

## Research on adolescent psychological and behavioral health

WRITTEN BY THE RESEARCHER: Number of questionnaire: \_\_\_\_\_

Number of school: \_\_\_\_\_

Date of research: \_\_\_\_\_

Hello! This is a questionnaire survey, aiming at understanding the psychological and behavioral health of junior school students. You are invited to fill out this questionnaire. We could have a knowledge about the changes in the psychological and behavioral health of Chinese students. The answer of every question does not tell right from wrong. You only need to answer them according to your own experience in reality. Please answer all questions and do not discuss with your classmates. Your answer will be kept strictly confidential, never to be known by teachers, parents, classmates, etc. When answering the questionnaire, if there is anything unclear, please raise your hand and ask our researchers. They will try their best to make you understand. Filling in the questionnaire also means that you are going to participate in this research voluntarily. Thank you for your engagement.

### I: Internet Gaming Condition

1. In the past 12 months, have you played any internet games?

\_\_\_\_\_No

\_\_\_\_\_Yes

2. Have you had any of the following situations in the past 12 months?

2.1 Preoccupation with playing (For example, you often think about the last game or expect to play the next game. The game becomes the main activity in your daily life)

\_\_\_\_\_No

\_\_\_\_\_Yes

2.2 Withdrawal symptoms when not playing (For example, feeling annoyed, anxious or upset, etc)

\_\_\_\_\_No

\_\_\_\_\_Yes

2.3 Tolerance (For example, you feel that you need to spend more and more time playing games to get satisfaction or happiness)

\_\_\_\_\_No

\_\_\_\_\_Yes

2.4 Unsuccessful attempts to reduce or stop playing.

\_\_\_\_\_No

\_\_\_\_\_Yes

2.5 Because of your passion for games, you lose interest in other hobbies and pastimes

\_\_\_\_\_No

\_\_\_\_\_Yes

2.6 Even if you know that playing too much game will cause psychological or social problems, you continue to play.

\_\_\_\_\_No

\_\_\_\_\_Yes

2.7 You deceives or covers up playing.

\_\_\_\_\_ No  
\_\_\_\_\_ Yes

2.8 Plays to escape adverse moods. (For example, playing games as a way to escape feelings of helplessness, guilt, and anxiety.)

\_\_\_\_\_ No  
\_\_\_\_\_ Yes

2.9 Risks or loses relationships or career opportunities because of excessive playing

\_\_\_\_\_ No  
\_\_\_\_\_ Yes

## II: Psychological Health

3. Assess the severity of the current (past two weeks) insomnia problem:

3.1 Difficulties falling asleep.

\_\_\_\_\_ No problem  
\_\_\_\_\_ Mild  
\_\_\_\_\_ Common  
\_\_\_\_\_ Severe  
\_\_\_\_\_ Extremely severe

3.2 Difficulties staying asleep.

\_\_\_\_\_ No problem  
\_\_\_\_\_ Mild  
\_\_\_\_\_ Common  
\_\_\_\_\_ Severe  
\_\_\_\_\_ Extremely severe

3.3 Early morning awakenings.

\_\_\_\_\_ No problem  
\_\_\_\_\_ Mild  
\_\_\_\_\_ Common  
\_\_\_\_\_ Severe  
\_\_\_\_\_ Extremely severe

3.4 Sleep dissatisfaction.

\_\_\_\_\_ Very unsatisfied  
\_\_\_\_\_ Unsatisfied  
\_\_\_\_\_ Neutral  
\_\_\_\_\_ Satisfied  
\_\_\_\_\_ Very satisfied

3.5 Interference of sleep problems with daytime functioning. (Such as: daytime fatigue, ability to handle learning/daily affairs, concentration, memory, emotions, etc.)

\_\_\_\_\_ Not at all  
\_\_\_\_\_ A little  
\_\_\_\_\_ Somewhat  
\_\_\_\_\_ Much  
\_\_\_\_\_ Very much

3.6 Noticeability of sleep difficulties by others

- \_\_\_\_\_ Not at all  
\_\_\_\_\_ A little  
\_\_\_\_\_ Somewhat  
\_\_\_\_\_ Much  
\_\_\_\_\_ Very much

3.7 Preoccupation and distress caused by sleep difficulties

- \_\_\_\_\_ Not at all  
\_\_\_\_\_ A little  
\_\_\_\_\_ Somewhat  
\_\_\_\_\_ Much  
\_\_\_\_\_ Very much

4. In the past two weeks, how often have you been troubled by any of the following problems?

4.1 Little interest or pleasure in doing things.

- \_\_\_\_\_ Not at all  
\_\_\_\_\_ Several days  
\_\_\_\_\_ More than half the days  
\_\_\_\_\_ Nearly every day

4.2 Feeling down, depressed, or hopeless.

- \_\_\_\_\_ Not at all  
\_\_\_\_\_ Several days  
\_\_\_\_\_ More than half the days  
\_\_\_\_\_ Nearly every day

4.3 Trouble falling or staying asleep, or sleeping too much.

- \_\_\_\_\_ Not at all  
\_\_\_\_\_ Several days  
\_\_\_\_\_ More than half the days  
\_\_\_\_\_ Nearly every day

4.4 Feeling tired or having little energy.

- \_\_\_\_\_ Not at all  
\_\_\_\_\_ Several days  
\_\_\_\_\_ More than half the days  
\_\_\_\_\_ Nearly every day

4.5 Poor appetite or overeating.

- \_\_\_\_\_ Not at all  
\_\_\_\_\_ Several days  
\_\_\_\_\_ More than half the days  
\_\_\_\_\_ Nearly every day

4.6 Feeling bad about yourself, or that you are a failure or have let yourself or your family down.

- \_\_\_\_\_ Not at all  
\_\_\_\_\_ Several days  
\_\_\_\_\_ More than half the days

\_\_\_\_\_ Nearly every day

4.7 Trouble concentrating on things, such as watching television or reading newspaper.

\_\_\_\_\_ Not at all

\_\_\_\_\_ Several days

\_\_\_\_\_ More than half the days

\_\_\_\_\_ Nearly every day

4.8 Moving or speaking so slowly that other people could have noticed or being so fidgety or restless that you have been moving around a lot more than usual.

\_\_\_\_\_ Not at all

\_\_\_\_\_ Several days

\_\_\_\_\_ More than half the days

\_\_\_\_\_ Nearly every day

4.9 Thoughts that you would be better off dead or of hurting yourself in some way.

\_\_\_\_\_ Not at all

\_\_\_\_\_ Several days

\_\_\_\_\_ More than half the days

\_\_\_\_\_ Nearly every day

5. In the past year, have you ever thought about committing suicide?

\_\_\_\_\_ Not at all

\_\_\_\_\_ Once or twice

\_\_\_\_\_ More than twice

### III: Background Information

6. Sex:

\_\_\_\_\_ Male

\_\_\_\_\_ Female

7. Birthdate: \_\_\_\_\_ /month \_\_\_\_\_ /day \_\_\_\_\_ /year

8. Have you been living in your current city?

\_\_\_\_\_ Yes

\_\_\_\_\_ No, have moved to this city for \_\_\_\_\_ years.

9. Do you live with your parents?

\_\_\_\_\_ Live with parents

\_\_\_\_\_ Only live with mother

\_\_\_\_\_ Only live with father

\_\_\_\_\_ Do not live with parents

10. From a single parent family or not?

\_\_\_\_\_ No

\_\_\_\_\_ Yes

11. What do you think of the financial situation of your family?

\_\_\_\_\_ Very poor

\_\_\_\_\_ Poor

\_\_\_\_\_ Fair

\_\_\_\_\_ Good

\_\_\_\_\_ Very good

12. Your father's education:

- \_\_\_\_\_ Elementary school or below
- \_\_\_\_\_ Middle school
- \_\_\_\_\_ High school / technical secondary school / vocational high school
- \_\_\_\_\_ Junior college
- \_\_\_\_\_ University
- \_\_\_\_\_ Master/PhD
- \_\_\_\_\_ Not applicable

13. Your mother's education:

- \_\_\_\_\_ Elementary school or below
- \_\_\_\_\_ Middle school
- \_\_\_\_\_ High school / technical secondary school / vocational high school
- \_\_\_\_\_ Junior college
- \_\_\_\_\_ University
- \_\_\_\_\_ Master/PhD
- \_\_\_\_\_ Not applicable