Annexure: 2

Questionnaire:

The Maharaja Sayajirao University of Baroda Faculty of Science
Department of Statistics

PROJECT TITLE:

Analysis of Usage Pattern of Mobile Phone and Its Impact on Human Health in Vadodara City

Instruction:

The following question relate to usage pattern of mobile phone. Your answer should indicate the most accurate reply for the majority of nights.

Please answer all the questions.

1) Age: _____

2) Gender:
Male ☐ Female ☐

3) Occupation: _____

4) Address:
Landmarks [Near/Behind (Optional)]: _____

Pin code: _____

5) How many mobile phones do you have?

Numbers:	1	2	3	more than 3
	☐	☐	☐	☐

6) How long do you use your mobile phone?

NUMBER OF HOURS:	0-2	2-4	4-6	more than 6
	☐	☐	☐	☐

7) Where do you place your mobile phone?

upper left side of your pocket	front side of jeans pocket	back side of jeans pocket	mobile zipper pouch
☐	☐	☐	☐

8) Do you use your mobile phone after 10 p.m.?

Yes ☐ No ☐

Instruction (Section 1):

The following question relate to your usual sleep habits. Your answer should indicate the most accurate reply for the majority nights.

Please answer all the questions.

1) At what time do you usually go to bed each night (in hours)?

USUAL BED TIME:_____

2) How long does it usually takes you to fall asleep each night (in minutes)?

NUMBER OF MINUTES:_____

3) What time do you usually get up in the morning (in hours)?

USUAL GETTING UP TIME: _____

4) How many hours of actual sleep did you get at night? (this may be different than the number of hours you spend in bed.)

NUMBER OF HOURS: _____

5) How often have you had trouble because you …?

	Never	sometimes	sometimes in month	sometimes in week
(a) …cannot get to sleep within 30 minutes	☐	☐	☐	☐
(b)…wake up in the middle of the night	☐	☐	☐	☐
(c)…had bad dreams	☐	☐	☐	☐

6) How would you rate your sleep quality overall?

Very good	Fairly good	Fairly bad	Very bad
☐	☐	☐	☐

7) How often have you taken medicine (Prescribed or "over the counter") to help you sleep?

Never	Not during the past month	Once or twice a month	Three or more times a month
☐	☐	☐	☐

8) How often have you had trouble (on next day) staying awake while driving, eating meals, or engaging in social activity?

Never	Not during the past month	Once or twice a month	Three or more times a month
☐	☐	☐	☐

9) How much a trouble keeping enough enthusiasm in doing things?

No problem At all	Only a very slight problem	Sometimes a problem	A very big problem
☐	☐	☐	☐

Instruction (Section 2):

The following question relate to your Physical health problem (upper limb, neck and back). Your answer should indicate the most accurate reply.

Please answer all the questions.

1) Have you experienced any discomfort or pain in "Head"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

2) Have you experienced any discomfort or pain in "Ear"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

3) Have you experienced any discomfort or pain in "Ringing or Buzzing in the Ear"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

4) Have you experienced any discomfort or pain in "Fingers"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

5) Have you experienced any discomfort or pain in "Tingling in Fingers"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

6) Have you experienced any discomfort or pain in "Thumbs"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

7) Have you experienced any discomfort or pain in "Arms" (in wrist, in muscles)?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐

Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

8) Have you experienced any discomfort or pain in "Shoulder"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

9) Have you experienced any discomfort or pain in "Text neck pain" (due to looking down at your mobile phone)?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

10) Have you experienced any discomfort or pain in "Stiff neck pain" (due to difficulty moving the neck)?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

11) Have you experienced any discomfort or pain in "Back"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐

Due to Online activities	☐	☐	☐	☐

Instruction (Section 3):

The following question relate to your Physical health problem (Eye Problem). Your answer should indicate the most accurate reply for the majority nights.

Please answer all the questions.

1) Have you experienced any discomfort or pain in "Eye dryness"?

	YES	NO
Due to Texting	☐	☐
Due to Gaming	☐	☐
Due to Study	☐	☐
Due to Calling	☐	☐
Due to Entertainment	☐	☐
Due to Online activities	☐	☐

2) Have you experienced any discomfort or pain in "Strain on eye"?

	YES	NO
Due to Texting	☐	☐
Due to Gaming	☐	☐
Due to Study	☐	☐
Due to Calling	☐	☐
Due to Entertainment	☐	☐
Due to Online activities	☐	☐

3) Have you experienced any discomfort or pain in "Eye burning"?

	YES	NO
Due to Texting	☐	☐
Due to Gaming	☐	☐
Due to Study	☐	☐
Due to Calling	☐	☐
Due to Entertainment	☐	☐
Due to Online activities	☐	☐

4) Have you experienced any discomfort or pain in "Tearing"?

	YES	NO
Due to Texting	☐	☐
Due to Gaming	☐	☐
Due to Study	☐	☐
Due to Calling	☐	☐
Due to Entertainment	☐	☐
Due to Online activities	☐	☐

5) Have you experienced any discomfort or pain in "Frequently rubbing of eye"?

	YES	NO
Due to Texting	☐	☐
Due to Gaming	☐	☐
Due to Study	☐	☐
Due to Calling	☐	☐
Due to Entertainment	☐	☐
Due to Online activities	☐	☐

6) Have you experienced any discomfort or pain in "Excessive blinking"?

	YES	NO
Due to Texting	☐	☐
Due to Gaming	☐	☐
Due to Study	☐	☐
Due to Calling	☐	☐
Due to Entertainment	☐	☐
Due to Online activities	☐	☐

Instruction (Section 4):

The following question relate to your Physical health problem (Physical stress). Your answer should indicate the most accurate reply.

Please answer all the questions.

1) Have you experienced any discomfort or pain in "Restlessness"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

2) Have you experienced any discomfort or pain in "Tiredness"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐

Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

3) Have you experienced any discomfort or pain in "Irritation"?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Due to Texting	☐	☐	☐	☐
Due to Gaming	☐	☐	☐	☐
Due to Study	☐	☐	☐	☐
Due to Calling	☐	☐	☐	☐
Due to Entertainment	☐	☐	☐	☐
Due to Online activities	☐	☐	☐	☐

Coding of collected data:

With the Help of questionnaire which has been already discussed, data from 337 respondent are collected and coded from preferential attributes of respondents. Sample collected data as follows.

Scoring for general questions.

Examine question #2 and assign score as follows.

Response	Score
"Male"	1
"Female"	2

Score: _____

Examine question #3 and assign score as follows.

Response	Score
Student	1
Job	2
Housewife	3

Score: _____

Examine question #5 and assign score as follows.

Response	Score
1	1
2	2
3	3
More than 3	4

Score: _____

Examine question #6 and assign score as follows.

Response	Score
0 to 2	1
2 to 4	2
4 to 6	3
More than 6	4

Score: _____

Examine question #7 and assign score as follows.

Response	Score
"upper left side of your pocket"	1
"front side of jeans pocket"	2
"back side of jeans pocket"	3
"mobile zipper pouch"	4

Score: _____

Examine question #8 and assign score as follows.

Response	Score
"NO"	0
"YES"	1

Score: _____

Scoring for 1st section.

It contains 9 self-rated questions, which are included in the scoring.

(Range of 0 – 3 points.)

0 – indicates "No difficulty"

1 – indicates "less difficulty"

2– indicates "Fairly more difficulty"

3 – indicates "sever difficulty"

COMPONENT 1: SUBJECTIVE SLEEP QUALITY

Examine question #6 and assign score as follows.

Response	Score
"very good"	0
"Fairly good"	1
"Fairly bad"	2
"Very bad"	3

Component 1 score: _____

COMPONENT 2: SLEEP LATENCY

Examine question #2 and assign score as follows.

Response	Score
<16 minutes	0
<31 minutes	1
<61 minutes	2
>60 minutes	3

Question #2 score: _____

Examine question #5(a) and assign score as follows.

Response	score
Never	0
Sometimes	1
Sometimes in month	2
Sometimes in week	3

Question #5(a) score: _____

Add #2 and #5(a) score Sum of #2 and #5(a):

Assign Component 2 score as follows.

Sum of #2 and #5(a)	Component 2 score
0	0
1-2	1
3-4	2
5-6	3

Component 2 score: _____

COMPONENT 3: SLEEP DURATION

Examine question #4 and assign score as follows.

Response	Component 3 score
>7 hours	0
>5 hours	1
>4 hours	2
< 5 hours	3

Component 3 score: _____

COMPONENT 4: HABITUAL SLEEP EFFICIENCY

Write the number of hours slept (question #4) here:

Calculate the number of hours spent in bed:

Getting up time (question #3):

Bed time (question #1):

Number of hours spent in bed (question #5):

Calculate habitual sleep efficiency as follows:

$$\left(\frac{Number\ of\ hours\ slept}{Number\ sleep\ efficiency}\right) \times 100 = Habitual\ sleep\ efficiency\ (\%)$$

Assign Component 4 score as follows.

Habitual sleep efficiency (%)	Component 4 score
>85%	0
75 – 84 %	1
65 – 74 %	2
<65 %	3

Component 4 score: _____

COMPONENT 5: SLEEP DISTURBANCES

Examine question #5(b) & #5(c) and assign score as follows

Response	score
Never	0
Sometimes	1
Sometimes in month	2
Sometimes in week	3

Question #5(b) score: _____

Question #5(c) score: _____

Add #5(b) & 5(c)
score Sum of #5(b) and #5(c): _____

Assign Component 2 score as follows.

Sum of #5(b) and #5(c)	Component 5 score
0	0
1-2	1
3-4	2
5-6	3

Component 5 score: _____

COMPONENT 6: USE OF SLEEPING MEDICATION

Examine question #7 and assign score as follows

Response	Component 6 score
Never	0
Not during the past month	1
Once or twice a month	2
Three or more time a month	3

Component 6 score: _____

COMPONENT 7: DAYTIME DYSFUNCTION

Examine question #8and assign score as follows

Response	score
Never	0
Not during the past month	1
Once or twice a month	2
Three or more time a month	3

Question #8 score: _____

Examine question #9and assign score as follow

Response	score
No problem at all	0
Only a very slight problem	1
Sometimes a problem	2
A very big problem	3

Question #9 score: _____

Add #8 & 9 score Sum of #8 and #9: _____

Assign Component 2 score as follows

Sum of #8 and #9	Component 7 score
0	0
1-2	1
3-4	2
5-6	3

Component 7 score: _____

Global Score (Add the seven-component score together): _____

Scoring for 2nd section.

It contains 11 self-rated questions, which are included in the scoring. (Range of 0 – 3 points.)
0 – indicates "No difficulty"
1 – indicates "Fairly less difficulty"
2 – indicates "Fairly more difficulty"
3 – indicates "sever difficulty"

Purpose for using mobile phone – 1) Texting, 2) Gaming, 3) Study, 4) Calling, 5) Entertainment and 6) online activities

Examine questions #1 to #11 and assign score as follows.

Response	score
"Never"	0
"Once or twice a week"	1
"Three or four times a week"	2
"Five or more times a week"	3

Score: _____

Scoring for 3rd section.

It contains 6 self-rated questions, which are included in the scoring. (Range of 0 – 1 point.)
0 – indicates "No difficulty"
1 – indicates "sever difficulty"

Purpose for using mobile phone – 1) Texting, 2) Gaming, 3) Study, 4) Calling, 5) Entertainment and 6) online activities

Examine questions #1 to #6 and assign score as follows.

Response	score
"NO"	0
"YES"	1

Score: _____

Scoring for 4th section.

It contains 3 self-rated questions, which are included in the scoring. (Range of 0 – 3 points.)

0 – indicates "No difficulty"
1 – indicates "Fairly less difficulty"
1 – indicates "Fairly more difficulty"
2 – indicates "sever difficulty"

Purpose for using mobile phone – 1) Texting, 2) Gaming, 3) Study, 4) Calling, 5) Entertainment and 6) online activities

Examine questions #1 to #3 and assign score as follows.

Response	score
"Never"	0
"Once or twice a week"	1
"Three or four times a week"	2
"Five or more times a week"	3

Score: _____