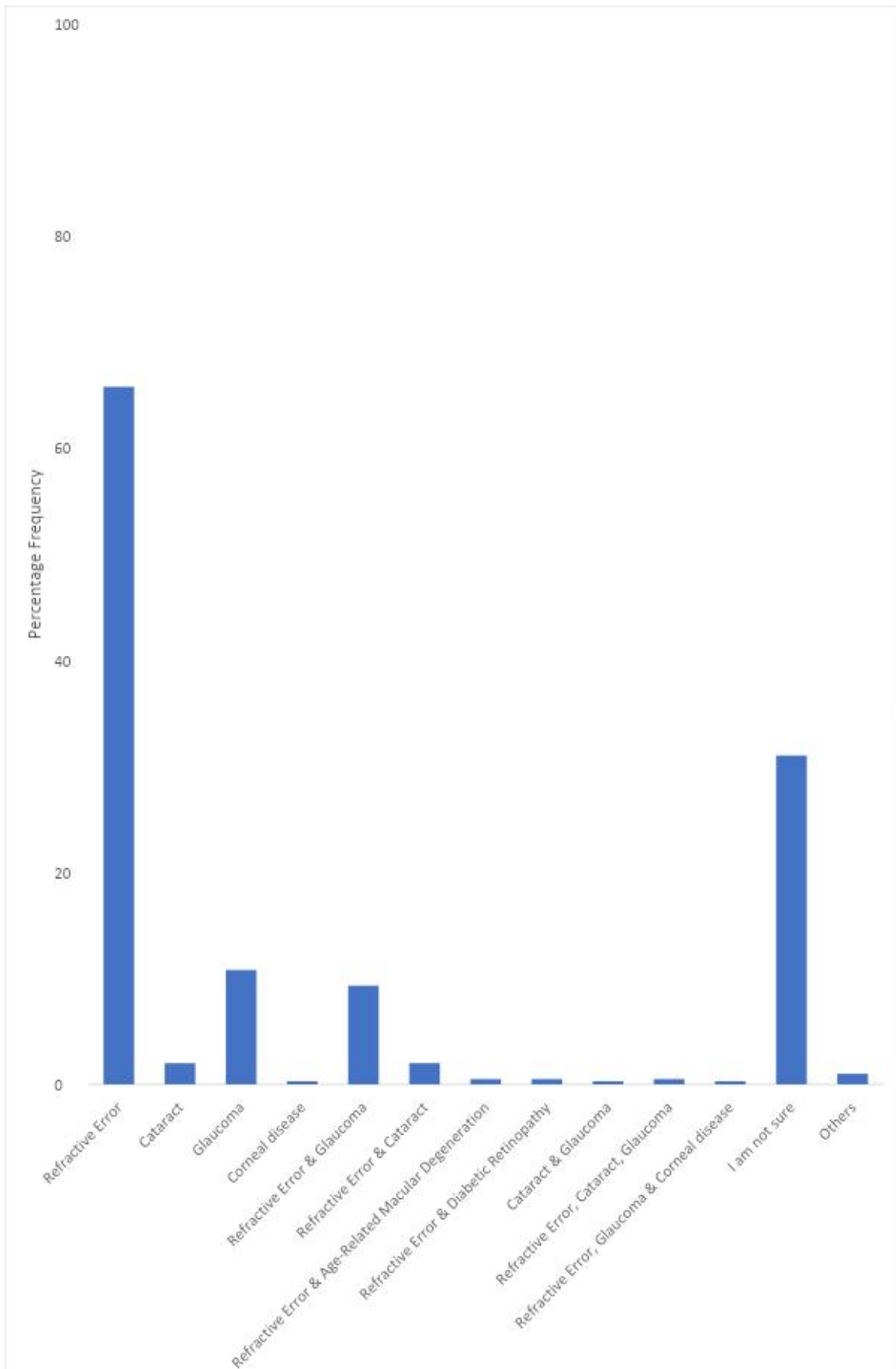


Figure 4.3: Frequency Distribution of Nature of Ocular Condition of Respondents

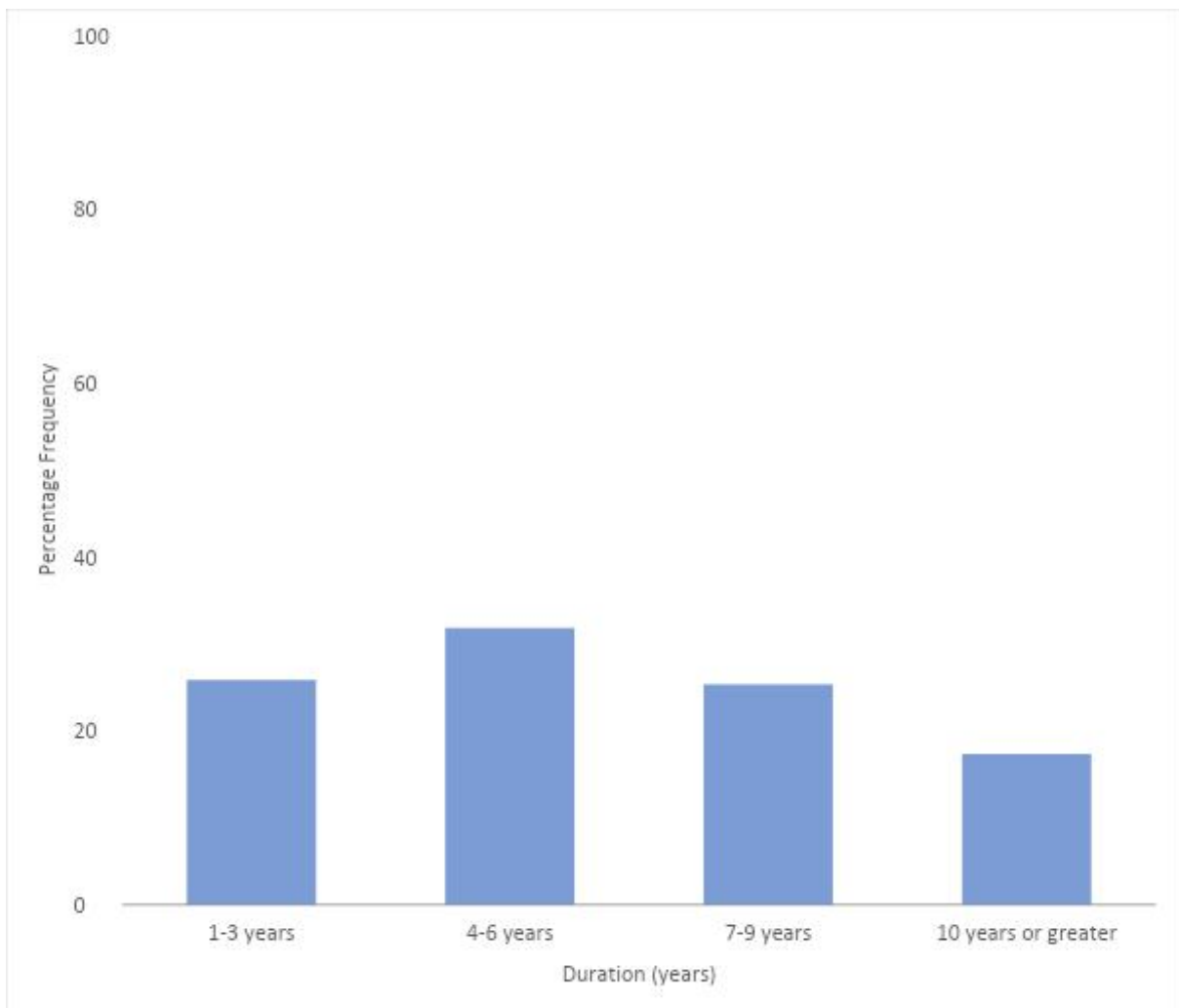


Figure 4.4: Frequency Distribution of Length of Time of Managing Ocular Condition

Table 4.3: Effect of Ocular Health on Respondents Perception

Question	Response			
	Yes		No	
	N	%	N	%
Does your ocular condition affect your everyday function/activity?	23	41.	16	59.
	5	0	4	0
Have you ever felt anxious or depressed because of your ocular condition?	12	31.	27	69.
	4	0	6	0
Do you sometimes worry about how others perceive you due to your ocular condition?	15	37.	25	62.
	0	5	0	5
Have you ever felt lonely or isolated because of your ocular condition?	13	33.	26	66.
	4	5	6	5
Has your ocular condition affected the way you see yourself?	12	32.	27	67.
	9	3	1	7
Do you ever have moments of self-doubt or negative thoughts because of your ocular condition?	14	36.	25	64.
	4	0	6	0
Have you noticed changes in the way people treat you because of your ocular condition?	83	20.	31	79.
		8	7	2
Has your relationship with friends and family been impacted by your ocular condition?	59	14.	34	85.
		7	1	3
Do you find it difficult to discuss your ocular conditions with others, including friends and family?	78	19.	32	80.
		5	2	5
Have you ever felt unfairly treated or excluded due to your ocular condition?	65	16.	33	83.
		3	5	7
Have you ever encountered instances of unkind or discriminatory behavior from others due to your ocular condition?	71	17.	32	82.
		8	9	2
Have friends, family and support groups been helpful in coping with your ocular condition?	27	69.	12	31.
	6	0	4	0

Table 4.4: DASS-21 Classification of Depression, Stress and Anxiety

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

Table 4.4 shows the cut-off values for each sub-scale. Scores on the DASS-21 are multiplied by 2 to calculate the final score. The cut-points for the indicators of depression, anxiety and stress indices were above 9,7 and 14 respectively.

Table 4.5: Responses to Depression-assessing statements among Respondents

Depression-related statements	Frequency	Percent
I couldn't seem to experience any positive feeling at all		
0	163	40.8
1	170	42.5
2	61	15.3
3	6	1.5
I found it difficult to work up the initiative to do things		
0	158	39.5
1	162	40.5
2	70	17.5
3	10	2.5
I felt I had nothing to look forward to		
0	168	42.0
1	159	39.8
2	61	15.3
3	12	3.0
I felt down-hearted and blue		
0	165	41.3
1	165	41,3
2	50	12.5
3	20	5.0
I was unable to become enthusiastic about anything		
0	168	42.0
1	157	39.3
2	59	14.8
3	16	4.0
I felt I wasn't worth much as a person		
0	177	44.3
1	149	37.3
2	60	15.0
3	14	3.5
I felt that life was meaningless		
0	205	51.2
1	133	33.3
2	48	12.0
3	14	3.5

0: Did not apply to me at all; 1: Applied to me to some degree or some of the time; 2: Applied to me to a considerable degree or a good part of time, 3: Applied to me very much or most of the time

Table 4.6: Frequency Distribution of Depression Levels Among Respondents

Depression levels	Frequency	Percent
Depression		
Mild	95	23.8
Moderate	113	28.2
Severe	25	6.3
Extremely Severe	11	2.8
Total Depression:	244	61.0
Normal	156	39.0

Majority of the respondents had normal levels of depression.

Table 4.7: Sociodemographic Factors Affecting Levels of Depression among Respondents

Factor	Depression					p-value
	Normal	Mild	Moderate	Severe	Extremely Severe	
Age						0.119
18-30	100	51	74	21	11	
31-40	19	16	19	1	0	
41-50	28	19	12	1	0	
51-60	9	8	6	2	0	
>60	0	1	2	0	0	
Level of Education						0.201
No formal education	1	0	1	0	0	
Primary school	3	3	0	0	0	
Secondary school	101	52	79	21	10	
Tertiary education	36	28	18	4	1	
Postgraduate Education	15	12	15	0	0	
Length of condition						0.021*
1-3 years	54	21	23	4	1	
4-6 years	51	30	39	4	3	
7-9 years	33	29	27	9	3	
≥ 10 years	18	15	24	8	4	
Gender						0.348
Male	89	47	57	10	4	
Female	67	48	56	15	7	

*: statistically significant

The length of time during which respondents had managed ocular conditions was associated with the levels of depression seen in this study. Age of respondents, highest level of education and gender had no association with levels of depression.

Table 4.8: Responses to Anxiety-assessing statements among Respondents

Anxiety-related statements	Frequenc y	Percen t
I was aware of dryness of my mouth		
0	170	42.5
1	183	45.8
2	36	9.0
3	11	2.8
I experienced breathing difficulty		
0	144	36.0
1	184	46.0
2	52	13.0
3	20	5.0
I experienced trembling		
0	163	40.8
1	145	36.3
2	74	18.5
3	18	4.5
I was worried about situations in which I might panic and make a fool of myself		
0	139	34.8
1	161	40.3
2	65	16.3
3	35	8.8
I felt I was close to panic		
0	144	36.0
1	171	42.8
2	66	16.5
3	19	4.7
I was aware of the action of my heart in the absence of physical exertion		
0	184	46.0
1	148	37.0
2	52	13.0
3	16	4.0
I felt scared without any good reason		
0	183	45.8
1	161	40.3
2	46	11.5
3	10	2.5

0: Did not apply to me at all; 1: Applied to me to some degree or some of the time; 2: Applied to me to a considerable degree or a good part of time, 3: Applied to me very much or most of the time

Table 4.9: Frequency Distribution of Anxiety Levels Among Respondents

Anxiety levels	Frequency	Percent
Anxiety		
Mild	43	10.8
Moderate	138	34.5
Severe	54	13.5
Extremely Severe	60	15.0
Total Anxiety:	295	73.75
Normal	105	26.3

Majority of respondents had moderate anxiety.

Table 4.10: Sociodemographic Factors Affecting Levels of Anxiety among Respondents

Factor	Anxiety					p-value
	Normal	Mild	Moderate	Severe	Extremely Severe	
Age						0.067
18-30	66	25	84	34	48	
31-40	9	8	26	9	3	
41-50	21	8	20	8	3	
51-60	9	2	6	2	6	
>60	0	0	2	1	0	
Level of Education						0.190
No formal education	1	0	1	0	0	
Primary school	1	0	5	0	0	
Secondary school	67	27	83	36	50	
Tertiary education	24	8	34	14	7	
Postgraduate Education	12	8	15	4	3	
Length of condition						0.038*
1-3 years	36	10	35	10	12	
4-6 years	32	14	47	22	12	
7-9 years	24	14	33	14	16	
≥ 10 years	13	5	23	8	20	
Gender						0.655
Male	58	23	71	23	32	
Female	47	20	67	31	28	

**:statistically significant*

The length of time during which respondents had managed ocular conditions was associated with the levels of anxiety seen in this study. Age of respondents, highest level of education and gender had no association with levels of anxiety.

Table 4.11: Responses to Stress-assessing questions among Respondents

Stress-related statements	Frequenc y	Percen t
I found it hard to wind down		
0	202	50.5
1	156	39.0
2	33	8.3
3	9	2.3
I tended to over-react to situations		
0	135	33.8
1	165	41.3
2	76	19.0
3	24	6.0
I felt that I was using a lot of nervous energy		
0	147	36.8
1	168	42.0
2	58	14.5
3	27	6.8
I found myself getting agitated		
0	137	34.3
1	179	44.8
2	58	14.5
3	26	6.5
I found it difficult to relax		
0	157	39.3
1	148	37.0
2	67	16.8
3	28	7.0
I was intolerant of anything that kept me from getting on with what I was doing		
0	152	38.0
1	161	40.3
2	68	17.0
3	19	4.8
I felt that I was rather touchy		
0	167	41.8
1	163	40.8
2	52	13.0
3	18	4.5

0: Did not apply to me at all; 1: Applied to me to some degree or some of the time; 2: Applied to me to a considerable degree or a good part of time, 3: Applied to me very much or most of the time

Table 4.12: Frequency Distribution of Stress Levels among Respondents

Stress levels	Frequency	Percent
Stress		
Mild	50	12.5
Moderate	43	10.8
Severe	18	4.5
Extremely Severe	4	1.0
Total stress:	115	28.75
Normal	285	71.3

Majority of the respondents had normal stress levels.

Table 4.13: Sociodemographic Factors Affecting Levels of Stress among Respondents

Factor	Stress					p-value
	Normal	Mild	Moderate	Severe	Extremely Severe	
Age						0.058*
18-30	167	35	35	16	4	
31-40	46	6	3	0	0	
41-50	50	7	3	0	0	
51-60	20	2	2	1	0	
>60	2	0	0	1	0	
Level of Education						0.020*
No formal education	2	0	0	0	0	
Primary school	6	0	0	0	0	
Secondary school	172	35	34	18	4	
Tertiary education	74	5	8	0	0	
Postgraduate	31	10	1	0	0	
Length of condition						0.047*
1-3 years	77	11	10	4	1	
4-6 years	93	17	15	2	0	
7-9 years	74	14	7	6	0	
≥ 10 years	41	8	11	6	3	
Gender						0.420
Male	154	21	21	8	3	
Female	131	29	22	10	1	

*: statistically significant

According to this study, age, level of education and length of condition all showed an association with stress in respondents. There was no relationship between gender and stress.

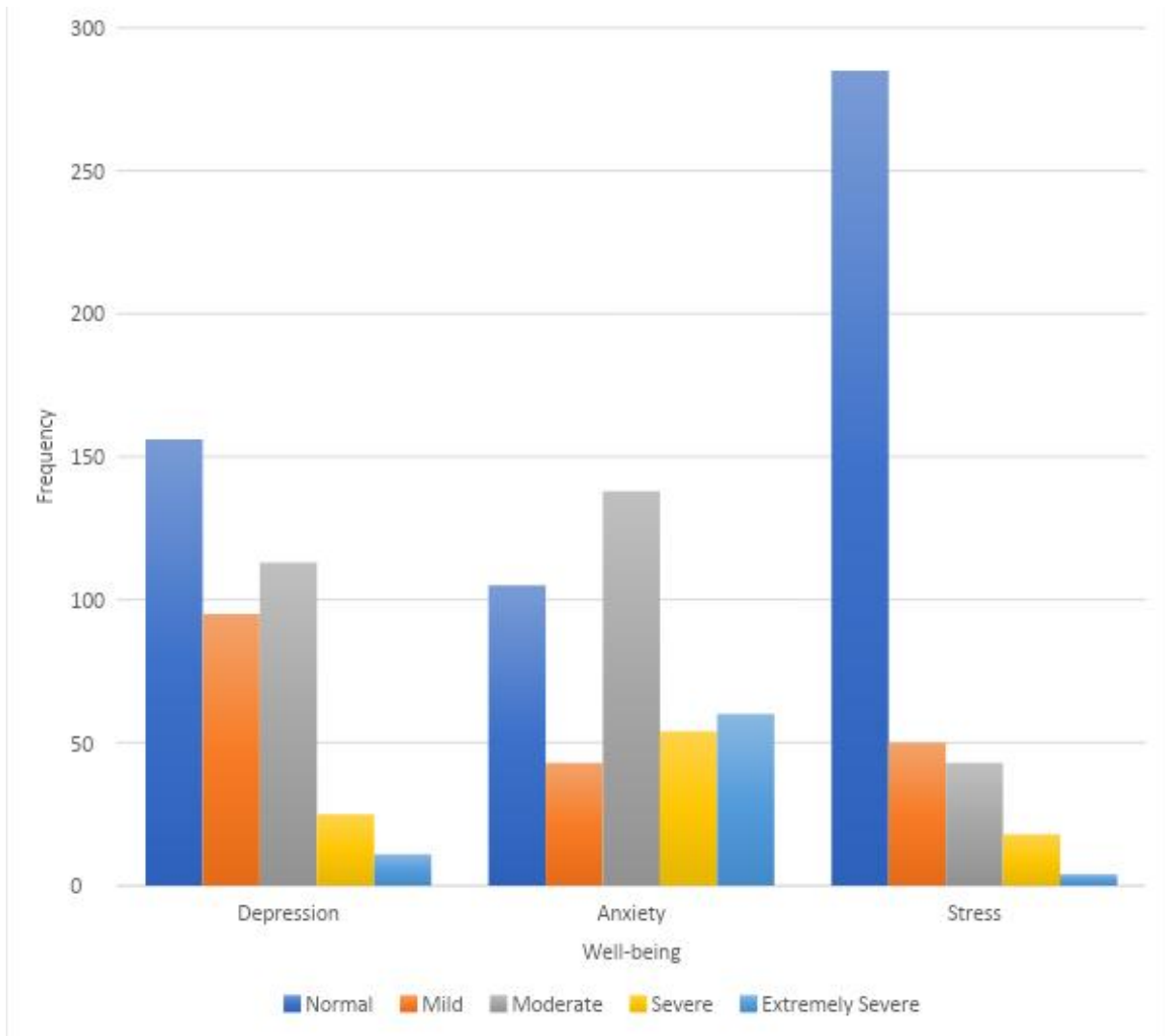


Figure 4.5: Frequency Distribution of Depression, Anxiety and Stress Levels among Respondents

Table 4.14: Prevalence of Depression, Stress and Anxiety among Respondents

Variable	Prevalence
Depression	61.0%
Anxiety	73.75%
Stress	28.75%

The prevalence of anxiety among respondents was 73.75%, while the prevalence of depression and stress were 61.0% and 28.75% respectively.

CHAPTER FIVE

5.0 DISCUSSION

This study was conducted to investigate the level of depression, anxiety and stress among people who have been diagnosed with visual disorders using the University of Benin Community as a case study.

Despite the importance of addressing mental health issues, there is a limited understanding of the specific levels of depression, anxiety, and stress experienced by these individuals, hence, the study.

The study brought to limelight details about the levels of depression, anxiety and stress experienced by individuals within this region as well as its relationship with the sociodemographic factors such as age, gender, level of education and occupation , visual disorders present, length of time an individual has been managing these visual disorders for in terms of prevalence and severity.

The findings of the study unveiled new insight about the depression, anxiety and stress levels experienced by individuals within the University of Benin community. The results of the findings show that the prevalence of anxiety among respondents was 73.75%, while the prevalence of depression and stress were 61.0% and 28.75% respectively. Refractive errors accounted for majority of the visual disorders found within this region and thus the most frequently experienced while glaucoma and cataract followed as second and third with prevalence levels. It was seen that most of respondents had normal levels of depression and the length of time during which respondents had managed the visual disorders was associated with the levels of

depression seen in this study . Age of respondents, highest level of education and gender had no association with levels of depression.

Also, the majority of respondents were moderately anxious and the length of time during which respondents had managed ocular conditions was associated with the levels of anxiety seen in this study. Age of respondents, highest level of education and gender had no association with levels of anxiety.

Furthermore, most of the respondents had normal stress levels and according to this study, age, level of education and length of condition all showed an association with stress in respondents. There was no relationship between gender and stress.

The findings of the study are closely similar to the previous research conducted by Kakemon *et al.* (2024). In their study, they also find a high prevalence of depression, anxiety and stress with a higher prevalence of anxiety to depression and stress with stress having the lowest percentage. Some possible reasons for these similarities could be interpersonal relation factors.

However, there are certain differences that have been observed. The findings observed in our study are higher than the findings from this study. This is also found in a study conducted on undergraduate students by Teh *et al.* (2015). While, they record findings based off moderate to extremely severe scores and also record a higher prevalence of anxiety to depression and stress, the figures are still relatively lower than the findings of our study. A higher prevalence could be credited to variations in factors such as differences in the socioeconomic status of participants, organisational climate, nature of ocular condition and length of time they have been managing their conditions for.

Our findings show that length of time spent managing an ocular condition was a deciding factor for depression, anxiety and stress with more participants experiencing more

depression and stress at the earlier stages of their conditions than the late stages with exception to anxiety where reverse is the case. This is consistent with the findings of Pine and Pine (2020).

Younger participants in this study suffered more depression, anxiety and stress than older participants which is consistent with other studies which establish that older participants feel more accepted by society including family and friends.

The students were also found to experience more depression, anxiety and stress than the other occupational class which supports other studies like Teh *et al* (2015) which emphasizes the fact that external factors in addition to their ocular conditions could be affecting their mental health status. These factors include an enormous syllabus that has to be covered in a limited time period, sudden change in their style of learning, though of appearing or failing exams. Furthermore, social stress such as relationship with peer groups, hostel friends, displacement from home and financial constraints have also potentially psychologically influence undergraduate students greatly.

A major strength of this study is that the study utilizes the short form Depression, Anxiety and Stress Scale 21 (DASS-21) to measure mental health symptoms. This instrument has been widely used and validated, providing a standardized and reliable measure of depression, anxiety and stress. The use of a validated tool enhances the accuracy and comparability of results.

Despite the strength mentioned, there are some limitations encountered while conducting this study. The study uses convenience sampling for data collection which introduces the possibility of sampling bias. Convenience sampling relies on individuals who are easily accessible or readily available, which may not represent the entire population of people with visual disorders in the University of Benin Community. The

findings may not be generalized beyond the specific sample and may not reflect the experiences of all individuals with visual disorders. Secondly, the study relies on self-reported data through questionnaires. Self-report measures are prone to response biases, including social desirability bias or recall bias. Participants may underreport or overreport their symptoms or experiences, which could affect the reliability accuracy of the findings. The potential for bias should be acknowledged and considered when interpreting the results. Furthermore, the study does not have a control group which could potentially be people within the University of Benin community without visual disorders. This limits the ability to establish causal relationships. Without a comparison group, it is challenging to determine whether the observed prevalence rates of depression, anxiety and stress are specific to the people with visual disorders in the University of Benin community or if they are comparable to the general population. A control group would provide a basis for comparison and strengthen causal inferences.

CHAPTER SIX

6.0 CONCLUSION

The findings of this study unveil significant insights into the mental health challenges faced by individuals with visual disorders within the University of Benin community.

The study reveals a high prevalence of anxiety, depression, and stress among respondents, underscoring the substantial psychological impact of visual impairments.

Notably, refractive errors emerged as the most common visual disorder, accounting for majority of cases, followed by glaucoma and cataract. The study identified a strong association between the duration of managing visual conditions and the levels of depression and anxiety experienced by respondents. However, factors such as age, education level, and gender did not exhibit a significant relationship with depression and anxiety levels.

Interestingly, while the majority of respondents reported normal stress levels, the study found associations between stress and age, education level, and the length of time managing the visual condition. This suggests that stress may be influenced by these factors, highlighting the need for targeted interventions and support systems.

Overall, this research underscores the significant psychological challenges faced by individuals with visual disorders within the University of Benin community and emphasizes the importance of addressing their mental health needs through comprehensive support and rehabilitation programs.

6.1 RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed:

1. Establishment of comprehensive mental health screening and counseling services: The high prevalence of depression, anxiety, and stress among individuals with visual disorders necessitates the establishment of dedicated mental health screening and counseling services within the University of Benin community. These services should be tailored to address the specific psychological needs of individuals with visual impairments, providing them with accessible and supportive resources.
2. Development of support groups and peer networks: Fostering a sense of community and peer support can play a crucial role in mitigating the psychological impact of visual disorders. Support groups and peer networks should be established to facilitate the sharing of experiences, coping strategies, and emotional support among individuals with similar challenges.
3. Promotion of inclusive education and awareness campaigns: Raising awareness about the psychological challenges associated with visual disorders is essential for fostering a supportive and inclusive environment within the university community. Educational campaigns and workshops should be conducted to enhance understanding, reduce stigma, and promote empathy among peers, faculty, and staff.
4. Collaboration with healthcare professionals and rehabilitation services: Effective management of mental health concerns in individuals with visual disorders requires a multidisciplinary approach. Collaboration with healthcare

professionals, such as ophthalmologists, optometrists, and mental health specialists, as well as rehabilitation services, is essential to provide comprehensive care and support.

5. Further research and longitudinal studies: While this study provides valuable insights, further research is needed to explore the long-term psychological impacts of visual disorders and the effectiveness of interventions. Longitudinal studies could help shed light on the evolving mental health needs of individuals with visual impairments over time, informing the development of targeted and sustainable support programs.

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APPENDIX I

QUESTIONNAIRE ON A SURVEY OF THE LEVEL OF DEPRESSION, ANXIETY AND STRESS AMONG PERSONS WITH VISUAL DISORDERS IN UNIBEN COMMUNITY

Greetings,

My name is Arimoro Praise Oghogho, A 600 level Optometry student at the University of Benin. In fulfillment of my undergraduate dissertation requirements, I humbly request your valued participation in this questionnaire survey.

Be rest assured that all information gathered will be treated with utmost confidentiality and anonymized before being presented in my work adhering to the data protection act and ethical research guidelines.

Your contribution will be greatly appreciated and the survey will only take a few minutes of your time.

Consent:

By continuing with this survey, you confirm that you have read and understood the information provided. Your participation is voluntary, and all responses will be kept confidential.

Agree [] Disagree []

PART A

(Kindly select or tick as is applicable to you)

1. **AGE:** 18 - 30 31 - 40 41 - 50 51 - 60 >60
2. **GENDER:** MALE FEMALE
3. **EDUCATION:** NO FORMAL EDUCATION PRIMARY SCHOOL SECONDARY SCHOOL TERTIARY EDUCATION POST-GRADUATE EDUCATION
4. **OCCUPATION:** STUDENT JUNIOR STAFF ADMINISTRATIVE STAFF TECHNOLOGIST ACADEMIC STAFF OTHER

PART B

(Kindly select or tick as is applicable to you)

1. *Do you have an Ocular Condition?* Yes No
2. *What Ocular Condition are you currently managing?*
 - Refractive error (Use of glasses)*
 - Cataract*
 - Glaucoma*
 - Age-Related Macular Degeneration*
 - Corneal disease*
 - Diabetic Retinopathy*
 - I'm not sure*

Other (please specify) :.....
3. *How long have you been managing this condition?*
 - 1-3 years 4-6 years 7-9 years 10 years or greater
4. *Does your ocular condition affect your everyday function/activity?*
 - Yes No

5. Have you ever felt anxious or depressed because of your ocular condition?
 Yes No
6. Do you sometimes worry about how others perceive you due to your ocular condition?
 Yes No
7. *Have you ever felt lonely or isolated because of your ocular condition?* Yes No
8. *Has your ocular condition affected the way you see yourself?* Yes
 No
9. Do you ever have moments of self-doubt or negative thoughts because of your ocular condition?
 Yes No
10. Have you noticed changes in the way people treat you because of your ocular condition?
 Yes No
11. Has your relationship with friends and family been impacted by your ocular condition?
 Yes No
12. *Do you find it difficult to discuss your ocular conditions with others, including friends and family?* Yes No
13. *Have you ever felt unfairly treated or excluded due to your ocular condition?* Yes No
14. Have you ever encountered instances of unkind or discriminatory behaviour from others due to your ocular condition?
 Yes No

15. Have friends, family and support groups been helpful in coping with your ocular condition?

Yes No

PART C

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers.

Do not spend too much time on any statement.

The rating scale is as follows:

- 0 - Did not apply to me at all
- 1 - Applied to me to some degree, or some of the time
- 2 - Applied to me to a considerable degree or a good part of time
- 3 - Applied to me very much or most of the time

	0	1	2	3
1. I found it hard to wind down				
2. I was aware of dryness of my mouth				
3. I couldn't seem to experience any positive feeling at all				
4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)				
5. I found it difficult to work up the initiative to do things				
6. I tended to over-react to situations				
7. I experienced trembling (e.g. in the hands)				
8. I felt that I was using a lot of nervous energy				
9. I was worried about situations in which I might panic and make a fool of myself				
10. I felt that I had nothing to look forward to				
11. I found myself getting agitated				
12. I found it difficult to relax				
13. I felt down-hearted and blue				
14. I was intolerant of anything that kept me from getting on with				

what I was doing				
15. I felt I was close to panic				
16. I was unable to become enthusiastic about anything				
17. I felt I wasn't worth much as a person				
18. I felt that I was rather touchy				
19. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)				
20. I felt scared without any good reason				
21. I felt that life was meaningless				

APPENDIX II

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-30	257	64.3	64.3	64.3
	31-40	55	13.8	13.8	78.0
	41-50	60	15.0	15.0	93.0
	51-60	25	6.3	6.3	99.3
	>60	3	.8	.8	100.0
	Total	400	100.0	100.0	

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	207	51.7	51.7	51.7
	Female	193	48.3	48.3	100.0
	Total	400	100.0	100.0	

Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No formal education	2	.5	.5	.5
	Primary school	6	1.5	1.5	2.0
	Secondary school	263	65.8	65.8	67.8
	Tertiary education	87	21.8	21.8	89.5
	Postgraduate education	42	10.5	10.5	100.0
	Total	400	100.0	100.0	

Occupation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Student	249	62.3	62.3	62.3
	Junior staff	17	4.3	4.3	66.5
	Administrative staff	20	5.0	5.0	71.5
	Technologist	22	5.5	5.5	77.0
	Academic staff	31	7.8	7.8	84.8
	Others	61	15.3	15.3	100.0
	Total	400	100.0	100.0	

What ocular condition are you currently managing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refractive Error	263	65.8	65.8	65.8
	Cataract	8	2.0	2.0	67.8
	Glaucoma	43	10.8	10.8	78.5
	Corneal disease	1	.3	.3	78.8
	I'm not sure	31	7.8	7.8	86.5
	Others	1	.3	.3	86.8
	Refractive Error & Glaucoma	37	9.3	9.3	96.0
	Refractive Error and Cataract	8	2.0	2.0	98.0
	Refractive Error & Age- Related Macular Degeneration	2	.5	.5	98.5
	Refractive Error & Diabetic Retinopathy	2	.5	.5	99.0
	Cataract & Glaucoma	1	.3	.3	99.3
	Refractive Error, Cataract & Glaucoma	2	.5	.5	99.8
	Refractive Error, Glaucoma & Corneal disease	1	.3	.3	100.0
	Total	400	100.0	100.0	

Do you have an ocular condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	400	100.0	100.0	100.0

How long have you been managing this condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-3 years	103	25.8	25.8	25.8
	4-6 years	127	31.8	31.8	57.5
	7-9 years	101	25.3	25.3	82.8
	10 years or greater	69	17.3	17.3	100.0
	Total	400	100.0	100.0	

Does your ocular condition affect your everyday function/activity?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	164	41.0	41.0	41.0
	Yes	236	59.0	59.0	100.0
	Total	400	100.0	100.0	

Have you ever felt anxious or depressed because of your ocular condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	No	276	69.0	69.0	69.0
	Yes	124	31.0	31.0	100.0
	Total	400	100.0	100.0	

Do you sometimes worry about how others perceive you due to your ocular condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	250	62.5	62.5	62.5
	Yes	150	37.5	37.5	100.0
	Total	400	100.0	100.0	

Have you ever felt lonely or isolated because of your ocular condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	266	66.5	66.5	66.5
	Yes	134	33.5	33.5	100.0
	Total	400	100.0	100.0	

Has your ocular condition affected the way you see yourself?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	271	67.8	67.8	67.8
	Yes	129	32.3	32.3	100.0
	Total	400	100.0	100.0	

Do you ever have moments of self-doubt or negative thoughts because of your ocular condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	256	64.0	64.0	64.0
	Yes	144	36.0	36.0	100.0
	Total	400	100.0	100.0	

Have you noticed changes in the way people treat you because of your ocular condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	317	79.3	79.3	79.3
	Yes	83	20.8	20.8	100.0
	Total	400	100.0	100.0	

Has your relationship with friends and family been impacted by your ocular condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	341	85.3	85.3	85.3
	Yes	59	14.8	14.8	100.0

Total	400	100.0	100.0
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Do you find it difficult to discuss your ocular conditions with others, including friends and family?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	322	80.5	80.5	80.5
	Yes	78	19.5	19.5	100.0
	Total	400	100.0	100.0	

Have you ever felt unfairly treated or excluded due to your ocular condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	335	83.8	83.8	83.8
	Yes	65	16.3	16.3	100.0
	Total	400	100.0	100.0	

Have you ever encountered instances of unkind or discriminatory behavior from others due to your ocular condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	329	82.3	82.3	82.3
	Yes	71	17.8	17.8	100.0
	Total	400	100.0	100.0	

Have friends, family and support groups been helpful in coping with your ocular condition?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	124	31.0	31.0	31.0
	Yes	276	69.0	69.0	100.0
	Total	400	100.0	100.0	

APPENDIX III

I couldn't seem to experience any positive feeling at all

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	163	40.8	40.8	40.8
	Applied to me to some degree, or some of the time	170	42.5	42.5	83.3
	Applied to me to a considerable degree or a good part of time	61	15.3	15.3	98.5
	Applied to me very much or most of the time	6	1.5	1.5	100.0
	Total	400	100.0	100.0	

I found it difficult to work up the initiative to do things

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	158	39.5	39.5	39.5
	Applied to me to some degree, or some of the time	162	40.5	40.5	80.0
	Applied to me to a considerable degree or a good part of time	70	17.5	17.5	97.5
	Applied to me very much or most of the time	10	2.5	2.5	100.0
	Total	400	100.0	100.0	

I felt that I had nothing to look forward to

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	168	42.0	42.0	42.0
	Applied to me to some degree, or some of the time	159	39.8	39.8	81.8
	Applied to me to a considerable degree or a good part of time	61	15.3	15.3	97.0
	Applied to me very much or most of the time	12	3.0	3.0	100.0
	Total	400	100.0	100.0	

I felt down-hearted and blue

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	165	41.3	41.3	41.3
	Applied to me to some degree, or some of the time	165	41.3	41.3	82.5
	Applied to me to a considerable degree or a good part of time	50	12.5	12.5	95.0
	Applied to me very much or most of the time	20	5.0	5.0	100.0
	Total	400	100.0	100.0	

I was unable to become enthusiastic about anything

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	168	42.0	42.0	42.0
	Applied to me to some degree, or some of the time	157	39.3	39.3	81.3
	Applied to me to a considerable degree or a good part of time	59	14.8	14.8	96.0
	Applied to me very much or most of the time	16	4.0	4.0	100.0
	Total	400	100.0	100.0	

I felt I wasn't worth much as a person

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	177	44.3	44.3	44.3
	Applied to me to some degree, or some of the time	149	37.3	37.3	81.5
	Applied to me to a considerable degree or a good part of time	60	15.0	15.0	96.5
	Applied to me very much or most of the time	14	3.5	3.5	100.0
	Total	400	100.0	100.0	

I felt that life was meaningless

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	205	51.2	51.2	51.2
	Applied to me to some degree, or some of the time	133	33.3	33.3	84.5
	Applied to me to a considerable degree or a good part of time	48	12.0	12.0	96.5
	Applied to me very much or most of the time	14	3.5	3.5	100.0
	Total	400	100.0	100.0	

Depression categories

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mild	95	23.8	23.8	23.8
	Moderate	113	28.2	28.2	52.0
	Severe	25	6.3	6.3	58.3
	Extremely Severe	11	2.8	2.8	61.0
	Normal	156	39.0	39.0	100.0
	Total	400	100.0	100.0	

Gender * Depression categories Crosstabulation

			Depression categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
Gender	Male	Count	47	57	10	4	89	207
		% within Depression categories	49.5%	50.4%	40.0%	36.4%	57.1%	51.7%
	Female	Count	48	56	15	7	67	193
		% within Depression categories	50.5%	49.6%	60.0%	63.6%	42.9%	48.3%
Total		Count	95	113	25	11	156	400
		% within Depression categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.456 ^a	4	.348
Likelihood Ratio	4.478	4	.345
Linear-by-Linear Association	2.830	1	.093
N of Valid Cases	400		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.31.

Crosstab

			Depression categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
Age	18-30	Count	51	74	21	11	100	257
		% within Depression categories	53.7%	65.5%	84.0%	100.0%	64.1%	64.3%
	31-40	Count	16	19	1	0	19	55
		% within Depression categories	16.8%	16.8%	4.0%	0.0%	12.2%	13.8%
	41-50	Count	19	12	1	0	28	60
		% within Depression categories	20.0%	10.6%	4.0%	0.0%	17.9%	15.0%
	51-60	Count	8	6	2	0	9	25
		% within Depression categories	8.4%	5.3%	8.0%	0.0%	5.8%	6.3%
	>60	Count	1	2	0	0	0	3
		% within Depression categories	1.1%	1.8%	0.0%	0.0%	0.0%	0.8%
Total		Count	95	113	25	11	156	400
		% within Depression categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	22.804 ^a	16	.119
Likelihood Ratio	28.607	16	.027
Linear-by-Linear Association	.004	1	.950
N of Valid Cases	400		

a. 11 cells (44.0%) have expected count less than 5. The minimum expected count is .08.

Crosstab

			Depression categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
Education	No formal education	Count	0	1	0	0	1	2
		% within Depression categories	0.0%	0.9%	0.0%	0.0%	0.6%	0.5%
	Primary school	Count	3	0	0	0	3	6
		% within Depression categories	3.2%	0.0%	0.0%	0.0%	1.9%	1.5%
	Secondary school	Count	52	79	21	10	101	263
		% within Depression categories	54.7%	69.9%	84.0%	90.9%	64.7%	65.8%
	Tertiary education	Count	28	18	4	1	36	87
		% within Depression categories	29.5%	15.9%	16.0%	9.1%	23.1%	21.8%
	Postgraduate education	Count	12	15	0	0	15	42
		% within Depression categories	12.6%	13.3%	0.0%	0.0%	9.6%	10.5%
Total		Count	95	113	25	11	156	400
		% within Depression categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	20.432 ^a	16	.201
Likelihood Ratio	26.577	16	.046
Linear-by-Linear Association	.085	1	.771
N of Valid Cases	400		

a. 13 cells (52.0%) have expected count less than 5. The minimum expected count is .06.

Crosstab

			Depression categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
How long have you been managing this condition?	1-3 years	Count	21	23	4	1	54	103
		% within Depression categories	22.1%	20.4%	16.0%	9.1%	34.6%	25.8%
	4-6 years	Count	30	39	4	3	51	127
		% within Depression categories	31.6%	34.5%	16.0%	27.3%	32.7%	31.8%
	7-9 years	Count	29	27	9	3	33	101
		% within Depression categories	30.5%	23.9%	36.0%	27.3%	21.2%	25.3%
	10 years or greater	Count	15	24	8	4	18	69
		% within Depression categories	15.8%	21.2%	32.0%	36.4%	11.5%	17.3%
Total	Count	95	113	25	11	156	400	
	% within Depression categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	23.898 ^a	12	.021
Likelihood Ratio	23.508	12	.024
Linear-by-Linear Association	13.783	1	.000
N of Valid Cases	400		

a. 5 cells (25.0%) have expected count less than 5. The minimum expected count is 1.90.

I was aware of dryness of my mouth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	170	42.5	42.5	42.5
	Applied to me to some degree, or some of the time	183	45.8	45.8	88.3
	Applied to me to a considerable degree or a good part of time	36	9.0	9.0	97.3
	Applied to me very much or most of the time	11	2.8	2.8	100.0
	Total	400	100.0	100.0	

I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	144	36.0	36.0	36.0
	Applied to me to some degree, or some of the time	184	46.0	46.0	82.0
	Applied to me to a considerable degree or a good part of time	52	13.0	13.0	95.0
	Applied to me very much or most of the time	20	5.0	5.0	100.0
	Total	400	100.0	100.0	

I experienced trembling (e.g. in the hands)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	163	40.8	40.8	40.8
	Applied to me to some degree, or some of the time	145	36.3	36.3	77.0
	Applied to me to a considerable degree or a good part of time	74	18.5	18.5	95.5
	Applied to me very much or most of the time	18	4.5	4.5	100.0
	Total	400	100.0	100.0	

I was worried about situations in which I might panic and make a fool of myself

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	139	34.8	34.8	34.8
	Applied to me to some degree, or some of the time	161	40.3	40.3	75.0
	Applied to me to a considerable degree or a good part of time	65	16.3	16.3	91.3
	Applied to me very much or most of the time	35	8.8	8.8	100.0
	Total	400	100.0	100.0	

I felt I was close to panic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	144	36.0	36.0	36.0
	Applied to me to some degree, or some of the time	171	42.8	42.8	78.8
	Applied to me to a considerable degree or a good part of time	66	16.5	16.5	95.3
	Applied to me very much or most of the time	19	4.8	4.8	100.0
	Total	400	100.0	100.0	

I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	184	46.0	46.0	46.0
	Applied to me to some degree, or some of the time	148	37.0	37.0	83.0
	Applied to me to a considerable degree or a good part of time	52	13.0	13.0	96.0
	Applied to me very much or most of the time	16	4.0	4.0	100.0
	Total	400	100.0	100.0	

I felt scared without any good reason

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	183	45.8	45.8	45.8
	Applied to me to some degree, or some of the time	161	40.3	40.3	86.0
	Applied to me to a considerable degree or a good part of time	46	11.5	11.5	97.5
	Applied to me very much or most of the time	10	2.5	2.5	100.0
	Total	400	100.0	100.0	

Anxiety Categories

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mild	43	10.8	10.8	10.8
	Moderate	138	34.5	34.5	45.3
	Severe	54	13.5	13.5	58.8
	Extremely Severe	60	15.0	15.0	73.8
	Normal	105	26.3	26.3	100.0
	Total	400	100.0	100.0	

Crosstab

			Anxiety Categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
Age	18-30	Count	25	84	34	48	66	257
		% within Anxiety Categories	58.1%	60.9%	63.0%	80.0%	62.9%	64.3%
	31-40	Count	8	26	9	3	9	55
		% within Anxiety Categories	18.6%	18.8%	16.7%	5.0%	8.6%	13.8%
	41-50	Count	8	20	8	3	21	60
		% within Anxiety Categories	18.6%	14.5%	14.8%	5.0%	20.0%	15.0%
	51-60	Count	2	6	2	6	9	25
		% within Anxiety Categories	4.7%	4.3%	3.7%	10.0%	8.6%	6.3%
	>60	Count	0	2	1	0	0	3
		% within Anxiety Categories	0.0%	1.4%	1.9%	0.0%	0.0%	0.8%
Total		Count	43	138	54	60	105	400
		% within Anxiety Categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.190 ^a	16	.067
Likelihood Ratio	28.305	16	.029
Linear-by-Linear Association	1.050	1	.305
N of Valid Cases	400		

a. 8 cells (32.0%) have expected count less than 5. The minimum expected count is .32.

Crosstab

			Anxiety Categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
Education	No formal education	Count	0	1	0	0	1	2
		% within Anxiety Categories	0.0%	0.7%	0.0%	0.0%	1.0%	0.5%
	Primary school	Count	0	5	0	0	1	6
		% within Anxiety Categories	0.0%	3.6%	0.0%	0.0%	1.0%	1.5%
	Secondary school	Count	27	83	36	50	67	263
		% within Anxiety Categories	62.8%	60.1%	66.7%	83.3%	63.8%	65.8%
	Tertiary education	Count	8	34	14	7	24	87
		% within Anxiety Categories	18.6%	24.6%	25.9%	11.7%	22.9%	21.8%
	Postgraduate education	Count	8	15	4	3	12	42
		% within Anxiety Categories	18.6%	10.9%	7.4%	5.0%	11.4%	10.5%
	Total	Count	43	138	54	60	105	400
		% within Anxiety Categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	20.707 ^a	16	.190
Likelihood Ratio	22.885	16	.117
Linear-by-Linear Association	.152	1	.697
N of Valid Cases	400		

a. 11 cells (44.0%) have expected count less than 5. The minimum expected count is .22.

Crosstab

			Anxiety Categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
How long have you been managing this condition?	1-3 years	Count	10	35	10	12	36	103
		% within Anxiety Categories	23.3%	25.4%	18.5%	20.0%	34.3%	25.8%
	4-6 years	Count	14	47	22	12	32	127
		% within Anxiety Categories	32.6%	34.1%	40.7%	20.0%	30.5%	31.8%
	7-9 years	Count	14	33	14	16	24	101
		% within Anxiety Categories	32.6%	23.9%	25.9%	26.7%	22.9%	25.3%
	10 years or greater	Count	5	23	8	20	13	69
		% within Anxiety Categories	11.6%	16.7%	14.8%	33.3%	12.4%	17.3%
Total	Count	43	138	54	60	105	400	
	% within Anxiety Categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.972 ^a	12	.038
Likelihood Ratio	20.414	12	.060
Linear-by-Linear Association	5.381	1	.020
N of Valid Cases	400		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.42.

Crosstab

			Anxiety Categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
Gender	Male	Count	23	71	23	32	58	207
		% within Anxiety Categories	53.5%	51.4%	42.6%	53.3%	55.2%	51.7%
	Female	Count	20	67	31	28	47	193
		% within Anxiety Categories	46.5%	48.6%	57.4%	46.7%	44.8%	48.3%
Total		Count	43	138	54	60	105	400
		% within Anxiety Categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.442 ^a	4	.655
Likelihood Ratio	2.446	4	.654
Linear-by-Linear Association	.683	1	.408
N of Valid Cases	400		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 20.75.

APPENDIX

I found it hard to wind down

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	202	50.5	50.5	50.5
	Applied to me to some degree, or some of the time	156	39.0	39.0	89.5
	Applied to me to a considerable degree or a good part of time	33	8.3	8.3	97.8
	Applied to me very much or most of the time	9	2.3	2.3	100.0
	Total	400	100.0	100.0	

I tended to over-react to situations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	135	33.8	33.8	33.8
	Applied to me to some degree, or some of the time	165	41.3	41.3	75.0
	Applied to me to a considerable degree or a good part of time	76	19.0	19.0	94.0
	Applied to me very much or most of the time	24	6.0	6.0	100.0
	Total	400	100.0	100.0	

I felt that I was using a lot of nervous energy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	147	36.8	36.8	36.8
	Applied to me to some degree, or some of the time	168	42.0	42.0	78.8
	Applied to me to a considerable degree or a good part of time	58	14.5	14.5	93.3
	Applied to me very much or most of the time	27	6.8	6.8	100.0
	Total	400	100.0	100.0	

I found myself getting agitated

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	137	34.3	34.3	34.3
	Applied to me to some degree, or some of the time	179	44.8	44.8	79.0
	Applied to me to a considerable degree or a good part of time	58	14.5	14.5	93.5
	Applied to me very much or most of the time	26	6.5	6.5	100.0
	Total	400	100.0	100.0	

I found difficult to relax

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	157	39.3	39.3	39.3
	Applied to me to some degree, or some of the time	148	37.0	37.0	76.3
	Applied to me to a considerable degree or a good part of time	67	16.8	16.8	93.0
	Applied to me very much or most of the time	28	7.0	7.0	100.0
	Total	400	100.0	100.0	

I was intolerant of anything that kept me from getting on with what I was doing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	152	38.0	38.0	38.0
	Applied to me to some degree, or some of the time	161	40.3	40.3	78.3
	Applied to me to a considerable degree or a good part of time	68	17.0	17.0	95.3
	Applied to me very much or most of the time	19	4.8	4.8	100.0
	Total	400	100.0	100.0	

I felt that I was rather touchy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not apply to me at all	167	41.8	41.8	41.8
	Applied to me to some degree, or some of the time	163	40.8	40.8	82.5
	Applied to me to a considerable degree or a good part of time	52	13.0	13.0	95.5
	Applied to me very much or most of the time	18	4.5	4.5	100.0
	Total	400	100.0	100.0	

Stress Categories

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mild	50	12.5	12.5	12.5
	Moderate	43	10.8	10.8	23.3
	Severe	18	4.5	4.5	27.8
	Extremely Severe	4	1.0	1.0	28.7
	Normal	285	71.3	71.3	100.0
	Total	400	100.0	100.0	

Crosstab

			Stress Categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
Age	18-30	Count	35	35	16	4	167	257
		% within Stress Categories	70.0%	81.4%	88.9%	100.0%	58.6%	64.3%
	31-40	Count	6	3	0	0	46	55
		% within Stress Categories	12.0%	7.0%	0.0%	0.0%	16.1%	13.8%
	41-50	Count	7	3	0	0	50	60
		% within Stress Categories	14.0%	7.0%	0.0%	0.0%	17.5%	15.0%
	51-60	Count	2	2	1	0	20	25
		% within Stress Categories	4.0%	4.7%	5.6%	0.0%	7.0%	6.3%
	>60	Count	0	0	1	0	2	3
		% within Stress Categories	0.0%	0.0%	5.6%	0.0%	0.7%	0.8%
Total		Count	50	43	18	4	285	400
		% within Stress Categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.695 ^a	16	.058
Likelihood Ratio	30.038	16	.018
Linear-by-Linear Association	9.110	1	.003
N of Valid Cases	400		

a. 14 cells (56.0%) have expected count less than 5. The minimum expected count is .03.

Crosstab

			Stress Categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
Education	No formal education	Count	0	0	0	0	2	2
		% within Stress Categories	0.0%	0.0%	0.0%	0.0%	0.7%	0.5%
	Primary school	Count	0	0	0	0	6	6
		% within Stress Categories	0.0%	0.0%	0.0%	0.0%	2.1%	1.5%
	Secondary school	Count	35	34	18	4	172	263
		% within Stress Categories	70.0%	79.1%	100.0%	100.0%	60.4%	65.8%
	Tertiary education	Count	5	8	0	0	74	87
		% within Stress Categories	10.0%	18.6%	0.0%	0.0%	26.0%	21.8%
	Postgraduate education	Count	10	1	0	0	31	42
		% within Stress Categories	20.0%	2.3%	0.0%	0.0%	10.9%	10.5%
	Total	Count	50	43	18	4	285	400
		% within Stress Categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	29.579 ^a	16	.020
Likelihood Ratio	39.333	16	.001
Linear-by-Linear Association	2.941	1	.086
N of Valid Cases	400		

a. 16 cells (64.0%) have expected count less than 5. The minimum expected count is .02.

Crosstab

			Stress Categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
How long have you been managing this condition?	1-3 years	Count	11	10	4	1	77	103
		% within Stress Categories	22.0%	23.3%	22.2%	25.0%	27.0%	25.8%
	4-6 years	Count	17	15	2	0	93	127
		% within Stress Categories	34.0%	34.9%	11.1%	0.0%	32.6%	31.8%
	7-9 years	Count	14	7	6	0	74	101
		% within Stress Categories	28.0%	16.3%	33.3%	0.0%	26.0%	25.3%
	10 years or greater	Count	8	11	6	3	41	69
		% within Stress Categories	16.0%	25.6%	33.3%	75.0%	14.4%	17.3%
Total	Count	50	43	18	4	285	400	
	% within Stress Categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.227 ^a	12	.047
Likelihood Ratio	20.223	12	.063
Linear-by-Linear Association	3.527	1	.060
N of Valid Cases	400		

a. 7 cells (35.0%) have expected count less than 5. The minimum expected count is .69.

Crosstab

			Stress Categories					Total
			Mild	Moderate	Severe	Extremely Severe	Normal	
Gender	Male	Count	21	21	8	3	154	207
		% within Stress Categories	42.0%	48.8%	44.4%	75.0%	54.0%	51.7%
	Female	Count	29	22	10	1	131	193
		% within Stress Categories	58.0%	51.2%	55.6%	25.0%	46.0%	48.3%
Total		Count	50	43	18	4	285	400
		% within Stress Categories	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.896 ^a	4	.420
Likelihood Ratio	3.946	4	.413
Linear-by-Linear Association	2.094	1	.148
N of Valid Cases	400		

a. 2 cells (20.0%) have expected count less than 5. The minimum expected count is 1.93.

RAW SCORE SPREADSHEET

S/NO	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9	Q 10	Q 11	Q 12	Q 13	Q 14	Q 15	Q 16	Q 17	Q 18	Q 19	Q 20	Q 21	DepSum	TotalDep Score	AnxSum	TotalAnx Score	StreSum	TotalStressScore
	S	A	D	A	D	S	A	S	A	D	S	S	D	S	A	D	D	S	A	A	D						
1.	1	0	1	1	1	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	7	14	8	16	9	18
2.	1	0	1	1	1	1	0	2	3	1	3	1	2	1	2	1	3	3	1	2	3	12	24	9	18	12	24
3.	0	1	0	3	2	0	1	3	3	2	2	1	3	3	1	0	1	0	3	3	1	9	18	15	30	9	18
4.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	1	0	1	1	1	1	1	0	1	1	0	0	0	0	0	0	1	1	1	2	4	8	4	8
6.	0	0	2	1	2	1	3	3	3	2	1	2	1	3	1	2	1	1	2	1	2	12	24	11	22	11	22
7.	0	1	2	1	2	3	2	1	2	3	2	1	2	1	3	3	2	1	1	2	3	17	34	12	24	9	18
8.	2	1	2	2	1	1	2	0	1	2	1	1	2	1	0	1	2	1	1	1	1	11	22	8	16	7	14
9.	1	0	1	2	1	1	0	0	1	2	0	0	0	1	1	0	1	1	1	1	1	6	12	6	12	4	8

10.	1	1	0	1	2	1	3	2	0	1	2	1	2	3	1	2	1	1	0	1	2	10	20	7	14	11	22
11.	0	1	2	1	0	1	2	1	1	0	1	1	1	1	2	3	2	1	0	0	0	8	16	7	14	6	12
12.	2	2	3	1	2	3	2	2	1	1	2	0	1	2	3	2	1	2	2	2	2	12	24	13	26	13	26
13.	0	1	1	1	2	0	1	2	1	1	0	1	2	2	2	1	1	1	1	1	0	8	16	8	16	6	12
14.	1	1	0	2	3	2	1	0	1	2	2	1	1	2	1	0	0	1	1	1	1	7	14	8	16	9	18
15.	1	2	1	2	2	2	1	0	0	1	1	1	2	1	1	0	0	0	1	1	1	7	14	8	16	6	12
16.	1	1	0	1	2	1	1	0	0	1	2	1	1	0	0	0	1	1	0	0	0	5	10	3	6	6	12
17.	2	1	0	0	1	1	1	0	1	0	0	2	1	1	1	1	1	1	1	1	1	5	10	6	12	7	14
18.	0	1	1	1	0	0	1	2	1	0	1	0	0	1	0	0	0	0	0	0	0	1	2	4	8	4	8
19.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20.	1	0	1	1	1	2	0	0	0	1	1	2	0	1	0	1	1	0	0	0	0	5	10	1	2	7	14
21.	1	1	0	1	2	1	0	1	2	1	0	0	0	1	0	1	1	1	0	0	1	6	12	4	8	5	10

22.	1	1	0	0	1	2	1	1	0	1	1	1	0	1	2	1	1	1	0	0	1	5	10	4	8	8	16
23.	1	0	1	2	1	1	0	1	1	2	1	1	0	1	1	1	1	0	0	0	0	6	12	4	8	6	12
24.	1	1	2	3	2	1	1	2	1	2	1	1	2	1	0	2	2	1	1	1	1	13	26	8	16	8	16
25.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26.	0	1	1	1	0	0	1	0	1	0	1	1	0	0	0	0	2	0	0	0	0	3	6	4	8	2	4
27.	2	2	2	3	2	1	2	1	1	2	0	1	2	2	1	2	3	2	2	2	2	15	30	13	26	9	18
28.	1	0	1	1	0	1	2	1	1	1	1	0	1	1	1	1	0	1	1	1	1	5	10	7	14	6	12
29.	1	1	0	1	0	1	0	0	0	1	2	0	0	0	0	1	0	2	0	0	0	2	4	2	4	6	12
30.	1	0	1	1	1	2	1	0	1	1	0	1	0	0	1	0	0	0	0	0	0	3	6	4	8	4	8
31.	1	1	2	1	0	1	1	1	2	1	0	1	1	1	0	0	1	2	1	1	1	6	12	7	14	7	14
32.	1	1	0	0	1	2	1	0	0	0	0	0	1	0	0	1	2	1	0	0	0	5	10	2	4	4	8
33.	0	1	2	2	1	1	0	0	1	1	0	1	2	1	1	1	0	0	0	0	0	7	14	5	10	3	6

34.	1	1	0	1	2	1	0	1	2	2	2	2	1	1	2	3	1	1	0	1	1	10	20	7	14	9	18
35.	2	2	1	0	0	1	1	1	0	1	2	3	2	2	2	1	1	1	1	1	1	7	14	7	14	12	24
36.	1	0	1	1	0	1	1	2	3	2	3	1	1	1	2	1	1	2	1	1	1	7	14	9	18	11	22
37.	1	1	2	0	2	3	2	1	2	0	1	2	1	1	1	0	0	0	0	1	1	6	12	7	14	9	18
38.	1	0	1	2	1	2	3	2	1	2	1	2	1	1	0	1	2	1	0	1	0	8	16	7	14	10	20
39.	1	1	0	1	1	2	1	0	1	0	1	2	1	1	0	0	1	1	1	1	1	4	8	6	12	8	16
40.	1	0	1	1	0	1	2	1	2	1	2	3	2	1	2	3	3	2	2	3	3	13	26	12	24	11	22
41.	2	1	1	2	3	2	2	2	1	2	3	2	1	2	2	2	2	2	3	2	2	13	26	13	26	15	30
42.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43.	1	0	1	1	1	1	0	1	1	2	2	1	1	0	1	1	0	1	1	1	1	7	14	5	10	7	14
44.	2	3	2	1	2	1	0	1	2	3	2	1	1	2	2	2	2	2	1	2	3	15	30	11	22	11	22
45.	0	1	1	0	1	2	1	1	0	1	1	2	1	2	2	1	2	2	2	2	1	8	16	8	16	10	20

46.	1	1	2	0	1	2	1	1	1	0	1	2	1	1	0	1	2	1	1	1	1	8	16	5	10	9	18
47.	1	1	2	1	0	1	2	1	1	0	0	0	1	2	2	2	2	1	1	1	2	9	18	9	18	6	12
48.	1	0	1	2	2	1	1	1	1	1	1	1	1	0	1	2	1	1	1	1	0	8	16	7	14	6	12
49.	1	0	1	1	1	0	1	2	1	1	0	1	2	1	1	0	0	0	0	0	0	5	10	4	8	5	10
50.	2	2	1	0	2	2	1	1	2	0	1	2	1	2	2	1	1	1	0	1	2	8	16	8	16	11	22
51.	0	1	0	1	1	0	1	0	1	1	0	1	1	0	2	2	0	2	0	2	1	6	12	8	16	3	6
52.	1	1	0	1	2	1	1	1	0	1	2	1	1	1	1	1	0	1	1	1	1	6	12	6	12	8	16
53.	1	0	1	1	0	1	0	1	1	2	1	1	0	1	1	0	1	2	1	1	1	5	10	5	10	8	16
54.	1	0	1	1	2	1	1	0	1	1	2	0	1	2	1	1	0	1	1	1	1	7	14	6	12	7	14
55.	1	0	0	1	0	0	1	1	1	2	1	1	3	1	1	1	2	0	1	0	0	8	16	5	10	5	10
56.	1	0	1	0	1	1	1	1	0	1	2	1	1	0	0	0	1	1	2	1	1	6	12	4	8	7	14
57.	0	1	2	3	1	2	2	2	1	2	3	2	2	1	2	2	2	3	2	1	2	13	26	12	24	13	26

58.	1	0	1	2	1	2	1	1	0	0	0	0	1	2	1	1	1	2	0	0	0	5	10	4	8	8	16
59.	0	1	1	1	2	1	0	1	1	2	2	1	0	1	1	1	1	2	0	1	1	8	16	5	10	8	16
60.	1	2	0	1	2	1	2	1	0	1	2	1	2	1	1	0	1	0	0	0	1	7	14	6	12	7	14
61.	2	1	1	2	1	0	1	1	1	1	2	1	0	1	1	2	1	0	0	1	1	7	14	7	14	7	14
62.	1	0	1	1	0	1	0	0	1	0	1	0	1	1	1	1	0	0	0	0	0	3	6	3	6	4	8
63.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64.	0	1	2	1	1	1	0	1	1	1	1	1	0	0	0	2	1	2	1	1	1	8	16	5	10	6	12
65.	2	1	2	3	2	1	2	1	2	3	2	0	1	2	2	1	2	1	2	1	2	13	26	13	26	9	18
66.	1	0	0	1	1	0	1	0	1	0	0	1	1	0	1	0	0	0	0	1	0	2	4	5	10	2	4
67.	1	0	0	1	1	0	1	0	0	0	0	1	1	0	1	0	0	0	0	1	0	2	4	4	8	2	4
68.	1	0	0	1	1	0	1	0	1	0	0	1	1	0	1	0	0	0	0	1	0	2	4	5	10	2	4
69.	1	0	0	1	1	0	0	0	1	0	0	1	1	0	1	0	0	0	0	1	0	2	4	4	8	2	4

70.	1	0	1	3	0	2	0	1	0	1	3	3	0	2	2	1	0	2	3	2	0	3	6	10	20	14	28
71.	0	2	1	0	1	3	2	3	2	1	0	1	3	0	3	1	3	0	0	2	0	10	20	11	22	7	14
72.	2	1	0	0	3	2	0	1	3	0	1	3	2	0	1	2	2	3	2	1	0	9	18	8	16	12	24
73.	0	0	0	0	1	1	1	1	2	2	2	2	1	1	1	1	2	2	2	3	3	10	20	9	18	9	18
74.	3	2	1	1	3	1	1	3	2	0	1	2	0	3	0	2	1	2	2	2	0	7	14	10	20	15	30
75.	0	2	3	3	2	1	0	3	0	3	0	1	2	2	3	1	3	2	1	1	3	17	34	10	20	9	18
76.	3	2	1	0	0	1	2	3	3	2	1	0	0	1	2	3	2	1	0	0	1	9	18	9	18	10	20
77.	3	3	2	2	1	1	0	0	3	3	0	0	2	2	1	1	0	0	2	2	2	11	22	13	26	6	12
78.	3	3	3	2	1	0	0	1	2	2	1	2	1	1	0	0	2	3	2	3	1	10	20	12	24	11	22
79.	0	1	2	3	1	0	2	0	0	1	1	1	2	2	2	2	0	0	3	3	3	11	22	14	28	4	8
80.	0	0	2	1	0	1	0	2	3	1	0	1	1	0	1	0	2	2	1	2	0	6	12	8	16	6	12
81.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

94.	1	0	0	1	1	1	0	0	1	0	0	1	0	1	0	0	0	1	0	0	0	1	2	2	4	5	10
95.	0	1	2	0	1	2	0	1	2	0	1	3	3	2	3	1	0	1	0	1	2	9	18	7	14	10	20
96.	3	2	0	1	0	3	0	3	3	0	3	3	1	1	3	3	0	3	3	1	0	4	8	13	26	19	38
97.	1	0	1	1	0	1	1	2	0	0	1	1	0	1	2	1	1	0	1	0	1	4	8	5	10	7	14
98.	0	1	2	0	0	2	1	1	3	1	3	3	2	2	2	2	2	2	0	1	1	10	20	8	16	13	26
99.	0	0	0	0	1	2	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2	1	2	3	6
100.	1	1	2	0	1	2	1	0	0	0	1	1	1	0	1	0	1	1	2	1	0	5	10	6	12	6	12
101.	0	3	2	1	1	2	1	2	3	2	1	1	0	1	2	1	1	1	1	0	1	8	16	11	22	8	16
102.	0	3	2	1	2	3	1	2	1	2	1	1	2	3	0	1	2	2	1	2	0	11	22	9	18	12	24
103.	1	1	1	0	1	1	2	1	1	2	1	0	1	1	1	2	1	1	2	2	2	10	20	9	18	6	12

104.	0	1	1	0	0	1	1	2	0	1	3	2	2	1	1	2	2	2	1	1	2	10	20	5	10	11	22
105.	0	1	1	1	0	1	2	1	1	0	1	1	2	1	0	1	1	2	0	1	2	7	14	6	12	7	14
106.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
107.	0	1	1	1	1	0	1	0	1	1	2	0	1	1	0	1	2	1	1	1	1	8	16	6	12	4	8
108.	1	1	0	0	1	0	1	2	1	2	3	1	0	1	0	1	0	0	0	1	1	5	10	4	8	8	16
109.	0	1	2	1	2	1	0	1	2	1	1	2	0	1	1	2	1	1	2	1	0	8	16	8	16	7	14
110.	1	2	0	1	0	2	1	1	2	0	2	3	1	3	2	3	1	0	1	2	1	6	12	11	22	12	24
111.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
112.	1	1	0	1	2	1	1	1	2	1	0	1	1	1	1	2	1	1	1	0	0	7	14	7	14	6	12

113.	1	1	1	1	1	0	1	2	1	1	0	1	0	1	1	2	1	0	1	1	0	6	12	7	14	5	10
114.	0	0	1	0	0	1	0	0	0	1	0	1	0	0	1	1	0	0	0	0	0	3	6	1	2	2	4
115.	1	0	1	0	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	6	12	5	10	6	12
116.	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	4	2	4	1	2
117.	1	0	0	1	0	0	1	0	0	1	1	0	2	1	1	1	1	1	1	1	1	6	12	5	10	4	8
118.	1	0	0	1	1	1	2	1	1	1	1	0	1	2	1	2	2	1	1	0	0	7	14	6	12	7	14
119.	1	2	1	1	2	1	1	2	0	1	1	2	1	2	1	0	1	2	1	1	1	7	14	7	14	11	22
120.	1	0	1	1	1	0	1	2	1	0	0	1	1	0	0	0	1	1	1	1	1	5	10	5	10	5	10
121.	0	1	1	0	1	2	1	1	1	0	1	2	1	1	1	1	1	1	1	0	0	5	10	5	10	8	16

131.	1	0	1	1	0	1	1	1	0	0	0	0	0	1	2	1	1	0	0	0	0	3	6	4	8	4	8
132.	0	1	0	1	0	1	0	1	0	0	1	1	0	2	1	1	1	0	1	1	2	4	8	5	10	6	12
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138.	2	1	2	2	2	1	2	2	1	0	1	2	0	1	1	2	1	1	2	2	1	8	16	11	22	10	20
139.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

140.	0	1	0	1	2	1	1	1	0	1	2	1	1	1	0	1	2	1	1	1	1	8	16	5	10	7	14
141.	0	1	1	2	1	0	1	1	0	1	2	1	1	2	1	0	1	1	0	0	0	5	10	5	10	7	14
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145.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
146.	1	1	2	1	0	1	2	1	1	2	1	1	0	1	2	1	1	1	1	1	1	7	14	9	18	7	14
147.	2	2	1	3	2	3	2	2	1	2	3	2	2	3	2	1	2	2	2	2	2	12	24	14	28	17	34
148.	1	0	1	1	2	1	1	0	1	1	0	0	1	1	1	1	2	1	1	0	0	8	16	5	10	4	8

149.	0	1	1	1	0	1	2	1	1	0	1	2	1	1	0	0	0	1	1	0	0	2	4	6	12	7	14
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157.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

167.	0	1	1	1	0	0	0	1	1	0	0	0	0	2	1	0	1	1	0	0	0	0	5	10	3	6	2	4
168.	1	0	1	3	2	3	3	3	3	3	2	3	3	3	2	0	1	3	2	2	3	13	26	15	30	18	36	
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170.	1	0	0	0	1	2	1	2	3	1	0	1	1	1	2	2	1	0	0	2	2	8	16	8	16	7	14	
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176.	0	1	0	0	1	1	2	1	2	1	0	0	0	0	1	1	1	1	0	0	0	4	8	6	12	3	6
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185.	1	0	1	2	0	1	1	1	1	0	0	1	0	0	0	0	0	1	2	1	0	0	2	4	4	8	6	12
186.	0	0	0	0	0	2	0	1	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	12
187.	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0
188.	0	0	0	0	1	1	0	1	1	0	0	0	0	0	1	0	0	0	1	0	0	1	2	3	6	2	4	
189.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
190.	0	1	2	1	1	2	1	0	0	0	1	0	1	1	1	1	0	1	2	1	1	6	12	7	14	5	10	
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192.	1	2	1	1	0	1	2	2	2	1	1	0	1	2	1	1	0	0	0	0	0	4	8	8	16	7	14	
193.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

194.	0	1	1	1	2	1	0	0	1	1	1	0	3	0	0	0	1	2	0	0	0	8	16	3	6	4	8
195.	3	2	0	1	0	0	0	3	3	1	3	3	1	1	3	3	1	3	3	1	0	6	12	13	26	16	32
196.	0	0	0	0	1	1	0	1	1	0	0	0	0	0	1	0	0	0	1	0	0	1	2	3	6	2	4
197.	0	1	2	0	0	2	0	1	2	0	1	2	1	2	0	0	1	1	2	1	0	4	8	6	12	9	18
198.	0	1	0	1	2	0	0	0	1	1	3	0	0	1	2	0	1	2	0	0	1	5	10	5	10	6	12
199.	1	1	1	0	1	1	1	0	1	2	0	0	0	0	1	1	1	1	2	1	2	8	16	7	14	3	6
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201.	2	1	2	1	0	1	1	2	0	1	2	0	0	0	1	2	1	1	0	0	0	6	12	4	8	8	16
202.	2	2	1	1	0	1	2	1	2	0	0	1	2	1	3	2	1	1	0	1	2	8	16	11	22	7	14

203.	2	3	2	1	2	2	2	3	1	2	2	2	3	1	2	2	2	3	2	3	3	16	32	14	28	15	30
204.	0	1	2	0	1	2	0	1	2	0	1	3	3	2	3	1	0	1	0	1	2	9	18	7	14	10	20
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206.	0	1	1	1	2	1	0	1	1	1	0	0	1	0	1	0	0	0	1	0	0	5	10	5	10	2	4
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208.	1	0	1	1	1	1	2	0	3	1	3	1	2	1	2	1	3	3	1	2	3	12	24	11	22	10	20
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210.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
211.	0	0	0	1	0	1	1	1	1	0	1	1	0	0	0	0	0	0	0	1	1	1	2	4	8	4	8

212.	0	0	2	1	2	1	3	3	3	2	1	2	1	3	1	2	1	1	2	1	2	12	24	11	22	11	22
213.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
214.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
215.	0	1	1	1	0	1	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	2	4	2	4	3	6
216.	0	0	0	0	1	1	0	1	1	0	0	0	0	0	1	0	0	0	1	0	0	1	2	3	6	2	4
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220.	0	3	0	0	0	2	0	3	3	0	1	0	1	1	1	0	0	2	2	2	2	3	6	11	22	9	18

221.	0	1	2	0	0	2	0	1	2	0	1	2	1	2	0	0	1	1	2	1	0	4	8	6	12	9	18
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224.	1	0	0	0	1	3	0	1	2	0	1	1	1	2	1	0	0	1	0	0	0	2	4	3	6	10	20
225.	1	0	0	1	1	1	0	0	1	0	0	1	0	1	0	0	0	1	0	0	0	1	2	2	4	5	10
226.	0	1	2	0	1	2	0	1	2	0	1	3	3	2	3	2	1	2	1	1	2	11	22	8	16	11	22
227.	3	2	0	1	0	3	1	3	3	1	3	3	1	1	3	3	2	3	3	2	1	8	16	15	30	19	38
228.	1	0	1	1	0	1	1	2	0	0	1	1	0	1	2	1	1	0	1	0	1	4	8	5	10	7	14
229.	0	1	3	1	1	3	2	2	3	2	3	3	2	3	1	2	2	2	1	2	2	14	28	11	22	16	32

230.	0	0	0	0	1	2	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2	1	2	3	6
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232.	2	1	1	1	2	2	2	3	2	1	1	1	2	3	2	2	2	1	1	2	2	12	24	11	22	13	26
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234.	2	1	1	2	2	2	1	1	0	0	1	1	2	0	1	2	1	0	0	0	0	8	16	5	10	7	14
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236.	3	2	1	3	3	1	2	1	2	1	3	1	2	1	2	1	3	3	1	2	3	14	28	14	28	13	26
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239.	0	1	0	1	2	0	1	1	1	1	1	3	0	0	1	2	2	1	0	1	2	1	7	14	9	18	5	10
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246.	0	1	1	2	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	1	2	4	8	2	4	
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248.	2	1	1	1	1	0	2	1	1	1	2	2	0	0	0	1	1	0	2	3	1	6	12	10	20	7	14
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275.	0	2	2	2	1	2	0	0	3	2	1	1	1	2	0	0	0	1	2	1	0	6	12	10	20	7	14	
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279.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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284.	1	0	0	1	1	0	0	0	0	1	0	0	0	0	1	1	1	1	1	1	1	5	10	4	8	2	4
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293.	2	2	1	1	2	1	1	1	1	1	1	1	2	1	2	1	1	1	1	2	0	1	8	16	8	16	10	20
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302.	0	1	1	1	0	2	2	1	1	1	1	0	0	2	0	1	2	1	0	2	2	7	14	7	14	7	14
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311.	0	0	1	0	0	0	0	1	1	0	0	0	0	2	1	1	0	0	0	0	0	2	4	2	4	3	6
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329.	0	0	1	1	0	1	0	0	2	1	0	0	0	1	1	1	0	0	1	2	2	5	10	7	14	2	4	
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338.	0	1	1	0	1	2	1	1	2	0	1	1	1	0	1	0	0	0	0	0	0	3	6	5	10	5	10
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342.	1	1	1	0	0	1	2	1	1	0	0	1	1	1	0	0	0	1	1	1	1	3	6	6	12	6	12
343.	1	1	0	0	0	1	1	0	1	1	2	1	1	1	1	1	1	2	1	1	1	5	10	6	12	8	16
344.	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2	4	0	0	1	2
345.	0	0	1	1	0	1	2	1	1	1	0	0	1	1	2	1	0	2	1	1	1	5	10	8	16	5	10
346.	1	1	1	0	0	1	2	0	1	1	2	1	1	0	1	1	0	0	1	1	1	5	10	7	14	5	10

347.	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	4	8	1	2	
348.	1	1	1	0	1	1	2	1	1	1	1	1	0	1	2	1	1	1	1	1	1	1	1	7	14	7	14	7	14
349.	0	1	0	0	0	1	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	3	6	2	4	
350.	1	0	0	1	1	1	1	0	1	1	1	1	1	0	2	1	1	1	1	0	1	2	6	12	5	10	7	14	
351.	0	1	1	1	0	0	1	1	1	1	0	1	2	1	1	1	0	1	1	1	1	1	1	4	8	7	14	6	12
352.	0	1	1	2	1	1	1	0	1	1	0	1	1	0	1	2	1	1	1	1	1	1	8	16	8	16	3	6	
353.	0	1	1	2	1	2	1	1	1	2	1	0	0	0	1	1	1	1	2	1	1	7	14	9	18	5	10		
354.	0	0	1	0	0	0	1	0	0	1	0	0	0	1	0	0	0	1	0	0	0	2	4	1	2	2	4		
355.	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1	1	7	14	4	8	7	14		

356.	1	1	0	2	1	0	0	0	1	1	0	0	1	0	1	0	1	1	2	1	1	5	10	8	16	2	4
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358.	0	1	1	1	0	0	1	2	0	0	1	0	0	0	1	0	1	1	0	0	0	2	4	4	8	4	8
359.	0	2	0	2	1	2	2	2	1	0	2	1	0	2	1	0	1	0	1	1	0	2	4	10	20	9	18
360.	0	1	1	1	0	0	1	1	1	1	0	1	1	1	1	1	0	0	0	0	0	3	6	5	10	4	8
361.	1	1	0	0	1	1	1	0	2	1	1	0	1	2	1	1	1	0	1	0	1	6	12	6	12	5	10
362.	1	0	1	1	2	1	1	1	0	1	2	1	1	1	0	1	2	1	1	1	1	9	18	4	8	8	16
363.	0	1	1	0	1	1	0	1	2	1	1	0	1	1	1	1	0	1	1	1	1	6	12	6	12	5	10
364.	0	1	1	0	0	1	2	0	0	1	1	0	2	0	0	0	1	1	1	1	0	5	10	5	10	3	6

365.	0	1	1	1	2	0	0	0	1	1	0	2	1	1	1	0	1	1	2	1	1	7	14	7	14	4	8
366.	0	1	1	0	0	1	2	1	1	2	1	1	0	0	1	1	2	1	1	1	1	7	14	7	14	5	10
367.	1	1	2	1	1	0	1	2	1	1	2	2	2	2	1	1	1	1	0	1	1	9	18	6	12	10	20
368.	0	1	1	0	0	0	1	0	0	1	0	2	1	1	1	0	0	1	1	1	2	5	10	5	10	4	8
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370.	0	1	1	1	2	1	0	1	1	1	0	1	1	1	1	1	0	1	1	0	0	6	12	5	10	5	10
371.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
372.	0	0	1	0	1	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	4	8	0	0	1	2
373.	1	0	1	1	2	1	1	1	2	1	0	1	1	1	0	1	1	1	1	1	2	9	18	6	12	6	12

374.	0	1	1	0	1	1	0	1	0	0	0	1	1	0	0	1	1	1	0	0	0	0	4	8	2	4	4	8
375.	1	1	0	0	0	0	1	0	0	0	0	1	0	1	0	1	1	1	0	0	0	0	3	6	3	6	2	4
376.	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1	0	0	0	3	6	2	4
377.	0	1	2	2	1	1	2	1	1	2	1	0	1	2	1	2	3	2	1	1	2	13	26	9	18	7	14	
378.	1	3	2	1	2	0	2	3	2	1	1	2	3	2	2	1	2	0	1	2	2	13	26	13	26	9	18	
379.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
380.	1	2	1	2	1	3	2	1	1	1	2	3	0	0	3	1	1	2	3	1	1	6	12	14	28	12	24	
381.	0	0	1	1	0	1	0	1	0	1	0	1	0	0	0	0	0	1	0	0	0	2	4	1	2	4	8	
382.	0	0	0	0	0	0	3	3	0	0	0	3	1	0	0	0	0	0	0	0	0	1	2	3	6	6	12	

383.	0	0	1	1	2	1	0	1	1	0	1	1	0	1	2	1	1	1	1	0	1	6	12	5	10	6	12	
384.	0	1	1	1	0	0	0	1	1	0	1	2	1	1	1	1	0	1	1	1	1	4	8	6	12	6	12	
385.	1	1	0	0	1	1	1	2	1	1	1	1	0	1	1	2	1	1	0	1	1	1	6	12	7	14	6	12
386.	1	0	1	1	1	0	1	1	1	1	1	1	0	1	2	1	1	1	1	0	1	1	7	14	5	10	6	12
387.	1	0	0	1	0	0	0	1	1	0	1	0	1	0	0	0	0	1	1	0	0	1	2	3	6	4	8	
388.	0	1	1	1	1	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	3	6	3	6	1	2	
389.	1	0	1	1	2	1	2	2	2	1	2	3	3	1	2	1	1	1	2	1	0	9	18	10	20	11	22	
390.	1	1	0	0	1	1	1	2	1	0	1	2	1	1	0	1	2	1	1	1	0	5	10	5	10	9	18	
391.	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

400.	2	1	1	2	1	0	1	0	1	2	3	1	1	0	1	1	2	1	1	0	0	8	16	7	14	7	14
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