

1.  Do you spend more than two hours per day, outside of schoolwork, using your computer, tablet, or cellphone?
2.  Did you meet more than half of your friends online?
3.  Do your parents repeatedly ask you to stop using your computer, tablet, or cell phone, but you can't stop?
4.  To avoid problems with your parents, do you use your computer, tablet, or cellphone late at night after they have gone to bed?
5.  Have you been feeling depressed or particularly moody within the last several months?
6.  Have you lost any or some of your friends because they no longer understand you?
7.  Do you get at less than eight hours of sleep, four or more nights per week?

**i** If you answered yes to at least two of the above items, you are at risk of overusing technology.

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**This version of the TUC is for families who have children aged 12 to 18 or are in middle school or high school.**

## Behavioral

1.  Does your child have a hard time stopping their use of technology when requested?
2.  Does your child spend increasing amounts of time using technology?
3.  Have you made unsuccessful attempts to limit your child's technology use?
4.  Has your child's school performance become problematic? (e.g., incomplete homework, failing on tests, or sleeping through class?)
5.  Has your child given up previously enjoyed hobbies? (e.g., sports, dramatics, music, outdoor recreation?)
6.  Does your child's use of technology cause arguments in your family?

**i** If you answered yes to at least three items your child is at risk of overusing technology.

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## Physical Health

7.  Does your child appear tired (e.g., dark circles or blood shot eyes, lacks energy, frequently yawns, etc.)?
8.  Is it hard to get your child to engage in physical activities for at least 60 minutes a day?
9.  Does your child consume energy drinks or other caffeinated drinks?
10.  Do you notice your child squinting or straining to look at things?
11.  Does your child complain of upper body discomfort (e.g., hands, wrists, back or shoulders)?
12.  Does your child have poor grooming habits (showers, nail care, dental hygiene)?

**i** If you answered yes to at least three items your child is at risk of overusing technology

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## Emotional Health

13.  Does your child demonstrate periods of unusual sadness or anger?
14.  Does your child seem to be emotionally withdrawn?
15.  Does your child demonstrate periods of unusual anxiety? (e.g., nervousness or worry)?
16.  Does your child's mood improve when engaged in technology?
17.  Does your child demonstrate rage or extreme anger when technology is taken away?
18.  Does your child demonstrate dramatic mood swings?

**i** If you answered yes to three items or yes to Item 17 your child is at risk of overusing technology.

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## Interpersonal Health

19.  Do you feel as though you don't know any of your child's friends?
20.  Does your child have poor interpersonal skills during conversations (poor eye contact, awkward nonverbal skills, hard to hear speech)?
21.  Does your child spend increasing amounts of time alone or prefer to be alone?
22.  Are most of your child's friends online friends?
23.  Does your child's conversations with friends primarily occur via text, chat, or instant message?
24.  Does your child become irate, irritable, or anxious during periods when they do not have access to their electronic device (e.g., during meals, family functions, appointments, etc.)?

**i** If you answered yes to three items or at least yes to Item 22 or Item 24 your child is at risk of overusing technology.

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# Adult Screening Tool

1.  Do you spend more than two hours per day, outside of work or school, using your computer, tablet, or cellphone?
2.  Is your computer, tablet, or cellphone the first thing you look at in the morning or the last thing you look at before you go to bed, four or more days per week?
3.  Have your children asked you to stop using your computer, tablet, or cellphone on more than a couple of occasions?
4.  Do you check email, messages, or take phone calls while eating a meal with your family?
5.  Have you engaged in risky behavior online that your family, spouse, or significant other would not approve of?

**i** If you answered yes to two or more items above you are at risk of overusing technology.

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