

## Survey questions

### Poll 7: Screen time

June 2017

#### Question 1

Thinking about **the past month**, please estimate the average amount of time spent using screen-based devices **at home (not at work or school) on a typical week day (Monday-Friday)**. Screen-based devices include things like television, computers, laptops, gaming consoles, smartphones and tablets.

Note: Only include time spent **using screens at home** (NOT at school or work).

Please answer separately for each family member presented below.

*None, Up to 1 hour, Up to 2 hours, Up to 3 hours, Up to 4 hours, Up to 5 hours, Up to 6 hours, Up to 7 hours, Up to 8 hours, Up to 9 hours, Up to 10 hours, Up to 11 hours, 12 hours or more.*

Yourself, Child 1, Child 2, Child 3

#### Question 2

Thinking about **the past month**, please estimate the average amount of time spent using screen-based devices **at home (not at work or school) on a typical day on the weekend (Saturday - Sunday)**. Screen-based devices include things like television, computers, laptops, gaming consoles, smartphones and tablets.

Note: Only include time spent **using screens at home** (NOT at school or work)

Please answer separately for each family member presented below.

*None, Up to 1 hour, Up to 2 hours, Up to 3 hours, Up to 4 hours, Up to 5 hours, Up to 6 hours, Up to 7 hours, Up to 8 hours, Up to 9 hours, Up to 10 hours, Up to 11 hours, 12 hours or more.*

#### Question 3

Thinking about a **typical week in the past month**, how often has your child used the following screen-based devices **at home**? Please answer separately for each child.

- Smartphone (e.g. iPhone)
- Tablet device (e.g. iPad)
- Television
- Computer (desktop or laptop)
- Gaming console

*Every day of the week, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, Less than 1 day a week, Never, Not sure.*

#### Question 4

We are interested in knowing what sort of activity your child is doing when they spend time using screen-based devices. **Thinking about a typical week in the past month**, how often has your child used screen-based devices **at home** for each of the following activities? Please answer separately for each child.

- Homework and school work
- Playing games (using computers, tablets, smartphones, or gaming consoles)
- Video chat, such as Skype and Facetime
- Social networking on social media, such as Facebook, Instagram, or Snapchat
- Watching television programs, movies, or videos

*Every day of the week, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, Less than 1 day a week, Never, Not sure*

#### Question 5

We are interested in knowing what screen-based devices your child/ren have of their own. Which of the following screen-based devices do/does your child/ren have **of their own?** (Note: do **not** include devices owned by an adult or sibling that the child/ren use or share).

Please answer separately for each of the listed devices for each child

- Smartphone (e.g. iPhone)
- Tablet device (e.g. iPad)

*Yes / No / Not sure*

#### Question 6

**Over the past month**, how often has your child used screen-based devices **on their own without adult supervision?** Please answer separately for each child.

*Every day of the week, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, Less than 1 day a week, Never, Not sure*

#### Question 7

Do/Does your child/ren **regularly** use any screen-based devices (such as a computer, tablet, smartphone, or television) **at bedtime (in the 30 minutes before falling asleep)?** Please answer separately for each child.

*Yes / No / Not sure*

#### Question 8

In a typical week, how often do you use screen-based devices **to occupy your child/ren when you need to get things done around the house?** (E.g. household activities, working from home, or preparing meals).

*Every day of the week, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, Less than 1 day a week, Never, Not sure*

#### Question 9

In a typical week, how often do you use time on screen-based devices as a **reward for your child/ren's good behaviour?**

*Every day of the week, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, Less than 1 day a week, Never, Not sure*

#### Question 10

In a typical week, how often do you use time on screen-based devices to **manage your child/ren's behaviour** when you are out and about? (For example when in the car or in the pram).

*Every day of the week, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, Less than 1 day a week, Never, Not sure*

#### Question 11

How often do you limit **your own** use of screen-based devices when you are **with your child/ren?**

*All the time / Almost all the time / Some of the time / Rarely / Never / Not sure*

Different families use different approaches to manage screen time in their home. Now we have some questions about how you manage screen time with your family in your home.

#### Question 12

Do you place limits on **the amount of time** your child/ren can use screen-based devices at home? Please answer separately for each child.

*Yes / No / Not sure*

#### Question 13

Do you find it difficult to enforce rules and restrictions about **the amount of time** your child/ren use screen-based devices at home?

*Yes / No / Not sure*

#### Question 14

Do you **regularly** maintain any of the following "**screen-free**" times of day for your child/ren?

- Before school
- During meals
- During family activities
- Before bedtime

*Yes / No / Not sure*

#### Question 15

In the past month, have you applied rules or restrictions about **what your child/ren can see and do** on screen-based devices? Please answer separately for each child.

*Yes / No / Not sure*

#### Question 16

Do you **find it difficult to enforce rules and restrictions** about what your child/ren is/are allowed to see and do on screen-based devices?

*Yes / No / Not sure*

#### Question 17

In the past month, have you spoken with your child/ren about **what they access or look at online**?

*Yes / No / Not sure*

#### Question 18

In the past month, have you **used technological tools** (such as software or passwords) to **limit the amount of time** your child/ren spend using screen-based devices?

*Yes / No / Not sure*

#### Question 19

In the past month, have you **used technological tools** (such as filters, software, privacy settings or passwords) to **limit the content (types of things) your child/ren can access (see and do)** when using screen-based devices?

*Yes / No / Not sure*

#### Question 20

In the past month, have you used classification information to help you decide whether an electronic game, program or other screen-based activity **is suitable for your child?**

*Yes / No / Not sure*

Now we have some questions about your children using social media. {present these questions only to parents with one or more children aged over five years}

#### Question 21

Does/Do your child/ren have one or more **social media accounts of their own**, such as Facebook, Twitter, Instagram, or Snapchat?

*Yes / No / Not sure*

#### Question 22

Do you have access to **all** your child/ren's **social media accounts?**

*Yes / No / Not sure*

#### Question 23

Have you ever talked with your child/ren about **engaging with strangers online?**

*Yes / No / Not sure*

#### Question 24

Have you ever talked with your children about **how to protect their identity and personal information online?**

*Yes / No / Not sure*

#### Question 25

Some children and families experience problems related to the use of screen-based devices. Do you believe your child/ren have ever experienced any of the following **problems in relation to their use of screen-based devices?**

Please select ALL that apply

- Sleep problems
- Lack of physical activity
- Oppositional behaviours, such as arguing back

- Social withdrawal from family and friends
- Excessive time spent playing games
- Online bullying or harassment

Present each child with options – *Yes / No / Not sure*

### Question 26

Thinking about **the past month**, how often have you experienced conflict, tension, or disagreement **between family members** about the use of screen-based devices?

*Every day of the week, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, Less than 1 day a week, Never, Not sure*

### Question 27

Please rate your level of agreement with the following statements about children and their use of screen-based devices:

**Children in general** spend too much time using screen-based devices

*Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree*

**My own child/children** spend(s) too much time using screen-based devices

*Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly disagree*

I worry that my child/ren will be **unsafe playing outside** in my neighbourhood or local area?

*Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly*

It is difficult to limit my child's exposure to pornographic or sexually explicit material online

*Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly*

I am concerned that my child maybe sharing too much personal information online

*Strongly agree / Agree / Neither agree or disagree / Disagree / Strongly*

### Question 28

**In the past month**, please estimate approximately **how much money has your family spent** on screen-based entertainment **for your children (include all children aged less than 18 years)? If teenagers are paying for their own media use, ALSO INCLUDE this amount in the total family estimate.**

Screen-based entertainment includes pay TV, movies on demand, online games and app purchases, other electronic games, i-tunes account costs etc.

**Please DO NOT include the cost of purchasing screen-based devices themselves or the cost of internet access.**

*Less than \$20, \$20 to \$50, \$51 to \$100, \$101 to \$200, \$201 to \$300, \$301 to \$400, \$401 to \$500, more than \$500*

#### Question 29

Has the **amount of money** your family spends on screen-based entertainment for your children ever been **a problem or concern** for you?

*Yes/ No/ Not sure*

#### Question 30

If you wanted help to manage problems related to screen time and internet safety in your family, who would you go to for help? Select all that apply.

*Friends and family / School teacher / Counsellor or psychologist / General practitioner (GP) / Paediatrician / Online resource / Not sure / None / Other (Please specify)*

Participants were also asked demographic questions on gender, country of birth, languages spoken at home, annual household income, education and health care card status.

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