Sample screening survey (wording and questions may change slightly).

**[SCREENINGSURVEY CONSENT FORM TO APPEAR PRIOR TO SURVEY]**

**Screening survey:**

[APPEAR AT BEGINNING] During this survey we may ask you questions that may relate to other people. When answering these questions, please only identify other people by first name or nickname. Please do not include other people's full names, Facebook identifiers, email addresses, phone numbers, or addresses

1. What is your age? [FREE RESPONSE, ELIMINATE IF BELOW 18]
2. What is your gender?
3. On a scale of 1-5, where 1 is not fluent at all and 5 is native speaker, please rate your English fluency [ELIMINATE IF BELOW 4]
   1. 1 – Not fluent at all
   2. 2
   3. 3
   4. 4
   5. 5 – Native speaker
4. What is your occupation?
   1. If a student – what are you studying?
5. Do you have a Facebook account? [ELIMINATE IF NO]
6. How long have you used Facebook? [ELIMINATE IF LESS THAN 1 YEAR]
7. On average, how often do you post content on Facebook (e.g. pictures, comments, posts, direct messages)? [ELIMINATE IF NOT d OR e]
   1. <1 time per month
   2. More than 1 time per month but less than 1 time per week
   3. More than 1 time per week but less than 1 time per day
   4. More than 1 time per day but less than 5 times per day
   5. More than 5 times per day
8. How many of each type of content have you posted to Facebook today:
   1. Picture
   2. Post
   3. Comment
   4. Direct message
9. How many of each type of content have you posted to Facebook this week:
   1. Picture
   2. Post
   3. Comment
   4. Direct message
10. Thinking back over the **last 7 days**, how many things (e.g. posts, pictures, comments, direct messages) did you think about posting on Facebook but decide not to post? [ELIMINATE IF NOTHING or 1]
    1. Nothing
    2. 1
    3. 2
    4. 3-5
    5. 6-10
    6. >10
11. Please give an example of **2 things** you thought about posting on Facebook but decided not to post **in the last 7 days**. If the posts are comments or messages please include the text as best you remember it. If the posts include pictures or videos, please describe the pictures or videos.
12. Do you have a cell phone?
13. What type of cell phone do you have?
14. On average, how often do you send SMS text messages on your phone?
    1. Never
    2. Less than once per month
    3. Less than 1 time per month but less than 1 time per week
    4. More than 1 time per week but less than 1 time per day
    5. 2-5 times per day
    6. 6-10 times per day
    7. >10 times per day
15. What is an email address we can reach you at
16. What is a phone number we can reach you at