

1- Gender								
<input type="checkbox"/> Male					<input type="checkbox"/> Female			
2- Age (Gregorian)								
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20
3- Nationality								
<input type="checkbox"/> Saudi					<input type="checkbox"/> Non-Saudi			
4- Type of school								
<input type="checkbox"/> Public school			<input type="checkbox"/> Private school			<input type="checkbox"/> International school		
5- Education level								
<input type="checkbox"/> 1st grade Intermediate-school	<input type="checkbox"/> 2nd grade Intermediate-school	<input type="checkbox"/> 3rd grade Intermediate-school	<input type="checkbox"/> 1st grade Secondary-school	<input type="checkbox"/> 2nd grade Secondary-school	<input type="checkbox"/> 3rd grade Secondary-school			
6- Educational level of the Father?								
<input type="checkbox"/> Uneducated	<input type="checkbox"/> Primary-school	<input type="checkbox"/> Intermediate-school	<input type="checkbox"/> Secondary-school	<input type="checkbox"/> University (Bachelor,Diploma)	<input type="checkbox"/> Postgraduate (Master's,PhD)			
7- Educational level of the Mother?								
<input type="checkbox"/> Uneducated	<input type="checkbox"/> Primary-school	<input type="checkbox"/> Intermediate-school	<input type="checkbox"/> Secondary-school	<input type="checkbox"/> University (Bachelor,Diploma)	<input type="checkbox"/> Postgraduate (Master's,PhD)			
8- Do suffer from any chronic illnesses or use medications regularly? <small>(Hypertension, Diabetes, Asthma, Tumors, Anemia)</small>								
<input type="checkbox"/> No					<input type="checkbox"/> Yes (Name it):			
9- In case your family needed medical care, which of the following options would you choose?								
<input type="checkbox"/> I don't know								
<input type="checkbox"/> Visit Public Hospitals and clinics								
<input type="checkbox"/> Visit Private Hospitals and clinics								
<input type="checkbox"/> The family is eligible to visit Hospitals affiliated to government sectors <small>(Riyadh Military Hospital, National guards Hospital, King Khalid university hospital ..etc)</small>								
<input type="checkbox"/> The family has VIP health insurance								
<input type="checkbox"/> The family has standard health insurance								
10- How would you rate your knowledge regarding periodic health examination for adolescents?								
<input type="checkbox"/> I feel that I have enough knowledge about it			<input type="checkbox"/> I have awareness with no knowledge about it			<input type="checkbox"/> I feel that I don't have knowledge about it		
11- Who should perform periodic health examination for adolescents?								
<input type="checkbox"/> I don't know		<input type="checkbox"/> Healthy individuals		<input type="checkbox"/> Sick individuals		<input type="checkbox"/> Both		

12- What is the best definition for periodic health examination for adolescents?

☐ I don't know

☐ Detection of serious illnesses such as cancer

☐ Examinations include blood analysis and body fluids to exclude the presence of illness

☐ A Group of medical procedures conducted periodically, and aim to check the health and some risk factors that may contribute to the incidence of the disease for adolescents

13- What are the medical check-ups that are scientifically recommended for adolescents?
(You can choose multiple options)

☐ I don't know

<input type="checkbox"/> Sun exposure and Vitamin D levels	<input type="checkbox"/> Depression	<input type="checkbox"/> Blood pressure	<input type="checkbox"/> Smoking cessation
<input type="checkbox"/> Oral hygiene	<input type="checkbox"/> Weight, length, and BMI	<input type="checkbox"/> Thyroid gland	<input type="checkbox"/> Cholesterol levels
<input type="checkbox"/> Blood Glucose levels	<input type="checkbox"/> Complete blood count	<input type="checkbox"/> Sexual transmitted diseases	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Kidney functions	<input type="checkbox"/> Live functions	<input type="checkbox"/> Stool & urine analysis	Other:

14- What is the best time to apply for periodic health examination for adolescents?

<input type="checkbox"/> I don't know	<input type="checkbox"/> At age of 12	<input type="checkbox"/> At age of 14	<input type="checkbox"/> At age of 18	<input type="checkbox"/> Yearly
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15- What are the sources that contributed to increase the level of your knowledge regarding periodic health examination for adolescents? (You can choose multiple options)

<input type="checkbox"/> I don't have enough knowledge	<input type="checkbox"/> Internet & social media	<input type="checkbox"/> TV programs	<input type="checkbox"/> School's subjects
<input type="checkbox"/> Medical team	<input type="checkbox"/> Friends	<input type="checkbox"/> Family	Other:

Periodic health examination for adolescents: A group of examinations and assessments, applied for healthy adolescents to identify their susceptibility to common diseases for their age group, and the risk factors causing these diseases

16- How important do you feel periodic health examination for adolescents?

<input type="checkbox"/> I don't know	<input type="checkbox"/> Very important	<input type="checkbox"/> Important	<input type="checkbox"/> Neutral	<input type="checkbox"/> Not important	<input type="checkbox"/> Never important
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17- Would you apply for periodic health examination for adolescents if you had the chance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (Why):
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18- In your opinion, what are the reasons that may prevent applying for periodic health examination for adolescents? (You can choose multiple options)

<input type="checkbox"/> Inadequate knowledge	<input type="checkbox"/> Financial state	<input type="checkbox"/> No health insurance	<input type="checkbox"/> Fear of medical facilities	<input type="checkbox"/> Inadequate time
<input type="checkbox"/> Good health condition	<input type="checkbox"/> Lack of desire	<input type="checkbox"/> Lack of transportations	<input type="checkbox"/> Lack of family support	Other:

19- Have you ever done periodic health examination before?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No (If the answer is No, STOP here)	
20- What is the frequency of your periodic health examination visits?			
<input type="checkbox"/> I've done it once	<input type="checkbox"/> Every 6 months	<input type="checkbox"/> Yearly	<input type="checkbox"/> I do it in irregular basis
21- What are the medical check-ups you have done? <u>(You can choose multiple options)</u>			
<input type="checkbox"/> Sun exposure and Vitamin D levels	<input type="checkbox"/> Depression	<input type="checkbox"/> Blood pressure	<input type="checkbox"/> Smoking cessation
<input type="checkbox"/> Oral hygiene	<input type="checkbox"/> Weight, length, and BMI	<input type="checkbox"/> Thyroid gland	<input type="checkbox"/> Cholesterol levels
<input type="checkbox"/> Blood Glucose levels	<input type="checkbox"/> Complete blood count	<input type="checkbox"/> Sexual transmitted diseases	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Kidney functions	<input type="checkbox"/> Live functions	<input type="checkbox"/> Stool & urine analysis	
22- Where have applied periodic health examination?			
<input type="checkbox"/> Public hospital	<input type="checkbox"/> Private hospital	<input type="checkbox"/> Public clinic	
<input type="checkbox"/> Private clinic	<input type="checkbox"/> Private lab	<input type="checkbox"/> Other:	
23- What are the reasons that made you apply for periodic health examination? <u>(You can choose multiple options)</u>			
<input type="checkbox"/> Early detection of diseases	<input type="checkbox"/> Quit harmful habits (Smoking, Drugs)	<input type="checkbox"/> Worrying	
<input type="checkbox"/> Family history	<input type="checkbox"/> General health	<input type="checkbox"/> Other:	
24- Do you encourage adolescents to apply for periodic health examination?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No (Why):	

The Questionnaire is over
Thank you for your patience