**Questionnaire: Screen time**

School **Name\_\_\_\_\_\_\_\_\_\_\_\_\_** Child enrolment number (Not be filled by parent)

Child name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_

**1. 1 Socio-Demographic Information:**

* + 1. **Name of Mother : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
		2. **Educational Criteria of Responder**

01: Uneducated

02: Elementary school

03: High school

04: High Sec

05: Graduate

06 Post Graduate

* + 1. **Family information**
			1. **Type of Family**

01 Nuclear

02 Joint

* + - 1. **Number of family members ...............**
			2. **Number of sibling ................................**
			3. **Age of sibling 1st………. 2nd……….. 3……… 4th …….**
			4. **Overcrowding**

01 Yes

02 No

CRITERIA – no. of family member for room

1 Room 2 person

2 Room 3 person

3 Room 5 person

4 Room 7 person

5 Or more rooms 10 person (Additional 2 for each room)

* + - 1. **Maternal information**
				1. **Mother still living**

01 Yes

02 No

* + - * 1. **Mother age ………yrs**
				2. **Mother’s education**

01: Uneducated

02: Elementary school

03: High school

04: High Sec

05: Graduate

06 Post Graduate

* + - * 1. **Mother’s occupation**

 01 Housewife

 02 Self employed

 03 Farm-worker

 04 Labour

 05 Official job

* + - 1. **Father’s information.**
				1. **Father still living**

01 Yes

02 No

* + - * 1. **Father age ………yrs**
				2. **Father’s education**

01: Uneducated

02: Elementary school

03: High school

04: High Sec

05: Graduate

06: Post Graduate

* + - * 1. **Father’s occupation**

01 Unemployed

02 Self employed

 03 Farm-worker

 04 Labour

 05 Official Job

* + 1. **Socioeconomic status:**
			1. **Place of residence**

01 Urban

02 Rural

**2. Screen viewing related questionnaire**

**2.1 Parent screen view time**

|  |  |
| --- | --- |
|  | Please inform for how many hours/day you use TV, mobiles, tablet and computer/laptops in below mentioned categories  |
|  | During week days  | During week ends  |
|  | For education | For entertain-ment | To keep yourself occupied  | Others \_\_\_\_\_\_ | For education | For entertain-ment | To keep yourself occupied | Others \_\_\_\_\_ |
| TV | \_\_\_\_\_  |  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |  |  |
| Computer / Laptop |  |  |  |  |  |  |  |  |

**2.2 Child screen view time**

|  |  |
| --- | --- |
|  | Please inform for how many hours/day does your child use TV, mobiles, tablet and computer/laptops in below mentioned categories |
|  | During week days  | During week ends  |
|  | For education | For entertain-ment | To keep himself occupied | Others \_\_\_\_ | For education | For entertain-ment | To keep himself occupied | Others \_\_\_\_\_ |
| TV | \_\_\_\_\_  |  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |  |  |
| Computer / Laptop |  |  |  |  |  |  |  |  |

**2.3 Do you place any restrictions on the amount of time your child can be in front of a screen (TV,mobile,tablet,computer/laptop)?**

1. Yes 2. No

**2.4 Do you place any restrictions on the content your child view on the screen(TV, mobile tablet,computer/laptop)? (movie ratings, YouTube video lyrics, parental settings, etc.)**

1. Yes 2. No

**2.5 Does your child interact with an electronic device soon after waking up?**

1.Yes

a.as soon as he/she gets up b.within …….hours after waking up

2.No

**2.6 Do you have TV in your bedroom?**

1. Yes 2. No

**2.7 Does your child use mobile phone at bed time?**

1. Yes 2. No

**2.8 Has your child ever complained of headache?**

1. Yes 2. No

**If yes: Do you think the headache can be because of using screen (any screen TV/Mobile/Tablet/Laptop/computer)**

1. Yes 2. No

**2.9 Has your child ever complained of eye pain?**

1. Yes 2. No

**If yes:Do you think the eye pain can be because of using screen (any screen** TV/Mobile/ Tablet/Laptop/computer)

1. Yes 2. No

**2.10 Has your child ever complained of itching in eyes?**

1. Yes 2. No

**If yes:Do you think the itching in eyes can be because of using screen (any screen TV/Mobile/ Tablet/Laptop/computer)**

1. Yes 2. No

**2.11 Do you think your child is habituated to screen (any screen TV/Mobile/ Tablet/Laptop/computer)**

1. Yes 2. No

**2.12 Does your child requires a screen (any screen TV/Mobile/ Tablet/Laptop/computer) for eating (lunch/breakfast/dinner)?**

1. Yes 2. No

**2.13 Does your child watch screen (any screen TV/Mobile/ Tablet/Laptop/computer) while eating (lunch/breakfast/dinner)?**

1. Yes : Breakfast Lunch Dinner

2. No

**2.14 Do you know what is the maximum recommended time for viewing screen?**

1. Yes 2. No

**2.15 Does your child plays outside home?**

1. Yes: How many minutes or hours/ day…………2.No

**2.16 Does your child reads any other book apart from school book (story book/news paper etc)?**

1.Yes: How much time-\_\_\_\_ minutes or hours/ day

2.No

**2.17Do you/any other family member read/tell stories to the child**

1. Yes: How frequently - Everyday Once a week Once a month

 2.No

**2.18 At what approximate time does your child goes to sleep at night every day?**

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**2.19 How many hours does your child sleep at night?**

\_\_\_\_\_\_ Hrs in night

**2.20 Do you think this survey was useful for your child?**

1. Yes 2.No

**2.21 What will you do now after knowing all this information?**

**I would like you to give information regarding screen time use-**

According to American Academy Of Pediatrics; For children 18 months to 5 years, the AAP now recommends aiming for one hour of screen entertainment per day, rather than two.

 AAP’s new policy statement for children ages 5 to 17 actually has no standard [**screen-time limit**](https://www.parents.com/fun/entertainment/gadgets/managing-childs-screen-time/)**.**

Eight to 10 hours of sleep, time for homework, family time, and time that is completely screen-free. Look at the time that’s left and seems reasonable for media use.