**Demographic Information:**

1. **Age:**
   * 18-24
   * 25-34
   * 35-44
   * 45-54
   * 55-64
   * 65+
2. **Gender:**
   * Male
   * Female
   * Non-binary
   * Prefer not to say
3. **Occupation:**
   * Full-time employed
   * Part-time employed
   * Self-employed
   * Unemployed
   * Student
   * Homemaker
   * Retired

**Screen Time Awareness:** 4. **Can you 4. Please? Please use your own words.**

* Not aware at all
* Slightly aware
* Moderately aware
* Very aware
* Extremely aware

**Screen Time Patterns:** 5. On average, how many hours per day do you spend using electronic devices with screens (e.g., smartphones, computers, tablets)?

Less than 2 hours

* 2-4 hours
* 5-7 hours
* 8 or more hours

Which devices do you use most frequently for screen-related activities? (Select up to 3)

* Smartphone
* Laptop/Computer
* Tablet
* Television
* Other (please specify): \_

**Desire to Reduce Screen Time:** 6. **Would you like to reduce your overall screen time?**

* Yes
* No
* Not sure

1. **What motivates you to consider reducing your screen time?** (Select up to three)
   * Improve overall well-being
   * Increase productivity
   * Enhance mental health
   * Improve sleep quality
   * Decrease eye strain
   * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Perceived Difficulty in Reducing Screen Time:** 8. **Do you find the idea of reducing your screen time challenging or difficult?**

* Very challenging
* Challenging
* Neutral
* Easy
* Very easy

1. **What specific challenges or barriers do you anticipate in reducing your screen time?** (Select up to three)
   * Work requirements
   * Social obligations
   * Entertainment habits
   * Fear of missing out (FOMO)
   * Lack of alternative activities
   * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Strategies and Resources:** 10. **What strategies do you currently use or plan to use to reduce your screen time?** (Select all that apply) - [ ] Setting daily limits - [ ] Using screen time tracking apps - [ ] Scheduling technology breaks - [ ] Establishing screen-free zones - [ ] Seeking support from friends/family - [ ] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Would you be interested in resources or support to help you manage and reduce your screen time?**
   * Yes
   * No
   * Maybe
2. **Which type of support or resources would you find most helpful in reducing screen time?** (Select one)
   * Educational resources
   * Community-based programs
   * Personalized coaching or counseling
   * Technology solutions (apps, tools)
   * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_