

Child and Adolescent Electronic Use Screener (Ages 11-17)

1. Please **circle** the electronic devices you currently own. **Underline** the one you use the most.

- a. Smartphone
- b. Laptop
- c. Smart watch
- d. iPad or tablet
- e. PlayStation or video game related
- f. Other: _____

2. How often are you on your electronic devices in a given day?

- a. Less than 1 hour
- b. 1-2 hours
- c. 2-3 hours
- d. 3-4 hours
- e. 4-5 hours
- f. More than 5 hours

3. To what degree do you use your electronic device for the following activities?

	Always	Frequently	Occasionally	Rarely	Never
Social Media (e.g., Facebook, Instagram, Snapchat, Linkekln, etc.)					
Reading Content (e.g., e-books, articles, etc.)					
Getting news alerts					
Accessing email					
Text Messaging					
Searching for information					
Playing games					
Uploading Content					
Listening to music					
Watching videos					
Other					

4. Please answer the following questions that relate to your average weekly electronic use:

	Always 6-7 days	Frequently 3-5 days	Occasionally 2-3 days	Rarely 1-2 days	Never
a. Do you charge your electronic devices in your bedroom?					
b. Do you wake up in the middle of the night and get on your electronic device?					
c. Do you feel anxious when you don't have your electronic device?					
d. Do you feel more depressed when you are on your electronic device?					
e. Do you feel happier when you are on your electronic device?					
f. Do your parents monitor your electronic use?					
g. Do you wish your parents monitored your electronic use more frequently?					
h. Do your parents know your passwords to your social networking sites?					
i. Do you sneak and lie about your electronic use to your parents?					
j. Have you bullied someone on your electronic device?					
k. Have you been bullied by someone on your electronic device?					
l. Are you on your electronic device for most of the day while in school?					