

## Appendix 1. Screen viewing time (SVT) Questionnaire.

Screen time is defined as ‘the time spent watching a screen (e.g. television, mobile electronic device i.e. tablet, mobile phone, video game, and computer)’

Sticker Label

Questionnaire completed on: \_\_\_\_\_  
(DD/MM/YYYY)

### 1. How old was your child when screen time was first introduced?

\_\_\_\_\_ Years \_\_\_\_\_ Months

### 2. Why did you start screen time for your child (please tick all that apply)?

- |   |  |
|---|--|
| <input type="checkbox"/> To keep my child seated while eating                             | <input type="checkbox"/> To keep child occupied while parent is busy |
| <input type="checkbox"/> To entertain my child during the day (i.e. as part of play time) | <input type="checkbox"/> To educate my child                         |
| <input type="checkbox"/> To keep my child calm when they are fussy or crying              | <input type="checkbox"/> Others: _____                               |

### 3. Does your child have their own screen device?

No  Yes

If *yes*, please tick one or more of boxes:  Tablet or iPad  Mobile Phone  Others: \_\_\_\_\_

### 4. What device does your child usually use? Rank the options below from most to least often (1 = most often; 3 = least often)

Tablet or iPad  Mobile Phone  Television

### 5. How much time does your child spend in a day watching a screen on WEEKDAYS & WEEKENDS over the last 1 month? Please include screen time with all caregivers (e.g. nanny, grandparents and preschool)

*E.g. If 1 hours 45 minutes per day, write 1 Hours 45 Minutes*

WEEKDAYS (in one DAY): \_\_\_\_\_Hours \_\_\_\_\_Minutes

WEEKENDS (in one DAY): \_\_\_\_\_Hours \_\_\_\_\_Minutes

### 6. Did your child EVER have MORE screen time in the past?

No  Yes

If yes, what was the LONGEST screen time duration per day: \_\_\_\_\_Hours \_\_\_\_\_Minutes

**7. Is your child able to change the programme they view (e.g. change content on a touchscreen)?**

No  Yes

**8. What kind of screen time activity your child does – rank the top 3 options below (number 1 being the most common activity)**

Entertainment meant for children (e.g. cartoons, shows or videos on any device)

Educational content (e.g. informational videos, educational apps on any device)

Play games on any device (e.g. mobile phones or tablets)

Entertainment meant for adults or general programs (on any device)

**9. How many hours is the television switched on in your house each day? (including when child is NOT watching)**

*E.g. If 1 hours 45 minutes per day, write 1 Hours 45 Minutes*

\_\_\_\_\_Hours \_\_\_\_\_Minutes per day