



ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE

**KAP OF REGULAR MEDICAL CHECKUP AMONG SPHMMC
MEDICAL OPD PATIENTS**

BY:

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ENVIRONMENTAL AND PUBLIC HEALTH) - PUBLIC HEALTH
ADVISOR**

**DR. FEYE BONSA (INTERNIST, CARDIOLOGIST) - CLINICAL
ADVISOR**

**A STUDENT RESEARCH PROJECT TO BE SUBMITTED TO THE
DEPARTMENT OF PUBLIC HEALTH, SPHMMC, IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF MEDICINE**

**AUGUST 2018
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Abstract

Background: - General medical examination is a common form of preventive medicine involving visits to a general practitioner by well feeling adults on a regular basis. This is generally yearly or less frequently. It is known under several other names, such as the periodic health evaluation, annual physical, comprehensive medical examination, general health check, or preventive health examination. Periodic medical check-up is considered effective in preventing illness and promoting health and reducing morbidity and mortality

Objective: To assess the knowledge attitude and practice of regular medical checkup among St. Paul Hospital Millennium medical College medical OPD patients

Method: - A hospital based descriptive cross sectional study will be implemented on knowledge about regular medical checkup, attitude towards medical checkup and practice of medical checkup on out patients of SPHMMC medical OPD. Data will be collected using structured questionnaire. Descriptive analysis and associations will be made using SPSS version 21.

Result: A total of 222 patients were interviewed and all of them were included in the study. The mean age was 36.4 ± 12.59 years. One hundred and ninety three (86.9%) of respondents are good awareness of medical checkup. Two hundred and seven (93.2%) have a good attitude as medical checkup is important for preventive measure. Seventy six (32.4%) of the respondents have good practice of medical checkup. Farmer (AOR=0.12, 95%CI 0.02, 0.64), chronic illness (AOR=2.23 95%CI 1.21,4.09) were significantly associated with practice of medical checkup.

Conclusion and recommendation: This study shows a high level of awareness and good attitude of periodic medical checkup in this group, though the actual level of practice is very low. Effort should be made by government and other authorities to decrease health care cost and health care packages should be prepared to save time of clients and cost of medical checkups.

Acronyms and Abbreviations

- AHC: annual health checkup
- CDC: center for disease control
- DM: Diabetes mellitus
- HCP : health care provider
- HTN: Hypertension
- KAP : knowledge, attitude and practice
- OPD : outpatient department
- RVI: Retroviral infection
- SPSS : Statistical Package for the Social Sciences
- SPHMMC : St. Paul Hospital millennium medical college
- WHO : World Health Organization

1. INTRODUCTION

1.1-Background

Historically, acute problems, such as certain infectious diseases, were the principal concern for health care systems. Advances in biomedical science and public health measures over the past century have limited the impact of many communicable diseases in most developed countries. And, while some infectious diseases continue to be a threat and an important consideration for health care systems in many developing countries, these systems now must respond to an additional set of health problems. Thorough medical/physical examination is necessary and its frequency increases if there is a health problem that requires a continuing care. Factors that are non-modifiable like age, family history of certain disease determine the checkup or screening that one needs. Likewise the presence of modifiable risk factors like alcohol consumption, smoking, unhealthy diet and physical inactivity are equally important in determining frequency of checkup. Some studies have shown that these risk factors are more predominant among those in low socioeconomic level and they are more vulnerable to cardiovascular diseases and diabetes. Other studies have established that regular checkup reduces the risk of invasive cancers and mortality. [1]

In 1960, the American Public Health Association strongly endorsed multiple screening in a publication entitled *Chronic Disease and Rehabilitation a Program Guide for State and Local Health Agencies*. While recognizing that screening should, where possible, take second place to periodic health examination as an effective technique for early disease detection, the authors of the *Program Guide* considered that "the sheer weight of economic reality ... dictate[s] recourse to procedures that conserve the time and energy of highly trained personnel such as physicians and dentists". With the formation, in 1961, of the Chronic Diseases Division of the United States Public Health Service came the ability to provide State services with project grants for setting up demonstration screening programmer. A relatively large number of these projects have been carried out, but for various reasons it has been difficult for them to satisfy all the above points. [2]

During routine or periodic medical checkup some of non-communicable diseases such as hypertension, breast cancer, cervical cancer, prostate cancer and DM can be detected and any

deviation from good health is noticed and managed in the form of preventive or curative services there by reducing mortality associated with them. [3] It is essential to have periodic medical examination since these chronic diseases have heavy socio-economic burden on individuals and account for more than 60% of the overall burden of global diseases. [4].

The uptake of periodic medical check-up or preventive screening services has been shown to be poor in many developing countries and suboptimal in countries like the USA and Britain despite its importance and potential benefits.[5] The practice and use of screening/preventive services has been extensively studied in many European countries and in the United States of America In developing countries where the practice of periodic medical check-up is poor despite the steady increase of the burden of the non communicable Chronic disease. Low- and middle-income countries are the biggest contributors to the increase in burden of disease from non communicable conditions. In China or India alone, there are more deaths attributed to cardiovascular disease than in all other industrialized countries combined. In fact, in 1998 77% of all mortality related to non communicable conditions was in low- and middle-income regions, as was 85% of the global burden of disease. Unfortunately, these countries experience the greatest impact from chronic conditions, while they continue to deal with acute infectious diseases, malnutrition, and poor maternal health. [6]

1.2-Statement of the problem

The Periodic medical checkup or routine medical checkup is a form of preventive medicine, involving through history, physical examination and screening of asymptomatic persons by physicians on regular basis as a part of routine health care process. Prevention is now recognized as a superior strategy to decrease the morbidity and mortality of different types of diseases. It is a cost-effective way to improve the population health. Attending regular medical checkups is one of the tools for disease prevention, which enables certain diseases or risk factors to be detected at an early stage for introducing timely interventions, such as life style modifications, pharmaceutical or surgical treatment, in order to improve individual health outcome. It becomes a public health issue in helping the public to make sensible choice and minimize the risk of harm implicated after unnecessary invasive investigations. Especially in our setup where the resources are scarce, regular medical checkup plays a great role to take care of our health to avoid increased, long-term medical costs. The main goals of a periodic medical examination are to diagnose treatable asymptomatic diseases. [15, 16]

It is identified that those who started undergoing health checkups on a regular basis in the pre-elderly stage of life, turned out to be healthier than those who did not, when they became old (Tatara, 1991). According to Nieman & Pedersen (1999), the chances of occurrence of several diseases (including both the chronic and non-chronic diseases) can be minimized by healthy practices. If such healthy practices are adopted by older adults, they will be hale and hearty, no matter of how old they are. Annual Health Checkup (AHC) is among such promotive health behaviors which help avoid ill health, and improve existing health condition (American Medical Association, 2013).. [14]

1.3 – Rationale /Justification of the study

This study helps to assess the current community level of knowledge and attitude about regular medical checkup and their practice. This study will discover those aspects which encourage adults to practice AHC. Likewise, it can also be contained with those factors which hurdle adults to pursue AHC. This study will be immensely helpful to correct and encourage a better health status of adults as policy makers can utilize its findings to correct those unfortunate factors.

Since there is no much study done on regular medical checkup in St. Paul Hospital, this study is planned to help medical professionals and the public health authority to devise planned resource allocation and policymaking as well as provision of health services depending on the results of the study.

Generally, in developing countries including Ethiopia, where the practice of periodic medical check-up is poor, very few studies have been conducted on periodic medical checkups. So this study result will also serve as a base line data for further investigation on the same topic in the future.

2. Literature review

Regular screening for colorectal cancer can reduce the number of people who die from this disease. When colorectal cancer is found early and treated; the 5-year relative survival rate is 90%. For women aged 40 years or older, mammograms every 12–33 months significantly reduce mortality from breast cancer. [7] For women who have been sexually active and have a cervix, screening with a Pap test reduces incidence of and mortality from, cervical cancer. Females aged 11–26 years can help prevent cervical, vaginal, and vulvar cancers by getting the HPV vaccine. [8]

Improved glycemic control benefits people with either type 1 or type 2 diabetes. In general, every percentage point drop in A1C blood test results (e.g., from 8.0% to 7.0%) can reduce the risk of microvascular complications (eye, kidney, and nerve diseases) by 40%. Among people with diabetes, annual eye and foot exams can reduce vision loss and lower-extremity amputations. Detecting and treating diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50% to 60%.⁴ Comprehensive foot care programs can reduce amputation rates by 45% to 85%. [9].

In a survey conducted from 23 February to 29 May 2008, in non-institutionalized population of Hong Kong, Over 90% of the 5.75 million persons aged 15 and above had high expectations on the effectiveness of medical checkups on early detection of diseases. The vast majority (92.8%) of persons aged 15 and above believed that “majority of diseases can be detected earlier through medical checkups” and 94.4% of the persons aged 15 and above believed that “for the majority of diseases, detection at earlier stages can improve their prognosis. Furthermore, the majority opined that history taking (90.5%) and physical examination (92.5%) by doctors were always necessary components of medical checkups. Most of them (94.5%) preferred the checkup result to be interpreted and explained by a doctor. 48.5% of the 5.75 million persons aged 15 and above had ever had medical checkups. The proportions of persons aged 15 and above who had medical checkup in the 3 years and 12 months before enumeration were 33.1% and 19.6% respectively. The percentage further dropped to 16.7% for those with regular medical checkups. 23.2% of the 5.75 million persons aged 15 and above planned to have medical checkups in the future. [10]

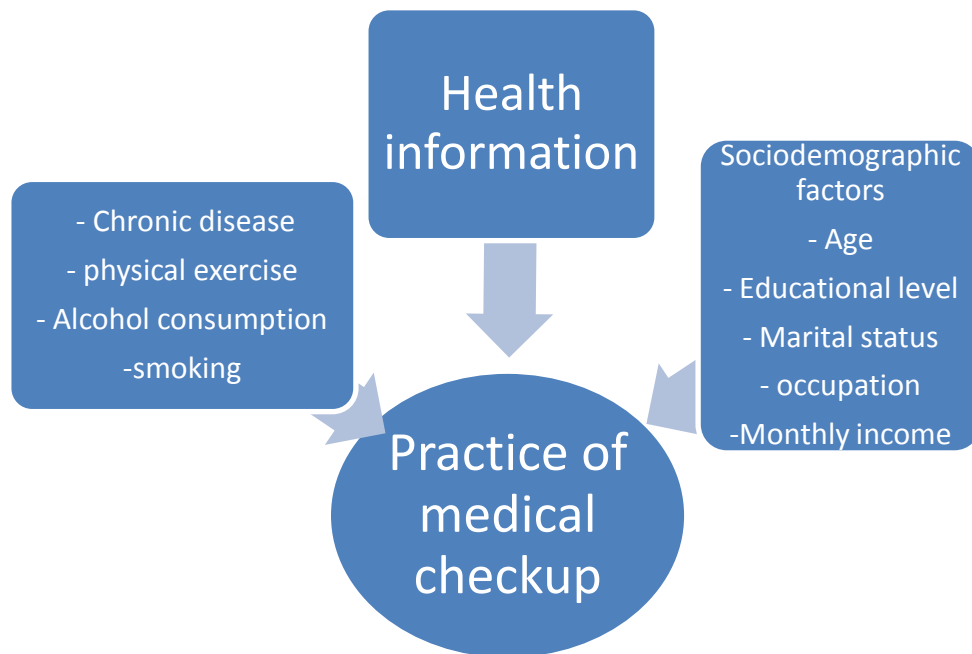
The other survey was periodic medical checkup knowledge and practice in a community in southwest Nigeria in 2015. The mean age of the respondents was 52.4±17.9 years. 60.2% were females and 80.6% were married. About 62% have ever heard of periodic medical checkup, 79% of those who have heard had ever had it done and only 48.2% among those who had ever done it had frequent medical checkup. A statically significant proportion of respondents who were 60 years and above (54.8%) had frequent medical checkup compared to 23.1% of respondents who were less than or equal to 40 years. Among the 144 who have heard of medical check-up 68 (47.2%) felt it should be done when one is healthy. Half of those who responded to questions on types of medical check-up 65 (50%) knew general examination as a form of medical check-up. Only 6 (4.6%) knew blood sugar could be done as a form routine check-up. Concerning frequency of medical check-up 92 (67.6%) felt every 6 monthly medical check-up is ideal. Overall, 114 (79.2%) of those who were aware of periodic medical check-up had ever had it done. Among the 30 respondents, only 25 gave a reason for not having periodic medical examination. Among them 6 (64%) said they were not sick 5 (20%) had no money, 3 (12%) were not aware that they should have routine medical check-up done while 1 (4%) respondent was busy. [11]

In a study conducted on Periodic medical check-up among residents of three Nigerian Southwestern States a vast majority of respondents know that there is need to have a periodic medical checkup, but vary in terms of frequency. In Ondo State, 368 (30.7%) of the respondents think it should be done monthly, 509 (42.4%) think three monthly is adequate, 143 (11.9%) preferred six monthly while 63 (5.3%) said it should be done annually. In Ekiti State, 362 (30.2%) of the respondents think periodic medical check-up should be done monthly, 458 (38.2%) think three monthly is adequate, 161 (13.4%) preferred six monthly while 90 (7.5%) said it should be done annually. In Osun State, 384 (32.0%) of the respondents think periodic medical check-up should be done monthly, 359 (29.9%) think it should be done three monthly, 199 (16.6%) preferred six monthly while 77 (6.4%) said it should be done annually. Those that have not deliberately undertaken any form of periodic medical check-up across the three states was due to reasons ranging from financial challenge, busy work schedule and steady health condition. [12]

Education, marital status, chronic disease, intact sense organs, exercise, alcohol consumption, health information, and medical treatment are identified as significant factors for explaining annual health checkup. (13)

2.1. Conceptual framework

The conceptual frame work of the study is prepared after extensive review of previous similar studies to recapitulate the whole research process and act as a guide for tool development and analysis.



3. Objectives

3.1. General objective

- To verify the knowledge attitude and practice of regular medical checkup and associated factors among St. Paul Hospital Millennium medical College medical OPD patients.

3.2. Specific objectives

- To estimate the level Knowledge of periodic medical check-up
- To estimate the level of attitude of periodic medical check-up
- To estimate the level of practice of periodic medical check-up
- To identify factors associated with practice periodic medical check-up

4. Methods and Materials

4.1. Study area

The study was conducted at SPHMMC, Addis Ababa, Ethiopia. The Hospital was built by Emperor Haile Selase in 1969 with the help of the German Evangelical church. It is aimed to serve the poor. A medical college was formed in 2007.

The hospital has 350 beds sees an annual average of 300,000. It has a catchment population of more than 5 million. The hospital has 1200 clinical and non- clinical staff. There are over 13 departments. A medical school, the millennium medical college was opened in 2007 to commemorate the new millennium ere of Ethiopian calendar (which is 7 years behind the Gregorian calendar).

Students admitted from each region of the country are required to pass written and oral (VIVA) entrance exams. The school was established by the Ethiopian Ministry of Health with Gordon Williams of the department of urology at the Hammersmith Hospital in London as the first dean. The enrollment is 40% female. There are links with university of Addis Ababa, jimma university, Tulane university and university of Michigan and as well as the Open University.

4.2. Study design

A facility based cross sectional study was implemented on knowledge about general medical checkup, attitude towards medical checkup and practice of medical checkup on out patients of SPHMMC medical OPD from April 23/2018 to may 2/2018

4.3 Population

4.3.1 Source population

All medical OPD patients of SPHMMC

4.3.2 Study population

All medical OPD patients of SPHMMC selected randomly at the time of the study

4.4. Eligibility criteria

4.4.1. Inclusion Criteria

- Age greater than or equal to 15 years old
- Patients visiting SPHMMC as outpatient during the time of study
- Patients that are willing to participate in the study

4.4.2 Exclusion criteria

- All patients with severe illnesses, acute life-threatening conditions, and severe injury, including patients with head injuries, were excluded from the study

4.4. Sample size and Sampling

4.4.1 Sample size determination

The SPHMMC medical OPD gives service to at least 140 patients per day. Of these there are on average about 50 new patients per day visiting the OPD. The data collection took 1 week to be completed, i. e. about 8 working days. The plan was to complete data collection within 5 days. It was increased to 8 days to increase the sample size. In total there were 400 new patients visiting the OPD. So the sample was taken from these 400 patients.

The sample size for the study was determined using single population proportion formula:

$$n = \frac{\left(\frac{z\alpha}{2}\right)^2 p(1-p)}{d^2}$$

Where: n = required sample size

$Z \alpha/2$ = Critical value = 1.96 (Standard normal deviation usually set at 1.96 which corresponds to 95% confidence interval)

p = 50%

d = precision (marginal error) = 0.05

- Since there was no study conducted in our set up on the same topic 50% was taken to calculate sample size.

Therefore:

$$n = \frac{(1.96)^2 (0.5 * 0.5)}{(0.05)} = 384$$

Because the study population number is less than 10,000 the final sample size determined as follow:

$$n = \frac{no}{[1+n/N]} = \frac{384}{[1+384/400]} = 196$$

With 10%, non-response rate the final sample size (n_f) was found to be 222

4.4.2 Sampling technique

Systematic random sampling technique was used for this study. First 2 study subjects by lottery method were selected and every 2nd patient from initial selection in the sampling frame was taken.

$$K=N/n =400/222$$

=1.8 approximated into 2

4.5. Data collection

A structured Interviewer administered questionnaires was used for data collection. The questionnaire was developed through extensive literature review in English language and translated in to Amharic language. Before the actual data collection, Pilot study was done at kolfe health center on 30 respondents. Based on that some modification has been made to the questionnaire.

4.6. Study variables

4.6.1 Dependent variables

- Knowledge attitude and practice about medical checkup

4.6.2 Independent variables

- Age
- Sex
- Educational status
- occupation
- Income
- Marital status
- Health education
- Chronic illness
- Physical exercise
- Smoking
- Drinking

4.7. Operational definitions

Level of Knowledge—There were five questions for assessing level of Knowledge, those patients scoring 3 or higher points indicate good knowledge and scores less than 3 indicate Poor knowledge.

Level of attitude -There were five questions for assessing level of attitude, those patients scoring 3 or higher points indicate favorable attitude and scores less than the 3 indicate unfavorable attitude.

Level of practice –There were 7 questions for assessing level of practice, those patients scoring 4 or higher points indicate good practice and scores less than 4 indicate Poor practice.

4.8. Data Processing and Management and Analysis

Each completed questionnaire was checked for completeness before fed to the computer. The data was analyzed using the Statistical Package for the Social Sciences (SPSS), version 21. Descriptive statistics was done and frequencies and charts were used to summarize variables of interest. All variables with P-value <0.05 in bivariate analysis were included into a multivariate step wise backward logistic regression model. Crude and adjusted odds ratios with 95% confidence interval was used to determine the strength of association between dependent and independent variables. Variables having P-value ≤ 0.05 was considered as significant

4.9. Ethical Consideration

The research committee of public health department approved the research. All interviews were conducted maintaining privacy with prior informed consents of respondents taken stating clearly the purpose and benefits of the study and freedom of refusal to participate. All the data collected was kept anonymous, maintaining confidentiality of all participants.

4.10 .Dissemination of Findings

After being completed, the results of this study will be submitted to SPHMMC's department of public health and will be presented for the concerned body.

5. RESULT

5.1. Socio-demographic characteristics

A total of 222 patients were interviewed and all of them were included in the study. There were 129(58.1%) females and 93(41.9%) males. The mean age was 36.4 ± 12.59 years. The predominant age group for females was 30-39 years 35 (27.9%) of male respondents. while that of males was 20-29 about 36(38.7%) of male respondents. Eighty one (36.5%) of the respondents had secondary school education and eighty four (37.8%) had above secondary.

One hundred twenty one (54.5%) of the respondents were married and eighty eight (39.6%) were single. Eleven (5%) of the respondents were divorced and two (0.9%) were widowed. Eighty six (38.7%) of the respondents are amhara in ethnicity and sixty three (28.4%) are Oromo. fifty four (24.3%) are gurage and nineteen (8.6%) are others. one hundred forty two (64%) of the respondents were orthodox in religion and fifty (25%) of the respondents were Muslims. Twenty two (9.9%) were protestant and eight (3.6%) have other religions. One hundred thirteen (50.9%) of the respondents are civil servant. Fifty four (24.3%) were merchant. Thirty (13.5%) were farmers and others were 25 (11.3%). The socio-demographic characteristics of the respondents are shown on Table 1.

Table1.socio -demographic characteristics of SPMMC medical OPD patients from April 23/2018 to may 2/2018

		Number	Percent
Age	<20	11	5.0
	20-29	72	32.4
	30-39	56	25.2
	40-49	50	22.5
	50-59	17	7.7
	60-69	13	5.9
	>70	3	1.4
Sex	Male	93	41.9
	Female	129	58.1
Educational status	noformalduication	12	5.5
	Primary	45	20.3
	Secondary	81	36.5
	Teritiary	84	37.8
Income	<5000	133	59.9
	5000-10000	73	32.9
	>10000	16	7.2

5.2. Level of Knowledge about regular medical checkup

One hundred and ninety three (86.9%) of respondents have good awareness of medical checkup; 90.7% females and 86% of males. Of all individuals received information about periodic medical checkup, majority are from mass-media 85(42.5%) and health institution 83 (41.5%). Twenty one (9.5%) received information from family and six (3%) from friends. Five (2.5%) received information from other sources. For age groups greater than 70 years the source of information about medical checkup was entirely health institution and eight (61.5%) in the age group of 60-69. For Twenty eight (46.7%) of respondents in the age group of 20-29 the source of information was media. various sources of information about medical checkup in relation to age group are shown on table 2.

Two hundred and twelve (95.5%) felt that history taking and physical examination are important components of medical checkup followed by laboratory blood tests, one hundred and eighty four (82.9%). One hundred and seventy eight (80.2%) of the respondents felt medical checkup should be done when even one is healthy. While forty-four (19.8%) felt it is when someone is sick only. All respondents with no formal education felt checkup should be done while one is healthy. Sixty eight (84%) with secondary school education, sixty eight (81%) with tertiary school education and 29(64.4%) with primary school education felt medical checkups should be done while some one is healthy. Majority 115 (51.8%) felt one should go for medical checkup yearly, then every six month 48 (21.6%). Thirty (13.5%) every two years and the rest twenty nine (13.1%) did not know about frequency of medical checkup. Frequency of medical checkup is shown on figure1.

Seventy six (34.2%) of the respondents have ever learned health education. Thirty-five (39.8%) of these respondents practice medical checkup. There was no statically significant association between health education and practice of medical checkup

Table 2.various sources of information of respondents about periodic medical checkup in relation with the age group of st.paul millennium medical college OPD patients from April 23/2018 to may 2/2018

		Age category in years					
		<20	20-29	30-39	40-49	50-59	>60
Source of information	Family	4(36.40%)	7(11.%)	6(12%)	2(4.3%)	2(11.8%)	0
	Friends	0	2(3.30%)	0	4(8.7%)	0	0
	Health institution	0	20(33.3%)	24(48%)	20(44%)	8(47.1%)	11(68.8%)
	Mass media	5(45.50%)	28(46.7%)	20(40%)	20(44%)	7(41.2%)	5(31.2%)
	other	2(18.20%)	3(5%)	0	0	0	0

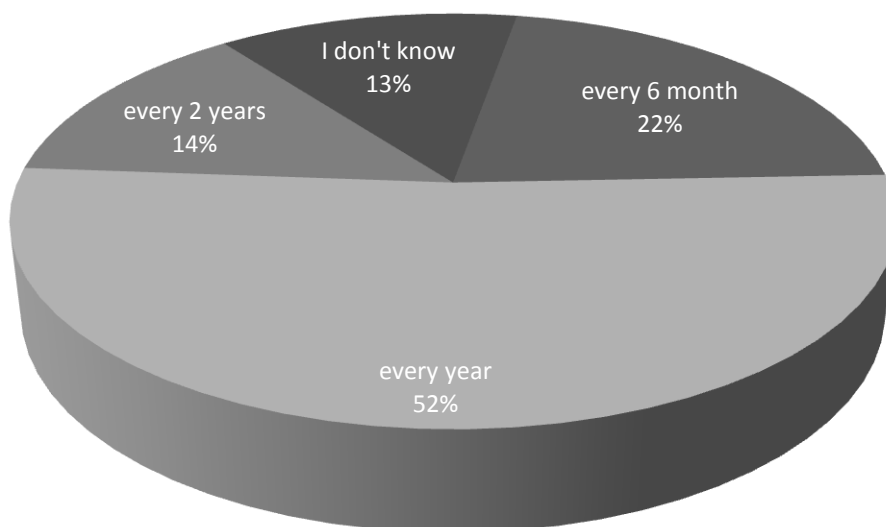


Figure1. Frequency of medical checkup felt by respondents of St.paul millennium medical college OPD patients from April 23/2018 to may 2/2018

5.3. Level of Attitude about regular medical checkup

Two hundred and seven (93.2%) have a good attitude as medical checkup is important for preventive measure. All respondents with no formal education had a positive attitude towards regular medical checkup. Thirty eight (84%) with primary school education, seventy five with secondary school education and eighty one (96.4%) with tertiary school education have good attitude. There was no significant association between level of education and the attitude of respondents.

One hundred and nine (84.5%) of females and seventy nine (84.9%) males agreed that regular medical checkup is important in order to maintain health. One hundred and fifty three (68.9%) of the respondents have plans to have regular medical checkup in the future.

5.4. Level of Practice of regular medical checkup

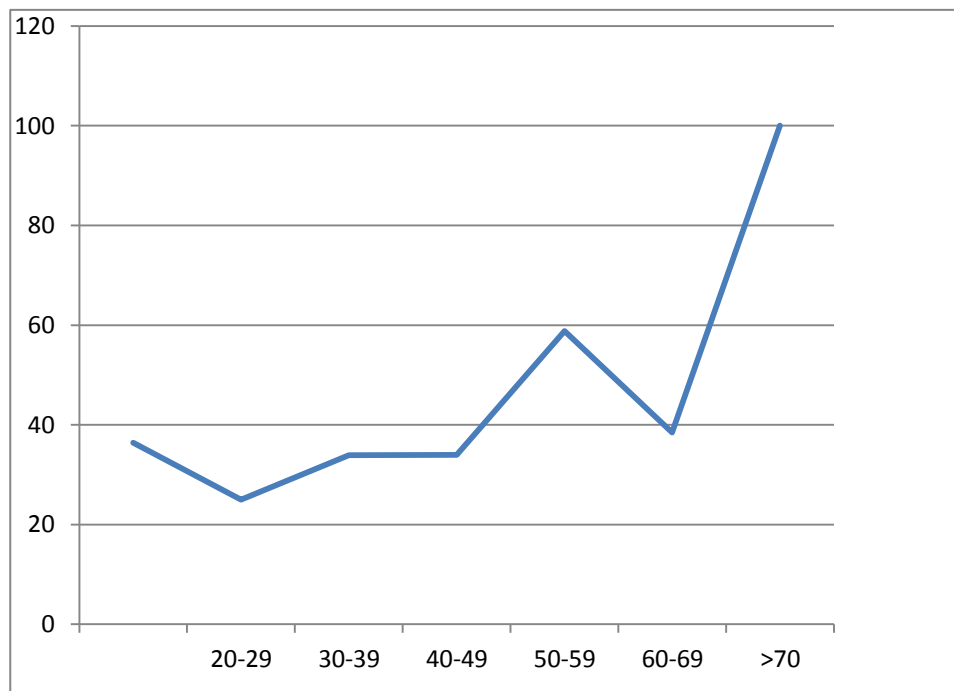


Figure2. Level of Practice of medical checkup in relation to the age group of respondents at st.paul millennium medical college OPD patients from April 23/2018 to may 2/2018

Seventy-six (32.4%) of the respondents have practice medical checkup; 36.4% of females and 31.2% of males. The predominant age group that practiced medical checkup was >70 years in which all of the participants practiced followed by 50-59, ten (58.8%) of the respondents.

Nineteen (33.9%) in the age group of 20-29 years, seventeen (34%) in the age group of 40-49 years and five (38.5) from 60-69 years practice medical checkup. For those with regular medical checkup the number drops to eight (3.6%); four (50%) of those have chronic illness. Of these who practiced regular medical checkup, two (0.9%) does it every year and six (2.7%) does it every six months. Level of Practice of medical checkup in relation to the age group of respondents is shown on figure2.

Respondents with secondary school education have highest level of practice of medical checkup, 33 (40.7%). Two out of 3 respondents, 40% with no formal education but can read and write have such practice. Twenty-eight, (33.3%) of respondents with tertiary school education and 12 (26.7%) of respondents with primary school education practice medical checkup. There was no significant association between educational level and practice of medical checkup among respondents (p value 0.425).

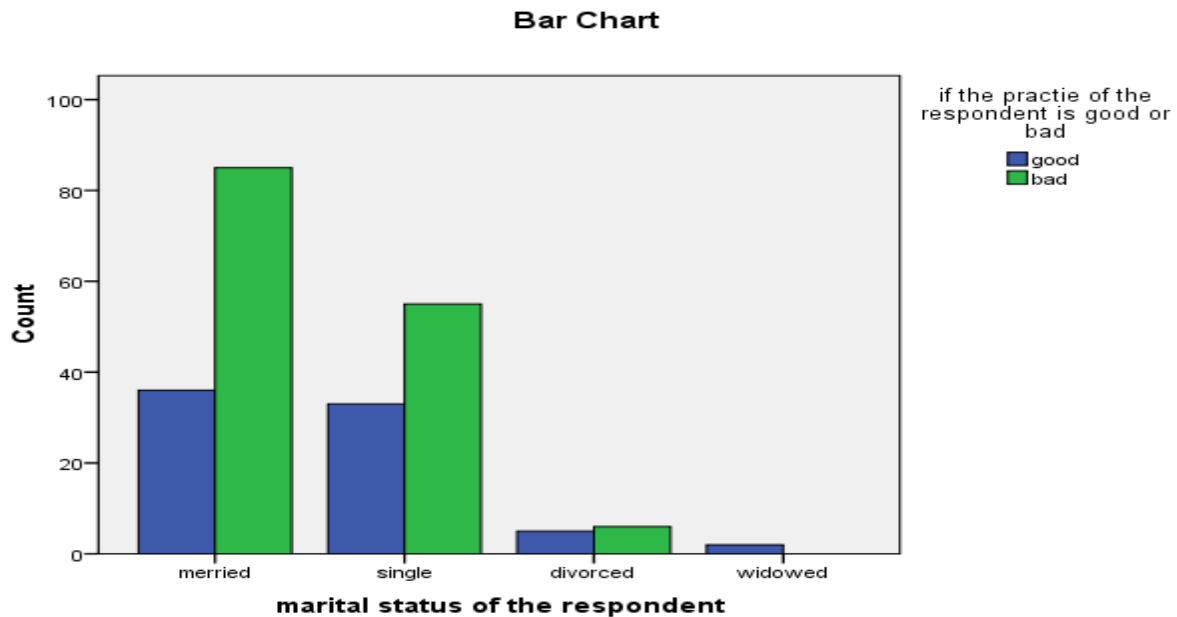


Figure3. The relation between the marital status and practice of medical checkup of st.paul millennium medical college OPD patients from April 23/2018 to may 2/2018

Forty - six, (60.7%) of civil servant respondents practice medical checkup. Three (3.9%) of farmers, fifteen (27.8%) of merchants, twelve (15.8%) of respondents with other types of occupation practice medical checkup. This difference was statically significant (p value 0.003).

From the respondents who are married, 36 (29.8%) practiced medical checkup and from those who are not married 33 (37.5%) of the respondents practiced medical checkup. There is no significant association between marital status and practice of medical checkup (p-value 0.11). The association between the marital status and practice of medical checkup is shown on fig.3.

Seventy (35.5%) from those who have a good knowledge about medical checkup practiced it and six (24%) who doesn't have such knowledge also practiced it. There was no significant association between knowledge and practice. (p value 0.371) Seventy one (34.3%) from those who have a favorable attitude and five (33.3%) from those who has a unfavorable attitude practiced medical checkup.

Thirty six (27.1%) of the respondents with monthly income of <5000birr ever had medical checkup. In addition, thirty three (45.2%) with income between 5000-10000 birr and seven (43.8%) with income of greater than 10000 did so.

The commonest type medical checkup practiced is blood pressure measurement which is 92 (41.4%) followed by blood sugar checkup 64 (28.8%) and visual examination, 44 (19.8%) of the respondents. The other types of checkups which were practiced within 6 months before survey are dental checkup which was practiced by 28 (2.6%) of the respondents. Twenty one females (9.5%) had cervical smear test within 6 months before the survey and fourteen (6.3%) of female respondents have clinical breast examination.

From those who have never had medical checkup the commonest reason was the assumption that they are healthy, 53 (23.9%) of the respondents. Four (44.4%) of respondents in the age group less than 20years and 26(57.8%) in the age group 20-29 years think they are healthy and no need for checkup. Eleven (47.8%) in the age group of 40-49 years and five (38.5%) in the age group of 60-69 years; their reason for not having checkup was lack of awareness. Two respondents (100%) in the age group 50-59years and eight (21.1%) in the age group of 30-39years; their reason was lack of time.

5.4 Factors associated with the practice of medical checkup

Eighty four (37.8%) of respondents do physical exercise. Of these respondents about 25 (28.5%) practice medical checkup. There was no significant association between physical exercise and practice of medical checkup [p -value 0.309].

Nineteen (8.6%) of the respondents are smokers. Of these 5 (26.3%) practice medical checkup and 71(35%) of the no-smokers did so. But these difference was not significant [p = value 0.614].

Forty five, (20%) of the respondents drink alcohol. Of these 13 (28.9%) practice, medical checkup. there was no significant association between alcohol intake and practice of medical checkup [p = value 0.48].

Eighty five (38.3%) of the respondents have chronic illness. Thirty-nine, (45.9%) from those with chronic illness practice medical checkup. One hundred thirty seven (61.7%) of the respondents do not have any chronic illness. Thirty seven, (27%) of those practice medical checkup. This difference was statically significant [p = value 0.004]. the bivariant and multivariate association of factors associated with medical checkup ar shown on table 4 and 5 respectively.

From those patients with chronic illnesses about 18(20%) have diabetes mellitus. twelve (66.7%) of them practice medical checkup. Twenty one (23.3%) of respondents have hypertension, eleven (12.2%) have asthma, seventeen (18.9%) have RVI and 23 (25.6%) of the respondents have other types of chronic illnesses. The relation of medical checkup with chronic illness is shown on figure 5.

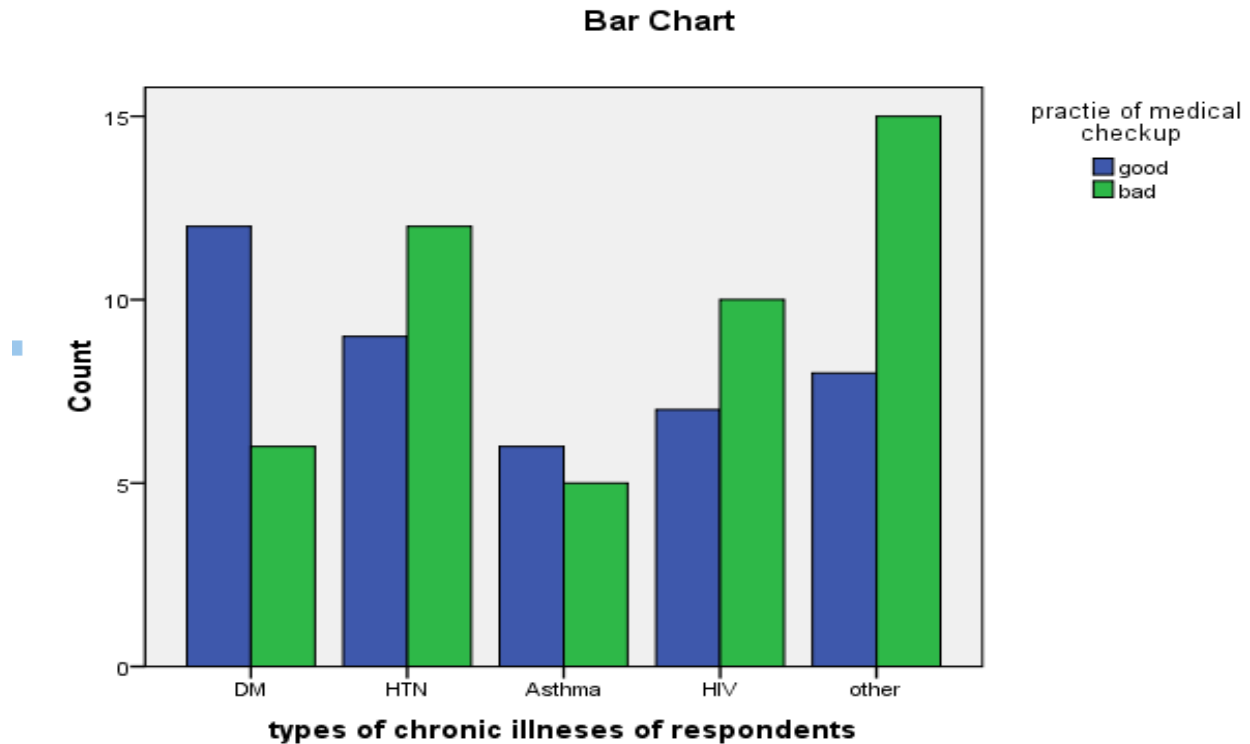


Figure4.The relation between practice of medical checkup and type of chronic illnesses of St.paul's millennium medical college OPD patients from April 23/2018 to may 2/2018

Eighty eight (39.6%) of the respondents have ever learned health education during hospital visits or health education campaigns. From those who have ever had health education 35 (39.5%) of the respondents practice medical checkup. Forty one (30.6%) of respondents from who had never had health education did so. But this was not statically significant (p value 0.19). The relation between health education and practice of medical checkup is shown on figure 5.

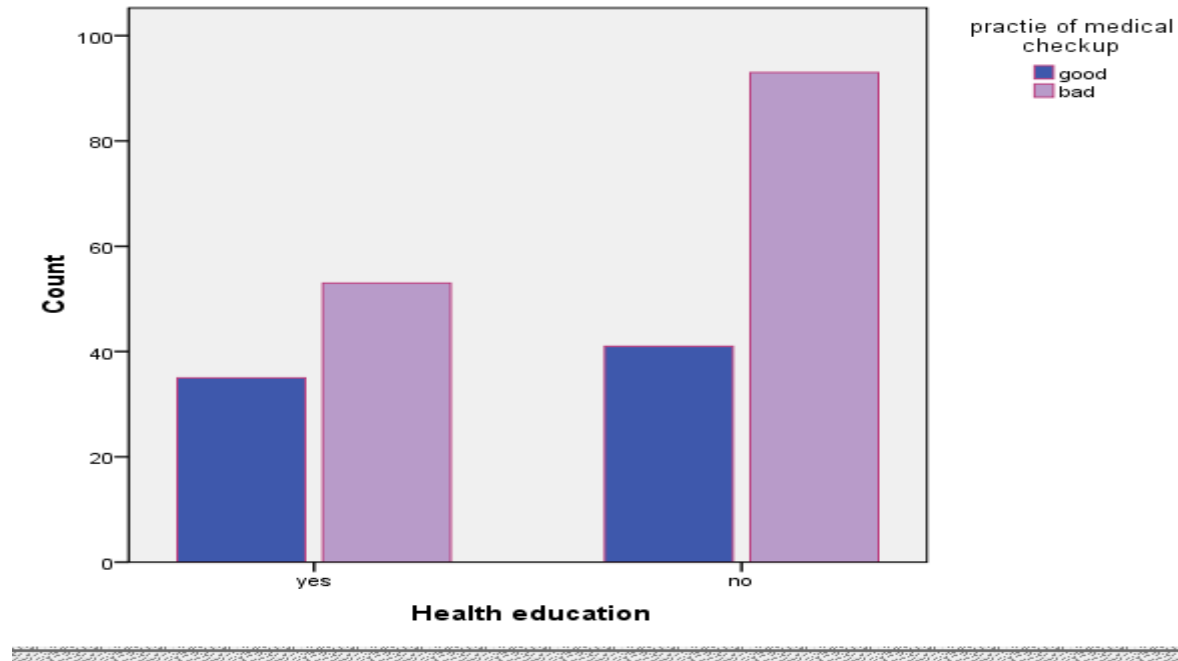


Figure5. The relation between health education and practice of medical checkup in st.paul millennium medical college OPD patients from April 23/2018 to may 2/2018

Table3 Bivariate associations of the levels of practice of regular medical checkup with socio-demographic and other factors of SPHMMC OPD patients from April 23/2018 to may 2/2018

Characteristics of study population	Level of Practice of medical checkup		COR (95% CI)	P value
	Good	poor		
Age in years				
<20	4	7	0.57(0.12, 2.75)	0.105
20-29	18	54	0.33(0.11, 1.02)	
30-39	19	37	0.51(0.17, 1.58)	
40-49	17	33	0.52(0.165, 1.61)	
50-59	10	7	1.43(0.36, 5.66)	
>60	8	8	1	
Level education				
No formal education	3	9	0.67(0.17,2.57)	0.374
Primary	12	33	0.73(0.33, 1.62)	
Secondary	33	48	1.38(0.73,2.59)	
Tertiary	28	56	1	

Marital status				0.11
Married	36	85	0.65(0.37,1.13)	
unmarried	40	65	1	
Alcohol intake				0.48
yes	63	114	1.36(0.67,2.78)	
No	13	32	1	
smoking				0.48
smoker	71	132	1.5(0.52,4.35)	
Non smoker	5	14	1	
Health education				0.19
yes	35	53	1.50 (0.85,0.24)	
No	41	93	1	
Occupation				0.003
Civil servant	46	67	0.74(0.31,1.78)	
Farmer	3	27	0.12(0.03,0.50)	
merchant	15	39	0.42(0.16,1.12)	
other	12	13	1	
Income of the respondent in birr				0.013
Income<5000	36	97	0.48(0.17,1.38)	
Income 5000-10000	33	40	1.3(0.36,3.16)	
Income > 10000	7	9	1	
Chronic illness				0.004
yes	39	46	2.29(1.30,4.05)	
no	37	100	1	
Level of attitude				1.000
Favorable	5	136	0.96(0.32,2.19)	
unfavorable	71	10	1	
Level of knowledge				0.371
Good	19	6	0.57(0.22,1.50)	
poor	127	70	1	

Table4. multivariate associations of the levels of practice of medical checkup with socio-demographic and other factors of SPHMMC OPD patients from April 23/2018 to may 2/2018

variables	Level of practice		COR(95%CI)	AOR(95%CI)	p-value
	good	Poor			
Occupation					
Civil servant	46	67	0.74(0.31,1.77)	0.55(0.22,1.39)	0.205
Farmer	3	27	0.12(0.03,0.50)	0.12(0.02,0.64)	0.013
merchant	15	39	0.42(0.16,1.12)	0.37(0.13,1.05)	0.061
other	12	13	1		
Chronic illness					
yes	39	46	2.29(1.297,4.050)	2.23(1.21,4.09)	0.01
no	37	100	1		
Income of the respondent in birr					
Income<5000	36	97	0.48(0.17,1.38)	0.45(0.15,1.35)	0.448
Income 5000-10000	33	40	1.3(0.36,3.16)	0.94(0.30,2.94)	0.944
Income > 10000	7	9	1		

6. Discussion

One hundred and ninety three (86.9%) of respondents are good awareness of medical checkup. Two hundred and seven (93.2%) have a good attitude as medical checkup is important for preventive measure. Seventy-six (32.4%) of the respondents have good practice of medical checkup. Farmer (AOR=0.12, 95%CI 0.02, 0.64), chronic illness (AOR=2.23 95%CI 1.21, 4.09) were significantly associated with practice of medical checkup

The level of awareness may be as result their formal education or from different sources of information. About 90.7% of female and 86% of male respondents did so. This difference in gender may be due to women's have been educated during the antenatal care while they are pregnant and the chance that they visit health institutions more frequently than men for reproductive health issues. This finding goes with the finding in other surveys. [15, 16]

The major source of information was mass media 85(42.5%) followed by health institution 83 (41.5%). Twenty eight (46.7%) of respondents in the age group of 20-29 the source of information was media. For age groups greater than 70 years the source of information about medical checkup was entirely health institution and eight (61.5%) in the age group of 60-69.in younger age groups media is the main source of information and for older age groups; greater than 65 years the major source of information is health institution. This is expected and it may be due to the younger population is more attached to media these days and they less likely visit health institutions than elderly. On the other hand as the age increases chronic illnesses also increase and this may result elderly to visit health institutions and get advises of medical checkup from health professionals. This finding is different from the survey done on knowledge and practice of medical checkup in traders of south east Nigeria in which most of the respondents get their information from friends. The difference may be due the difference in nature of study population. [18]

Two hundred and twelve (95.5%) felt that history taking and physical examination are important components of medical checkup followed by laboratory blood tests, one hundred and eighty four (82.9%). This may be from patient's experience of the clinical trend in hospitals. After history and physical examination is blood tests will be sent for most patients to confirm the

diagnosis and as baseline investigations. This finding goes findings in other parts of the world. [12]

One hundred and seventy eight (80.2%) of the respondents felt medical checkup should be done when even one is healthy. While forty-four (19.8%) felt it is when someone is sick only. this result is encouraging and shows most of them have clear idea of medical checkup. It is better than similar survey in Nigeria in which about 63.3% of respondents felt medical checkup is for everybody. [18]

All respondents with no formal education felt checkup should be done while one is healthy. Sixty eight (84%) with secondary school education, sixty eight (81%) with tertiary school education and 29(64.4%) with primary school education felt medical checkups should be done while some one is healthy. This is not surprising since the information source for majority of the respondents is not formal education rather; it is media and health professionals. On the contrary, on a similar survey done in Nigeria, those respondents who felt medical checkup are for sick only were those who low level of education. [18]

This Majority 115 (51.8%) felt one should go for medical checkup yearly, then every six month 48 (21.6%). Thirty (13.5%) every two years and the rest twenty nine (13.1%) did not know about frequency of medical checkup. This may be due to the advices from health professionals and media is considering economical issues and medical checkups should be done not that much frequent than this. The finding in similar survey in Nigeria shows most respondents about 59.9% felt medical checkups should be done every 3 months. [12]

Two hundred and seven (93.2%) have a good attitude as medical checkup is important for preventive measure. One hundred and nine (84.5%) of females and seventy nine (84.9%) males agreed that regular medical checkup is important in order to maintain health. This is expected; considering their level of awareness of periodic medical checkup. The finding is similar with findings in other parts of the world. In survey from Nigeria; about 85.5% of the respondents felt that periodic medical checkup improve their work efficacy. [18, 11]

Only few; Seventy-six (32.4%) of the respondents practiced medical checkup; 36.4% of females and 31.2% of males. However, this difference was not statically significant [$p = \text{value } 0.474$]. This level of practice is poor when compared to the level of awareness and attitude of

periodic medical checkup that the respondents have. As most respondents said; it may be attributed to busy life and lack of time, economical problems and health system delays. This finding is also similar to findings in other parts of the world. [18, 17]

The predominant age group that practiced medical checkup was >70 years in which all of the participants practiced followed by 50-59, ten (58.8%) of the respondents. Nineteen (33.9%) in the age group of 20-29 years, seventeen (34%) in the age group of 40-49 years and five (38.5) from 60-69 years practice medical checkup. This age differences in the level of practice are not statically significant [$p = \text{value of } 0.105$]. The influence of age on practice of medical checkup might be because of increased level of medical illness as age increases and increase in level of income could be another factor. This is similar with findings in other studies. [18]

For those with regular medical checkup the number drops to eight (3.6%). Of these who practiced regular medical checkup, two (0.9%) does it every year and six (2.7%) does it every six months. These findings are is similar to findings in other parts of the world. In a survey which was done in china about 48.5% have ever had medical checkups but 16.7% of those had regular medical checkups. [10]

Respondents with secondary school education have highest level of practice of medical checkup, 33 (40.7%). Two out of 3 respondents, 40% with no formal education but can read and write have such practice. Twenty-eight (33.3%) of respondents with tertiary school education and twelve (26.7%) of respondents with primary school education practice medical checkup. There was no significant association between educational level and practice of medical checkup among respondents [$p = \text{value } 0.425$].this finding goes with findings in other parts of the world.[18]

Thirty six (27.1%) of the respondents with monthly income of <5000birr ever had medical checkup. And thirty three (45.2%) with income between 5000-10000 birr and seven (43.8%) with income of greater than 10000 did so. However, this difference was not statically significant. The influence of money on medical checkup is not surprising because lack of money is of the reasons that patients do not do medical checkups.[11]

The commonest type medical checkup practiced is blood pressure measurement which is 92 (41.4%) followed by blood sugar checkup 64 (28.8%) and visual examination, 44 (19.8%) of the respondents. The other types of checkups which were practiced within 6 months before survey are dental checkup which was practiced by 28 (2.6%) of the respondents. Twenty one

females (9.5%) had cervical smear test within 6 months before the survey and fourteen (6.3%) of female respondents have clinical breast examination. These agree with their positive attitude that complications of diabetes mellitus and hypertension can be prevented by having regular medical checkups. These goes with findings in other parts of the world. [3, 8, 9]

Farmer (AOR=0.12, 95%CI 0.02, 0.64), chronic illness (AOR=2.23 95%CI 0.24, 0.83) were significantly associated with practice of medical checkup. This is not surprising because farmers are not that close to information sources and their awareness might be low about complications of chronic diseases. The other reason could be most farmers have low income compared to other professionals and it might not be enough to do regular medical checkups. Chronic illness is one of the reasons that patients do frequent checkups in order to detect complications. There might be also advises from health professionals to do checkup during their visits. Due to these reasons, they can understand the advantage of regular medical checkup more.

7. Conclusion

This study shows a high level of awareness and good attitude of periodic medical checkup in this group, though the actual level of practice is very low. Also misconception that; perception of oneself as healthy and not having medical checkup was noted. Occupation and chronic illness has significant effect on periodic medical checkup. However, age, gender, educational status and other factors were not found to affect the practice of periodic medical checkup significantly.

8. Recommendation

Ministry of health should have policy and plan on effective health education not only in health institutions: but also, home-to-home education including rural areas where source of information is lacking. In addition, effort should be made to decrease health care cost and health care packages should be prepared to save time of clients and cost of medical checkups.

Ministry of education should include health education in the curriculum in such a way that educated professionals could know complications of common chronic illness and regular checkups can prevent from complications resulting from those disease.

St.paul being one of biggest health institution in the country; should work more on prevention. The different preventive checkups should be promoted to every patient visiting the hospital. In addition, it is good to have guidelines about preventive checkups especially depending on the age group of clients.

9. Limitation of the study

The study was done in medical OPD patients most of them might have visited hospitals repeatedly and may have better awareness of medical checkup than the general population. Because of this, it may not represent the actual figure in the general population.

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Annex: 1 English Questionnaire

Dear respondent! My name is Tewabech Genete, a final year medical student (intern) at St. Paul Hospital millennium medical College. The aim of this questionnaire is to collect data important to study the knowledge attitude and practice of regular medical checkup and associated factors among St. Paul Hospital Millennium medical College medical OPD patients. Information you give will serve only this stated academic purpose. Your names are not going to be mentioned and answers are completely confidential. You do not have to answer any question that you don't want to answer and you can stop answering anytime. The questionnaires will not take more than 10 minutes. I kindly request your cooperation to fulfill the objective of the study.

Would you be willing to answer?

If yes, proceed to the next page

If no, please stop here.

Thanks for the cooperation!!

.

Questionnaire ID Number.....

part1. Socio demographic characteristics

1. Age in years
 - a. Male
 - b. Female
2. Marital status
 - a. Married
 - b. Unmarried
 - c. Divorced
 - d. Widowed
3. Ethnic group
 - a. Amhara
 - b. Oromo
 - c. Tigre
 - d. Garage
 - e. Others
4. Level of education
 - a. No formal education
 - b. Primary
 - c. Secondary
 - d. Tertiary
5. Occupation
 - a. Civil servant
 - b. Farming
 - c. Trading
 - d. Others mention
6. Religion
 - a. Orthodox Christian
 - b. Islam
 - c. Protestant
 - d. Others mention.....
7. Estimated monthly income -----

Part2. Knowledge

1. Have you ever heard about medical checkup?
 - a. Yes
 - b. No
2. If yes to question no 1 what was your source of information?
 - a. Family
 - b. Friends
 - c. Hospital
 - d. Mass media
 - e. others mention....
3. Which of the following methods do you think are important during checkups? (More than one answer is possible)
 - a. H/taking and p/examination
 - b. laboratory blood testes
 - c. Imaging
 - d. All
4. When do you think periodic medical check-up should be done?
 - a. during illness
 - b. even when one is healthy
5. Frequency of medical check-up should be
 - A. Every 6 monthly
 - B. Yearly
 - C. Every 2 years
 - D. I don't know

Part3. Attitude

1. Do you think that most people need medical checkups in order to maintain their health?
 - a. agree
 - b. disagree
 - c. unsure
2. Do you think that many people can become healthier by changing their lifestyle and behaviors?
 - a. Agree
 - b. disagree
 - c. unsure
3. Physically active lifestyle can prevent hypertension
 - a. agree
 - b. disagree
 - c. unsure
4. Do you think that diabetes complications may be prevented if blood glucose level is well controlled?
 - a. agree
 - b. disagree
 - c. unsure

5. Do you have plans to have regular medical checkup in the future?

- a. yes b. no c. I never thought about it

Part4. Practice of medical checkup

1. During the last year, did you visit a health care provider for preventive check up (Help to avoid getting sick in the future)?
a. Yes b. No
2. If no to question number one, what is the reason?
a. No time b. Not aware c. No money d. I think I'm healthy
3. (Females) have you ever undergone a cervical smear test (pap smear)?
a. Yes b. No
4. (Females) have you ever had a routine clinical breast examination?
a. Yes b. No
5. Have you in the last 6 months had a routine dental examination?
a. Yes b. No
6. Have you in the last 6 months had a routine visual examination?
a. Yes b. No
7. Have you in the last 6 months had a routine blood pressure check?
a. Yes b. No
8. Have you in the last 6 months had a routine blood sugar check?
a. Yes b. No
9. If yes to one of the above questions, how regularly do you do such checkups?.....

Part5. Other factors associated with practice

1. Do you regularly do physical exercise?
a. Yes b. no
2. Do you currently smoke?
a. Yes b, no
3. Do you currently drink alcohol?
a. Yes b. no
3. Do you have any known chronic illness
a..Yes b. no
4. If 'yes' to the above question which one of the following?
a. DM b. HTN c. Asthma d. RVI e. Other specify -----
5. Have you ever had health education?(from health professionals in a hospital, community health committee...etc)
a. Yes b. no

Annex 2: Amharic questionnaire

መጠይቅ

የመጠይቁ ተሳታፊዎች በሙሉ፣ ተዋበች ገነቴ እባላለሁ። በ ቅድስ ጳውሎስ ሆስፒታል ሚሊኒየም ሜዲካል ኮሌጅ የመጨረሻ አመት የህክምና ተማሪ ነኝ። የዚህ ጥናት አላማ በቅድስ ጳውሎስ ሆስፒታል ሚሊኒየም ሜዲካል ኮሌጅ ውስጥ ደዌ ተመላላሽ ህክምና ክፍል ከሚመጡ ታካሚዎች ምን ያህሉ በሽታን ቀድሞ ለመከላከል ስለሚደረግ የጤና ምርመራ ግንዛቤ አላቸው። የሚለውን መረጃ ለመስብሰብ ሲሆን የሚሰበሰበው መረጃ ለዚህ ለዚህ ትምህርታዊ አላማ ብቻ ይውላል። በዚህ መጠይቅ ውስጥ ስም መጥቀስ አስፈላጊ አይደለም እንዲሁም ከጥያቄዎቹ ውስጥ መመለስ ያልፈለጉዎቸውን ጥያቄዎች ያለምምለስ ወይም የማቁረጥ መብቶች የተጠበቀ ነው። በዚህ ከተሰማሙ መጠይቁን በመሙላት እንዲተባበሩኝ በትህትና እጠይቃለሁ።

አመሰግናለሁ።

የመጠይቅ መለያ ቁጥር.....

ክፍል 1

ቁጥር	ጥያቄ	ምላሽ
1	ዕድሜ	
2	ጾታ	1. ወንድ 2. ሴት
3	የጋብቻ ሁኔታ	1. ያገባ 2. ያላገባ 3. የተፋታ 4. በሞት የተለየ
4	ብሄር	1. አማራ 2. አሮሞ 3. ትግራይ 4. ሌላ ጥቅስ.....
4	የስራ ሁኔታ	1. ተቀጣሪ 2. ግብርና 3. ንግድ 4. ሌላ ጥቅስ.....
5	የትምህርት ሁኔታ	1. ማንበብና መጻፍ የማይችል 2. ማንበብና መጻፍ የሚችል 3. የመጀመሪያ ደረጃ (1-8) 4. ሁለተኛ ደረጃ (9-12) 5. ከሁለተኛ ደረጃ በላይ
6	ሃይማኖት	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ሌላ ጥቅስ.....
7	በአማካኝ የቤተሰቡ የወር ገቢ ምን ያክል ይሆናል	ኢትዮጵያ ብር.....

ክፍል 2

1. በሽታን ቀድሞ ለመከላከል ስለሚደረግ የጤና ምርመራ ስምተው ያውቃሉ?

ሀ. አዎ ለ. አላውቅም

2. ለጥያቄ ቁጥር 1 አዎ ካሉ የመረጃ ምንጮች ምንድን ነው?

ሀ. ቤተሰብ ለ. ጉድጅ ሐ. የጤና ተቆም

መ. የመገናኛ ብዙሃን (ራዲዎ፣ ቴሌቪዥን፣ ጋዜጣ፣ ወዘተ.....) ሠ. ሌላ.....

3. ከሚከተሉት የጤና ምርመራ ዘዴዎች የትኛው ለቅድመ ምርመራ ይጠቅማል ብለው ያስባሉ? (ከአንድ በላይ መመለስ ይቻላል)

ሀ. በሃኪም ሚደረግ ምርመራ ለ. የላቦራቶሪ የደም ምርመራ

ሐ. የምስል ምርመራ (አልተራሳውንድ፣ ራጅ፣ MRI፣ ወዘተ.....) መ. እርግጠኛ አይደለሁም

4. የቅድመ መከላከል የጤና ምርመራ መቼ መደረግ አለበት ብለው ያስባሉ?

ሀ. በህመም ጊዜ ለ. ለሁሉም ሰው

5. የቅድመ መከላከል የጤና ምርመራ በየስንት ጊዜ መደረግ አለበት የቅድመ ?

- ሀ. በየ 6 ወር ለ. በየ 1 አመት ሐ. በየሁለት አመት መ. አላውቅም

ክፍል -3

1. ብዙ ሰዎች ጤናቸውን ለመጠበቅ የቀድሞ መከላከል የጤና ምርመራ ያስፈልጋል ብለው ያስባሉ?

- ሀ. እስማማለሁ ለ. አልስማማም ሐ. እርግጠኛ አይደለሁም

2. የኑሮ ዘዴን በመቀየር (የሰውነት እንቅስቃሴ በማድረግ፤ የአመጋገብ ሁኔታን በማስተካከል.....ወዘተ) የአብዛኛው ህብረተሰብ ጤና ይጠበቃል ብለው ያስባሉ?

- ሀ. እስማማለሁ ለ. አልስማማም ሐ. እርግጠኛ አይደለሁም

3. የሰውነት እንቅስቃሴ በመስራት የደም ብዛት መከላከል ይቻላል?

- ሀ. እስማማለሁ ለ. አልስማማም ሐ. እርግጠኛ አይደለሁም

4. በደም ውስጥ ያለውን የደም መጠን በመቆጣጠር ከስካር ጋር ተያይዞ የሚመጡ ችግሮችን መከላከል ይቻላል?

- ሀ. እስማማለሁ ለ. አልስማማም ሐ. እርግጠኛ አይደለሁም

5. በሽታን ቀድሞ ለመከላከል የሚደረግ የጤና ቅድመ ምርመራ ለማድረግ አስበዋል?

- ሀ. አዎ ለ. አላቀድኩም ሐ. አስቤው አላቅም

ክፍል- 4.

1. ባለፈው 1 አመት ውስጥ በሽታን ቀድሞ ለመከላከል የሚደረግ የጤና ምርመራ ለማድረግ ወደ ጤና ባለሙያ ሂደው ያዉቃሉ?

- ሀ. አዎ ለ. አልሄድኩም

2. ለጥያቄ ቁጥር 1 አልሄድኩም ከሆነ መልሶ ምክኒያቶ ምን ነበር?

- ሀ. ጊዜ የለኝም ለ. መረጃው አልነበረኝም ሐ. በቂ ገንዘብ አልነበረኝም

መ. ጤነኛ ነኝ ብዬ ስለማስብ ሰ. ሌላ ጥቀስ

3.(ለሴት ብቻ)፣የማህጸን በር ካንሰር ቅድመ ምርመራ አድርገው ያዉቃሉ?

- ሀ. አዎ ለ. አላውቅም

4. (ለሴት ብቻ) ፣የጡት ካንሰር ቅድመ ምርመራ አድርገው ያዉቃሉ?

- ሀ. አዎ ለ. አላውቅም

5. ባለፈው 6 ወራት ውስጥ የጥርሶን ጤንነት ለማወቅ ቅድመ ምርመራ አድርገው ያዉቃሉ?

- ሀ. አዎ ለ. አላቅመም

6. ባለፈው 6 ወራት ውስጥ የአይኖን የጤና ሁኔታ ለማወቅ ቅድመ ምርመራ አድርገው ያዉቃሉ?

- ሀ. አዎ ለ. አላውቅም

7. ባለፉት 6 ወራት ውስጥ የደም ግፊት ምርመራ አድርገው ያዉቃሉ?

ሀ. አዎ ለ. አላወቅም

8. ባለፈው 6 ወራት ውስጥ የደም ስኮር ምርመራ አድርገው ያውቃሉ?

ሀ. አዎ ለ. አላወቅም

9. ከክፍል 4 ጥያቄዎች ለአንዱ አዎ ካሉ በየስንት ጊዜ ያደርጋሉ?.....

ክፍል -5

1. መደበኛ የሰውነት እንቅስቃሴ ያደርጋሉ?

ሀ. አዎ ለ. አላደርግም

2. አሁን ባሉበት ሁኔታ ሲጋራ ያጨሳሉ?

ሀ. አዎ ለ. አላጨሰም

3. አሁን ባሉበት ሁኔታ መጠጥ ይጠጣሉ?

ሀ. አዎ ለ. አልጠጣም

4. የሚታወቅ የቆየ ህመም አልዎት?

ሀ. አዎ ለ. የለኝም

5. ለ ጥያቄ ቁጥር 3 አዎ ከሆነ መልሶ ከሚከተሉት ውስጥ የትኛው ነው?

ሀ. የስካር በሽታ ለ. የደም ብዛት ሐ. የአስም በሽታ መ. ኤ ቸ አይ ቪ ኤድስ ሰ. ሌላ ጥቀስ.....

6. የጤና ትምህርት ተምረው ያቃሉ(ቤት ለቤት፣ በህክምና ተቆማት)?

ሀ. አዎ ለ. አላወቅም