**Supplemental Appendix**  
**Questionnaire S1. English Version of the Parental Questionnaire**

Dear Parents,  
Thank you very much for participating in this research. Your help in completing this questionnaire is invaluable. The results from this study will be used to make suggestions as to how children can reduce the time that they spent in screen devices (for example television, computer, tablet, smart phones). Reducing the time that children spent using these devices will help in promoting their health. This questionnaire takes about 10 minutes to complete. Please give the completed questionnaire to your child to return to the school as soon as possible. All the information provided by you and your child will be treated as confidential and will be solely used for the purpose of this research.

Thank you very much for your time.

**Please fill in or circle as appropriate**

| · Your child’s date of birth: ………………………………………… | Class: ………… |
| · Your gender | Male | Female |

**Part A: Questions that concern the time that your child spends in screen devices during weekdays and weekends. Please insert a x in the appropriate place next to each statement.**

|   | Not at all | Up to 30 minutes | Up to 1 hour | Up to 2 hours | Up to 3 hours | Up to 4 hours | More than 4 hours |
|---|------------|-----------------|--------------|--------------|---------------|---------------|------------------|
| 1. During weekdays how much time does your child watch TV? |   |   |   |   |   |   |   |
| 2. During weekdays how much time does your child spend using the computer/tablet/smart-phone or playing X-Box/PlayStation? |   |   |   |   |   |   |   |
| 3. During weekends how much time does your child watch TV? |   |   |   |   |   |   |   |
| 4. During weekends how much time does your child spend using the computer/tablet/smart-phone or playing X-Box/PlayStation? |   |   |   |   |   |   |   |
### Part B: Questions that concern the time that you (or with your child) spend in screen devices during weekdays and weekends. Please insert a x in the appropriate place next to each statement.

|   | Not at all | Up to 30 minutes | Up to 1 hour | Up to 2 hours | Up to 3 hours | Up to 4 hours | More than 4 hours |
|---|------------|------------------|--------------|---------------|---------------|---------------|-------------------|
| 1. **During weekdays** how much time do you spend watching TV? |           |                 |              |               |               |               |                   |
| 2. **During weekdays** how much time do you spend watching TV with your child? |           |                 |              |               |               |               |                   |
| 3. **During weekends** how much time do you spend watching TV? |           |                 |              |               |               |               |                   |
| 4. **During weekends** how much time do you spend watching TV with your child? |           |                 |              |               |               |               |                   |
| 5. **During weekdays** how much time do you spend using the computer/tablet/smart-phone? |           |                 |              |               |               |               |                   |
| 6. **During weekdays** how much time do you spend using the computer/tablet/smart-phone with your child? |           |                 |              |               |               |               |                   |
| 7. **During weekends** how much time do you spend using the computer/tablet/smart-phone? |           |                 |              |               |               |               |                   |
| 8. **During weekends** how much time do you spend using the computer/tablet/smart-phone with your child? |           |                 |              |               |               |               |                   |

### Part C: Questions that concern your child’s screen time activities and your own behaviour. Please insert a x in the appropriate place next to each statement to indicate the extent that you agree with each statement. In case you do not have any of the following devices, please do not answer the question.

|   | Strongly disagree | Disagree | Agree | Strongly agree |
|---|-------------------|----------|-------|----------------|
| 9. **You know/supervise the…** programmes that your child watches on TV. |           |         |       |               |
| 10. websites that your child visits on the computer. |           |         |       |               |
| 11. | electronic games that your child plays on the computer or on tablet/smart phone. | Strongly disagree | Disagree | Agree | Strongly agree |
|-----|---------------------------------------------------------------------------------|-----------------|---------|-------|----------------|
| 12. | time when your child watches TV.                                               |                 |         |       |                |
| 13. | time when your child plays electronic games on the computer or on tablet/smart phone. |                 |         |       |                |

You have restrictions on the amount of time your child can...

| 14. | watch TV.                                                                       |                 |         |       |                |
| 15. | use the computer.                                                               |                 |         |       |                |
| 16. | play electronic games (e.g. X-BOX, Playstation).                               |                 |         |       |                |
| 17. | use or play with the tablet.                                                   |                 |         |       |                |
| 18. | use or play with the smart-phone.                                             |                 |         |       |                |

**Part D: Questions that concern the screen devices or media equipment (e.g. TVs) that you have available at home. Please insert a x in the appropriate place next to each statement or complete, as appropriate.**

| 19. | How many TV sets do you have at your home?                                     |                 |         |       |                |
|-----|---------------------------------------------------------------------------------|-----------------|---------|-------|----------------|
|     | None | One | Two | Three | More than three |

| 20. | How many screen devices or media equipment do you have at home (e.g. TVs, computers, tablets, smartphones, electronic games)? Please write the total number in the space below: |
|-----|---------------------------------------------------------------------------------|-----------------|---------|-------|----------------|
|     |                                                                                 |                 |         |       |                |

| 21. | My child has a TV set in his/her bedroom:                                     | Yes | No |
|-----|---------------------------------------------------------------------------------|-----|----|
| 22. | My child has a computer in his/her bedroom:                                   | Yes | No |
|-----|---------------------------------------------------------------------------------|-----|----|
| 23. | My child owns a smart-phone or a tablet:                                       | Yes | No |

Thank you very much for taking the time to complete this questionnaire.
Questionnaire S2. English Version of Children’s Questionnaire
A STUDY OF CHILDREN’S SCREEN TIME

CHILDREN’S QUESTIONNAIRE

Date of birth: ___________________________  Class:______

This questionnaire includes questions that concern different screen time activities. Examples of these activities include television watching, electronic games playing (e.g. X-BOX, PlayStation), computer, tablet and mobile phone (e.g. smart phone use).

**Part A: Questions that concern the screen time activities (e.g. television, computer, tablet, smartphone) of your parents or other adults that live with you.** Please read each question carefully, and insert only one x in the appropriate box next to each statement. In case you do not have any of the following devices, please do not answer the question.

| My parents or other adults that live with me… | Strongly disagree | Disagree | Agree | Strongly agree |
|-----------------------------------------------|-------------------|----------|-------|----------------|
| 1. spend a lot of time in front of the computer or on tablet/smart phone or watching television **during weekdays**. | | | | |
| 2. spend a lot of time in front of the computer or on tablet/smart phone or watching television **during weekends**. | | | | |
| 3. spend a lot of time **with me** in front of the computer or on tablet/smart phone or watching television **during weekdays**. | | | | |
| 4. spend a lot of time **with me** in front of the computer or on tablet/smart phone or watching television **during weekends**. | | | | |
| My parents or other adults that live with me know/supervise the… | | | | |
| 5. programmes I watch on TV. | | | | |
| 6. websites I visit on the computer. | | | | |
| 7. electronic games that I play on the computer or on tablet/smart phone. | | | | |
| 8. time when I watch TV. | | | | |
| 9. time when I play electronic games on the computer or on tablet/smart phone. | | | | |
### Part A: Questions that concern the restrictions on the amount of time that you spend engaging in screen time activities.

| Strongly disagree | Disagree | Agree | Strongly agree |
|-------------------|----------|-------|----------------|
| My parents or other adults that live with me have restrictions on the amount of time that I can (if you do not have any of the following devices, please do not answer the question)… |

10. watch TV.

11. use the computer.

12. play electronic games (e.g. X-BOX, PlayStation).

13. use or play electronic games with the tablet.

14. use or play electronic with the smart-phone.

---

### Part B: Questions that concern the screen time activities (e.g. television, computer, tablet, smartphone) of your friends and yourself. Please read each question carefully, and insert only one x in the appropriate box next to each statement.

| Strongly disagree | Disagree | Agree | Strongly agree |
|-------------------|----------|-------|----------------|
| My friends… |

15. believe that watching television is a good thing.

16. believe that playing electronic games (e.g. X-BOX, PlayStation) or on the computer or tablet/smart phone is a good thing.

17. spend a lot of time playing on the computer or on tablet/smart phone or other electronic games (e.g. X-BOX, PlayStation).

18. spend a lot of time watching television.

---

### Please read each question carefully, and insert only one x in the appropriate box next to each statement to indicate how many times per week you do each of the following.

| Not at all | Once | 2 times | 3 times | 4 times | More than 4 times |
|------------|------|---------|---------|---------|------------------|
| How many times per week do you… |

19. go to a friend’s house to play electronic games?

20. play electronic games on the internet with friends?

---

Thank you very much for taking the time to complete this questionnaire.
A STUDY OF STUDENTS’ SCREEN-BASED ACTIVITIES

CHILDREN’S DIARY

Your daily activities

Please complete the answers to the following questions every night before you go to bed. For example, in the evening of the 1st Day, you will complete the spaces under ‘Day 1’.

For how long did you engage in each of the following activities on each day? Please read carefully and insert a x in only one box next to each activity.

Date of birth:_______________________________

School:_______________________________ Class:________
### Day 1:………………

| Activity                                                                 | Not at all | Up to 30 minutes | Up to 1 hour | Up to 2 hours | Up to 3 hours | Up to 4 hours | More than 4 hours |
|--------------------------------------------------------------------------|------------|------------------|--------------|---------------|---------------|---------------|-------------------|
| You watched TV                                                           |            |                  |              |               |               |               |                   |
| You played electronic games (e.g. on the Tablet, smart-phone or X-BOX, PlayStation) |            |                  |              |               |               |               |                   |
| You were in front of the computer                                       |            |                  |              |               |               |               |                   |
| You studied your homework                                               |            |                  |              |               |               |               |                   |
| You attended after school private lessons (e.g. English language)        |            |                  |              |               |               |               |                   |

### Day 2:………………

| Activity                                                                 | Not at all | Up to 30 minutes | Up to 1 hour | Up to 2 hours | Up to 3 hours | Up to 4 hours | More than 4 hours |
|--------------------------------------------------------------------------|------------|------------------|--------------|---------------|---------------|---------------|-------------------|
| You watched TV                                                           |            |                  |              |               |               |               |                   |
| You played electronic games (e.g. on the Tablet, smart-phone or X-BOX, PlayStation) |            |                  |              |               |               |               |                   |
| You were in front of the computer                                       |            |                  |              |               |               |               |                   |
| You studied your homework                                               |            |                  |              |               |               |               |                   |
| You attended after school private lessons (e.g. English language)        |            |                  |              |               |               |               |                   |
### Day 3:………………

| Activity                                                                 | Not at all | Up to 30 minutes | Up to 1 hour | Up to 2 hours | Up to 3 hours | Up to 4 hours | More than 4 hours |
|--------------------------------------------------------------------------|------------|------------------|--------------|--------------|---------------|---------------|-------------------|
| You watched TV                                                           |            |                  |              |              |               |               |                   |
| You played electronic games (e.g. on the Tablet, smart-phone or X-BOX, PlayStation) |            |                  |              |              |               |               |                   |
| You were in front of the computer                                       |            |                  |              |              |               |               |                   |
| You studied your homework                                               |            |                  |              |              |               |               |                   |
| You attended after school private lessons (e.g. English language)       |            |                  |              |              |               |               |                   |

### Day 4:………………

| Activity                                                                 | Not at all | Up to 30 minutes | Up to 1 hour | Up to 2 hours | Up to 3 hours | Up to 4 hours | More than 4 hours |
|--------------------------------------------------------------------------|------------|------------------|--------------|--------------|---------------|---------------|-------------------|
| You watched TV                                                           |            |                  |              |              |               |               |                   |
| You played electronic games (e.g. on the Tablet, smart-phone or X-BOX, PlayStation) |            |                  |              |              |               |               |                   |
| You were in front of the computer                                       |            |                  |              |              |               |               |                   |
| You studied your homework                                               |            |                  |              |              |               |               |                   |
| You attended after school private lessons (e.g. English language)       |            |                  |              |              |               |               |                   |
### Day: Saturday

| Activity                                                                 | Not at all | Up to 30 minutes | Up to 1 hour | Up to 2 hours | Up to 3 hours | Up to 4 hours | More than 4 hours |
|--------------------------------------------------------------------------|------------|------------------|--------------|---------------|---------------|---------------|-------------------|
| You watched TV                                                           |            |                  |              |               |               |               |                   |
| You played electronic games (e.g. on the Tablet, smart-phone or X-BOX, PlayStation) |            |                  |              |               |               |               |                   |
| You were in front of the computer                                       |            |                  |              |               |               |               |                   |
| You studied your homework                                                |            |                  |              |               |               |               |                   |
| You attended after school private lessons (e.g. English language)        |            |                  |              |               |               |               |                   |

### Day: Sunday

| Activity                                                                 | Not at all | Up to 30 minutes | Up to 1 hour | Up to 2 hours | Up to 3 hours | Up to 4 hours | More than 4 hours |
|--------------------------------------------------------------------------|------------|------------------|--------------|---------------|---------------|---------------|-------------------|
| You watched TV                                                           |            |                  |              |               |               |               |                   |
| You played electronic games (e.g. on the Tablet, smart-phone or X-BOX, PlayStation) |            |                  |              |               |               |               |                   |
| You were in front of the computer                                       |            |                  |              |               |               |               |                   |
| You studied your homework                                                |            |                  |              |               |               |               |                   |
| You attended after school private lessons (e.g. English language)        |            |                  |              |               |               |               |                   |

**Thank you very much for completing this diary**
Recording Card S4. English version of Children’s pedometer-derived steps recording card

A STYDY OF YOUR PHYSICAL ACTIVITY

Date of birth:__________________ School:__________________

Class:__________________

HOW MANY STEPS DO YOU TAKE PER DAY?

Please remember:
➢ Wear the pedometer on your waist as soon as you get up and get dressed in the morning
➢ Make sure the pedometer is placed as instructed.
➢ When you put on the pedometer, press the button for the number to show ‘0’ steps.
➢ Do not forget to wear the pedometer again after changing clothes. Do not press the button of the pedometer.
➢ You press the button only once a day when you get up in the morning and you wear the pedometer for the new day.
➢ The pedometer must not get into water.

You open the pedometer’s cover only two times per day. In the morning when you fit the pedometer on your waist to press the button once for the number to show ‘0’ steps and in the evening before going to bed to register your daily steps.

| YOUR DAILY STEPS |
|------------------|
| Day 1 | Day 2 | Day 3 | Day 4 | SATURDAY | SUNDAY |
|       |       |       |       |          |        |