|--|

How is Your Technology Use Affecting You?

1. Do you become frustrated or grumpy when you don't have your device?	YES	□NO	
2. Do you spend numerous hours online?	YES	□NO	
3. Do you avoid doing other activities because you'd rather be on your device than do something else you enjoy?	YES	□NO	
4. Do you use your device right before bed?	YES	□ №	
5. Do you often stay up too late because you are on your device?	YES	□NO	
6. Do you avoid face-to-face interactions because you prefer to be with your online community or talking to your friends on apps?	YES	□NO	
7. Do you fear you may miss out on a message or something important if you're not on your device?	YES	□NO	
8. Do you have a difficult time parting from your device?	YES	□NO	
9. Do you hop on your device first thing in the morning?	YES	□NO	
10. When you are doing something with friends or family, are you on your device?	YES	□NO	
Total Yes's: Total No's:			
11. How much time do you spend online each day? Less than 1 hour 1-2 hours 3-4 hours 4+ hours 4+ hours 1-2 hours 3-4 hours 4+ hours 1-3 hours 3-4 hours 3			
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday 16. What times of day do you use your device most often?	Saturd	ay	
Sunday Monday Tuesday Wednesday Thursday Friday 16. What times of day do you use your device most often? Morning Midday Afternoon Evening RESULTS		ay	
Sunday Monday Tuesday Wednesday Thursday Friday 16. What times of day do you use your device most often? Morning Midday Afternoon Evening		ay	
Sunday Monday Tuesday Wednesday Thursday Friday 16. What times of day do you use your device most often? Morning Midday Afternoon Evening RESULTS Questions 1-10: If you answered "yes" to more of these questions than you did "no," you result to the second of the sec	may be ou can tak		