

Pre-Test Questionnaire

Form for subject to fill out before the test.

What do you consider acceptable daily phone usage (in hours)?

2

At what age did you own a smartphone

28

How productive are you when spending time on your phone?

1 2 3 4 5

Not productive ☐ ☒ ☐ ☐ ☐ Extremely productive

How strictly did your parents monitor your screen time?

1 2 3 4 5

Not at all ☒ ☐ ☐ ☐ ☐ Extremely strictly

How strictly would you monitor your hypothetical child's screen time?

1 2 3 4 5

Not at all ☐ ☐ ☐ ☐ ☒ Extremely Strictly



How strictly do you currently monitor/restrict your screen usage?

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Extremely Strictly

How strictly did you monitor/restrict you screen usage as a young teen or child?

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Extremely strictly

Do you consider yourself to have healthy screen time habits?

	1	2	3	4	5	
Very healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Very unhealthy

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