A survey on the use of social networking sites and mental health of young generation in Bangladesh

**Please tick one box for each statement**

*Section 1: Demographic questions*

1. \*Express your consent to participate in the research and processing of anonymous data for scientific purposes. Also, please confirm that you are a current used of social networking sites and your age is within 40 years.
   * Agree
2. \*Age in years

* Below 18
* 18-25
* 26-40

1. \*Sex

* Male
* Female

1. \*Weight and height ratio/BMI score
   * Below 18.5 (underweight)
   * 18.5-25 (normal)
   * Above 25 (overweight)
2. \*Marital status
   * Unmarried
   * Married
   * Others
3. \*Education level
   * Primary
   * Secondary
   * Graduate/above
4. \*Occupation
   * Service
   * Business
   * Student
   * Others
   * Unemployed
5. \*Economic status
   * Low
   * Medium
   * High
6. \*Smoking habit
   * Smoker
   * Nonsmoker
7. \*Residence area
   * Urban
   * Rural

*Section 2: Questions related to the usage patterns of social networking sites*

1. \*Which social media account do you use usually?

* Facebook
* Others

1. \*Which device do you usually use to connect social media?

* Mobile phone
* Others

1. \*Which type of internet connection do you use?
   * Broadband (Wi-Fi)
   * Mobile data
2. \* How long have you been using a social media account?
   * Below 5 years
   * 5-10 years
   * More than 10 years
3. \* How frequently do you post (upload status or add photos/videos) on social media?
   * Less than 1
   * 1-5
   * More than 5
4. \* How much time do you spend daily in social media?
   * Below 1 hour
   * 1-3 hours
   * More than 3 hours
5. \* When do you usually use social media?
   * At anytime
   * At specific time
6. \* How many friends do you have on social media?
   * Below 500
   * 500-2000
   * Above 2000
7. \*How many groups you are tagged in social media?
   * Less than 5
   * 5-10
   * More than 10
8. \*What is your main purpose for using social media?

* Social communication
* Time passing
* Making new friends
* Others

1. \* Do you believe social media is a good thing?
   * Yes
   * No
2. \* When you see something in social media, do you instantly believe it?
   * Yes
   * No
3. \* Have you ever experienced peer pressure due to social media?
   * Yes
   * No
4. \* Does your emotion get influenced by other's posts?
   * Sometimes
   * Always
   * Not at all
5. \* Have you ever compared yourself with other’s success or luxurious life?
   * Sometimes
   * Always
   * Not at all
6. \* Do you think, your mental wellbeing would be better if you do not use social media?
   * Yes
   * No
7. \*If answer is yes, are you trying to control that thing and trying to reduce the use of social media?
   * Yes
   * No

*Section 3: Psychometric assessment*

Indicate how often each of the statements below is descriptive of you.

**Loneliness Scale (UCLA-8)**

1. \*In the past 30 days, I lack companionship.
   * Never (0)
   * Rarely (1)
   * Sometimes (2)
   * Often (3)
2. \*In the past 30 days, there is no one I can turn to.
   * Never (0)
   * Rarely (1)
   * Sometimes (2)
   * Often (3)
3. \*In the past 30 days, I feel left out.
   * Never (0)
   * Rarely (1)
   * Sometimes (2)
   * Often (3)
4. \*In the last 30 days, I feel isolated from others.
   * Never (0)
   * Rarely (1)
   * Sometimes (2)
   * Often (3)
5. \*In the last 30 days, I am unhappy being so withdrawn.
   * Never (0)
   * Rarely (1)
   * Sometimes (2)
   * Often (3)
6. \*In the last 30 days, people are around me but not with me.
   * Never (0)
   * Rarely (1)
   * Sometimes (2)
   * Often (3)
7. \*In the last 30 days, I am an outgoing person.
   * Never (0)
   * Rarely (1)
   * Sometimes (2)
   * Often (3)
8. \*In the last 30 days, I can find companionship when I want it.
   * Never (0)
   * Rarely (1)
   * Sometimes (2)
   * Often (3)

**Patient Health Questionnaire-9 (PHQ-9)**

1. \*In the last two weeks, little interest or pleasure in doing things.
   * Not at all (0)
   * Several days (1)
   * Half of days (2)
   * Nearly every day (3)
2. \*In the last two weeks, feeling down, depressed or hopeless.
   * Not at all (0)
   * Several days (1)
   * Half of days (2)
   * Nearly every day (3)
3. \*In the last two weeks, trouble falling or staying asleep, sleeping too much
   * Not at all (0)
   * Several days (1)
   * Half of days (2)
   * Nearly every day (3)
4. \*In the last two weeks, feeling tired or having little energy.
   * Not at all (0)
   * Several days (1)
   * Half of days (2)
   * Nearly every day (3)
5. \*In the last two weeks, poor appetite or over-eating.
   * Not at all (0)
   * Several days (1)
   * Half of days (2)
   * Nearly every day (3)
6. \*In the last two weeks, feeling bad about yourself-or that you are a failure or have let yourself or your family down.
   * Not at all (0)
   * Several days (1)
   * Half of days (2)
   * Nearly every day (3)
7. \*In the last two weeks, trouble concentrating on things, such as reading the newspaper or watching television.
   * Not at all (0)
   * Several days (1)
   * Half of days (2)
   * Nearly every day (3)
8. \*In the last two weeks, moving or speaking so slowly or the opposite-moving around a lot more than usual.
   * Not at all (0)
   * Several days (1)
   * Half of days (2)
   * Nearly every day (3)
9. \*In the last two weeks, thoughts that you would be better off dead, or of hurting yourself.
   * Not at all (0)
   * Several days (1)
   * Half of days (2)
   * Nearly every day (3)

**Generalized Anxiety Disorder Scale (GAD-7)**

1. \*In the last two weeks, I am feeling nervous, anxious, or on edge.
   * Not at all (0)
   * Several days (1)
   * More than half of the days (2)
   * Nearly every day (3)
2. \*In the last two weeks, I am not being able to stop or control worrying.
   * Not at all (0)
   * Several days (1)
   * More than half of the days (2)
   * Nearly every day (3)
3. \*In the last two weeks, I am worrying too much about different things.
   * Not at all (0)
   * Several days (1)
   * More than half of the days (2)
   * Nearly every day (3)
4. \*In the last two weeks, I feel trouble in relaxing.
   * Not at all (0)
   * Several days (1)
   * More than half of the days (2)
   * Nearly every day (3)
5. \*In the last two weeks, I am being so restless that it's hard to sit still.
   * Not at all (0)
   * Several days (1)
   * More than half of the days (2)
   * Nearly every day (3)
6. \*In the last two weeks, I becoming easily annoyed or irritable.
   * Not at all (0)
   * Several days (1)
   * More than half of the days (2)
   * Nearly every day (3)
7. \*In the last two weeks, I am feeling afraid as if something awful might happen.
   * Not at all (0)
   * Several days (1)
   * More than half of the days (2)
   * Nearly every day (3)

**Pittsburgh Sleep Quality Index**

1. \* During the past month, when have you usually gone to bed at night?
   * Before 10.00 PM
   * 10.01 PM to 12.00 AM
   * 12.01 AM to 2.00 AM
   * After 2.00 AM
2. \* During the past month, how long (in minutes) has it take you to fall asleep each night?

* Less than 15 minutes
* 15-30 minutes
* 31-60 minutes
* More than 60 minutes

1. \* During the past month, when have you usually gotten up in the morning?

* Before 5.00 AM
* 5.00 AM to 7.00 AM
* 7.01 AM to 9.00 AM
* After 9.00 AM

1. \* During the past month, how many hours of actual sleep did you get at night?

* Less than 4 hours
* 4 to 6 hours
* 7 to 8 hours
* More than 8 hours

1. \* During the past month, how many hours do you spend in bed?

* Less than 5 hours
* 5 to 7 hours
* 8 to 10 hours
* More than 10 hours

1. \* During the past month, how many times, you cannot get to sleep within 30 minutes?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how many times, you wake up in the middle of the night or early morning?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how many times, you have to get up to use the bathroom?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how many times, you cannot breathe comfortably?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how many times, you cough or snore loudly?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how many times, you feel too cold?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how many times, you feel too hot?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how many times, you had bad dreams?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how many times, you have pain during sleep?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how many times, you have trouble in sleeping because of any other reason?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how often have you taken medicine to help you sleep?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

1. \* During the past month, how many times you did not sleep due to any program or other important case?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

18. \* During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

* Not during last month (0)
* Less than once a week (1)
* Once or twice a week (2)
* Three or more in week (3)

19. \* During the past month, how would you rate your sleep quality overall?

* Very good (0)
* Fairly good (1)
* Fairly bad (2)
* Very bad (3)

Any comments

……………………………………………………………………………………………………..

Thank you for completing this survey

\*Mandatory Questions

Tip: The questionnaire includes skip Logic questions