

SMALLQ®

SURVEILLANCE OF DIGITAL MEDIA HABITS IN EARLY CHILDHOOD QUESTIONNAIRE

(Outside of the preschool)

Survey Instructions

1. This survey is to be completed by **parents of preschool children aged 2 to 6 years**.
2. It will take about 20 minutes to complete.
3. Your answers are very important to us. There are no right or wrong answers.
4. If you have **more than a child in the centre**, please answer in relation to only **one child (i.e. Select only 1 child)**.
5. This survey will be repeated 12 and 24 months from now.

How much time does your child spend in preschool or kindergarten each weekday on an average?

- Less than 3 hours
- 3 to 5 hours
- More than 5 hours but less than 8 hours
- More than 8 hours
- Not applicable

This survey classifies digital media into six categories.

- 1) Television
- 2) Computer (e.g. desktops, laptops)
- 3) Mobile devices (e.g. smartphones, tablets)
- 4) Video game devices (e.g. console and handheld gaming players, virtual reality headset)
- 5) Blue-ray/DVD/CD/Videotape players
- 6) Intelligent/ technology toys (e.g. programmable toys)

Segment I: Digital media use

Digital environment at HOME

1. Which digital media(s) do you have at HOME now?
You may tick more than one option

Television	<input type="checkbox"/>
Computer (e.g. desktops, laptops)	<input type="checkbox"/>
Mobile devices (e.g. smartphones, tablets)	<input type="checkbox"/>
Video game devices (e.g. console and handheld gaming players, virtual reality headset)	<input type="checkbox"/>
Blu-ray/DVD/CD/Videotape players	<input type="checkbox"/>
Intelligent/ technology toys (e.g. programmable toys)	<input type="checkbox"/>
Others	<input type="checkbox"/> (please specify): _____

YOUR digital media habits (all day)

2. **In the last 7 days**, how much time (in 1 day) do you spend using digital media?
Indicate N/A where not applicable

Activity	On a typical weekday	On a typical weekend/ public holiday
Work (e.g. reading documents, checking emails)	___ hr ___ mins	___ hr ___ mins
Entertainment (e.g. watching shows, playing games)	___ hr ___ mins	___ hr ___ mins
Social networking (e.g. browsing social networking sites)	___ hr ___ mins	___ hr ___ mins
Personal development (e.g. seeking for information)	___ hr ___ mins	___ hr ___ mins
Others	___ hr ___ mins (please specify activity): _____	___ hr ___ mins (please specify activity): _____

YOUR CHILD'S first exposure to digital media

3. At what age was your child first exposed to:

Indicate N/A where not applicable

(a) fixed screens (television, desktop computer, etc.)

_____ Year(s) _____ month(s)

(b) mobile screens (smartphone, tablet, handheld gaming players, etc.)

_____ Year(s) _____ month(s)

Digital media habits of **YOUR CHILD** outside of kindergarten/childcare centre (e.g. home)

4. Over the last 7 days, how frequent did your child use screen media?

Please tick accordingly

Indicate N/A where not applicable

	Never	1-2 times a week	3-4 times a week	5-6 times a week	7-8 times a week	9 or more times a week	N/A
Television							
Computer (e.g. desktops, laptops)							
Mobile devices (e.g. smartphones, tablets)							
Video game devices (e.g. console and handheld gaming players, virtual reality headset)							
Blu-ray/DVD/CD/Videotape							
Intelligent/ technology toys (e.g. programmable toys)							
Others (please specify): _____							

5. Time spent on digital media by **YOUR CHILD outside of kindergarten/childcare centres (e.g. home)**

In the last 7 days, how much time does your child spend (in 1 day) using digital media?
Indicate N/A where not applicable

Activity	On a typical weekday	On a typical weekend/ public holiday
Using media for education/ learning (e.g. reading digital e-book, learning math via educational apps)	___ hr ___ mins	___ hr ___ mins
Using media for entertainment (e.g. watching movies, clips, playing games, listening to music)	___ hr ___ mins	___ hr ___ mins
Creating media (e.g. Creating new apps, programming robots/ interactive toys)	___ hr ___ mins	___ hr ___ mins
Communicating (e.g. chatting with relatives via facetime/ skype)	___ hr ___ mins	___ hr ___ mins
Others	___ hr ___ mins	___ hr ___ mins
	(please specify activity):	(please specify activity):

YOUR digital media engagement with your child

6. When your child uses media, estimate the amount of time you are engaged with him/ her (e.g. interacting with your child while watching videos together)
Take the total time your child spends using digital media to be 100%

On a typical **weekday in the last 7 days**: ___ %

On a typical **weekend/public holiday in the last 7 days**: ___ %

Importance of digital media use to YOU AND YOUR CHILD

7. Please indicate how important using digital media is to you and your child:
Please tick accordingly
Indicate N/A where not applicable

Importance to your child					
	Not important	Of little importance	Moderately important	Important	Very important
Improve knowledge & skills (e.g. listening, reading, writing, counting)					
Entertainment (e.g. keep my child happy)					
Communication (e.g. chat with relatives via skype)					
Importance to you					
	Not important	Of little importance	Moderately important	Important	Very important
Keep child occupied (e.g. when entertaining guests, on long travels)					
Distract or divert child's attention (e.g. coax child to eat during mealtimes, stop child from crying)					
Put child to sleep (e.g. listening to lullaby)					
Others (please specify):					

YOUR concerns with your child's digital media use

8. How concerned are you with your child's digital media use in relation to:
Please tick accordingly
Indicate N/A where not applicable

	Not concerned	Minimally concerned	Somewhat concerned	Concerned	Seriously Concerned
Poor sleep					
Poor eyesight					
Lack of physical exercise and play					
Exposure to inappropriate content (e.g. violence, bad language)					
Addiction (using too much that it affects normal function)					
Lack of parent-child interaction					
Others (please specify): _____					

Guidelines on digital media use for children

9. There are guidelines on digital media habits for children. Select the appropriate option:
Indicate N/A where not applicable

	I am not aware	I am not aware BUT practising	I am aware BUT do not practise	I am aware and practising
Limit digital media use for children younger than 2 years				
Limit screen time to 1 hour per day for children 2-5 years				
Introduce only high-quality educational programs for children 1.5-2 years				
Co-watch or co-play digital media with child (e.g. discuss about what your child and you are watching)				
Others (please elaborate): _____				

Segment II: Non-digital behaviour

*Non-digital media habits of **YOUR CHILD** outside of kindergarten/childcare centres (e.g. home). We are interested in how your child spends his/her time when **NOT** using digital media.*

10. In the last 7 days, how much time does your child spend (in a day) in the following activities?

Indicate N/A where not applicable

Activity	On a typical weekday	On a typical weekend/ public holiday
Taking afternoon naps	___ hr ___ mins	___ hr ___ mins
Reading printed books	___ hr ___ mins	___ hr ___ mins
Drawing/ painting/ sketching on paper/ others forms of craftwork	___ hr ___ mins	___ hr ___ mins
Helping with simple household chores	___ hr ___ mins	___ hr ___ mins
Indoor play (e.g. dancing, crawling, playing board games, playing with manipulative toys)	___ hr ___ mins	___ hr ___ mins
Outdoor physical play (e.g. playing 'hide-and-peek' or 'catching' in a playground)	___ hr ___ mins	___ hr ___ mins
Others	___ hr ___ mins (please specify activity):	___ hr ___ mins (please specify activity):

11. In relation to Question 10, estimate the percentage of time spent on indoor and outdoor physical play that caused your child to breathe faster and harder.
Take the total time your child spends in physical activity to be 100%

On a typical **weekday in the last 7 days**: ____ %

On a typical **weekend/public holiday in the last 7 days**: ____ %

YOUR physical play engagement with your child

12. Estimate the percentage of time you engaged with your child in indoor and outdoor physical play (e.g. playing 'hide-and-seek' or 'catching' together)
Take the total time your child spends in physical play to be 100%

On a typical **weekday in the last 7 days**: ____ %

On a typical **weekend/public holiday in the last 7 days**: ____ %

Segment III: Child and Parent information

Your child information

13. Child's sex: Male Female

14. Child's age: _____ year(s) _____ month(s)

15. Estimated child's height: _____ cm

weight: _____ kg

16. Does your child wear spectacles?

No

Yes

Sleep duration

17. In the last 7 days, what is the average duration of your child's **night-time** sleep?

Weekday: _____ hour(s) _____ min(s)

Weekend/ public holiday: _____ hour(s) _____ min(s)

Sleep quality

18. In the last 7 days, how would you rate your child's overall quality of sleep?

Examples of poor sleep: Wakes up at night, difficulty waking up in the morning, nightmares

Examples of good sleep: Falls asleep easily at bedtime, uninterrupted sleep

	Unsatisfactory	Below Average	Average	Above Average	Excellent
Weekday					
Weekend/ public holiday					

Parent/ legal guardian information

19. Relationship to child:

- Mother
- Father
- Grandmother
- Grandfather
- Legal guardian (please specify): _____

20. My age is: _____ year(s) _____ month(s)

21. My estimated height is _____ cm

weight is _____ kg

22. Estimated monthly household income:

- \$0 - \$2500
- \$2501 - \$5000
- \$5001 - \$8000
- \$8001 - \$12000
- \$12001 - \$20000
- \$20001 and above

23. Highest education attained (parent/ legal guardian completing survey)

- No formal education
- Primary school
- Secondary school
- Post-secondary institution (JC, ITE, Polytechnic)
- University - Bachelor degree
- University - Post-graduate degree (Masters and above)

24. Nationality:

Singapore citizen

Singapore PR

Non-Singapore citizen

25. Ethnicity:

Chinese

Malay

Indian

Eurasian

Others (Please specify): _____

The next segment is Paediatric Quality of Life.

Before proceeding to the final segment, which age group does your child fall under?

2-4 years

5-6 years

Segment IV: Paediatric Quality of Life

(2-4 years version)

DIRECTIONS

On the following page is a list of things that might be a problem for **your child**. Please tell us **how much of a problem** each one has been for **your child** during the **past 7 days** by circling:

- 0 if it is **never** a problem
- 1 if it is **almost never** a problem
- 2 if it is **sometimes** a problem
- 3 if it is **often** a problem
- 4 if it is **almost always** a problem

There are no right or wrong answers.
If you do not understand a question, please ask for help.

In the past 7 days, how much of a problem has your child had with ...

PHYSICAL FUNCTIONING (<i>problems with...</i>)	Never	Almost Never	Sometimes	Often	Almost Always
1. Walking	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in active play or exercise	0	1	2	3	4
4. Lifting something heavy	0	1	2	3	4
5. Bathing	0	1	2	3	4
6. Helping to pick up his or her toys	0	1	2	3	4
7. Having hurts or aches	0	1	2	3	4
8. Low energy level	0	1	2	3	4

EMOTIONAL FUNCTIONING (<i>problems with...</i>)	Never	Almost Never	Sometimes	Often	Almost Always
1. Feeling afraid or scared	0	1	2	3	4
2. Feeling sad or blue	0	1	2	3	4
3. Feeling angry	0	1	2	3	4
4. Trouble sleeping	0	1	2	3	4
5. Worrying	0	1	2	3	4

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SOCIAL FUNCTIONING (<i>problems with...</i>)	Never	Almost Never	Some- times	Often	Almost Always
1. Playing with other children	0	1	2	3	4
2. Other kids not wanting to play with him/ her	0	1	2	3	4
3. Getting teased by other children	0	1	2	3	4
4. Not able to do things that other children his or her age can do	0	1	2	3	4
5. Keeping up when playing with other children	0	1	2	3	4

SCHOOL FUNCTIONING (<i>problems with...</i>)	Never	Almost Never	Some- times	Often	Almost Always
1. Doing the same school activities with peers	0	1	2	3	4
2. Missing school/ daycare because of not feeling well	0	1	2	3	4
3. Missing school/ daycare to go to the doctor or hospital	0	1	2	3	4

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Segment IV: Paediatric Quality of Life

(5-6 years version)

DIRECTIONS

On the following page is a list of things that might be a problem for **your child**. Please tell us **how much of a problem** each one has been for **your child** during the **past 7 days** by circling:

- 0 if it is **never** a problem
- 1 if it is **almost never** a problem
- 2 if it is **sometimes** a problem
- 3 if it is **often** a problem
- 4 if it is **almost always** a problem

There are no right or wrong answers.
If you do not understand a question, please ask for help.

In the past 7 days, how much of a problem has your child had with ...

PHYSICAL FUNCTIONING (problems with...)	Never	Almost Never	Sometimes	Often	Almost Always
1. Walking more than one block	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in sports activity or exercise	0	1	2	3	4
4. Lifting something heavy	0	1	2	3	4
5. Taking a bath or shower by him or herself	0	1	2	3	4
6. Doing chores, like picking up his or her toys	0	1	2	3	4
7. Having hurts or aches	0	1	2	3	4
8. Low energy level	0	1	2	3	4

EMOTIONAL FUNCTIONING (problems with...)	Never	Almost Never	Sometimes	Often	Almost Always
1. Feeling afraid or scared	0	1	2	3	4
2. Feeling sad or blue	0	1	2	3	4
3. Feeling angry	0	1	2	3	4
4. Trouble sleeping	0	1	2	3	4
5. Worrying about what will happen to him or her	0	1	2	3	4

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SOCIAL FUNCTIONING (<i>problems with...</i>)	Never	Almost Never	Some- times	Often	Almost Always
1. Getting along with other children	0	1	2	3	4
2. Other kids not wanting to be his or her friend	0	1	2	3	4
3. Getting teased by other children	0	1	2	3	4
4. Not able to do things that other children his or her age can do	0	1	2	3	4
5. Keeping up when playing with other children	0	1	2	3	4

SCHOOL FUNCTIONING (<i>problems with...</i>)	Never	Almost Never	Some- times	Often	Almost Always
1. Paying attention in class	0	1	2	3	4
2. Forgetting things	0	1	2	3	4
3. Keeping up with school activities	0	1	2	3	4
4. Missing school because of not feeling well	0	1	2	3	4
5. Missing school to go to the doctor or hospital	0	1	2	3	4

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Impact of COVID-19 situation:

Parent's habits

26. **In the last 7 days**, the COVID-19 situation has led to an **increase** in **my** digital media engagement.

(a) Weekday:

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

(b) Weekend:

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Child's habits

27. How has your child's average daily time spent on the following activities changed from before COVID-19 compared to the present (think of the last 7 days)?

	Significantly increased	Slightly increased	About the same	Slightly decreased	Significantly decreased
Screen use (computer, smartphone, tablets, TV-viewing)					
Physical activity (indoor & outdoor play, moving from one place to another, playing physical games)					
Outdoor activity (outdoor					

play, exercise or sport)					
Total sleep (inclusive of day-time naps)					
Quality of Life					

- End of Survey -

Thank you