

Patient Media and Health History



Date: _____ Name: _____

Please answer YES or NO to the questions below.
Only complete this form if you are aged 13 or older.

1. I get less than 60 minutes (1 hour) of physical activity each day	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. I eat meals or snack in front of the TV or other screen media	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. I use other media while doing my homework	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. I listen to music, watch TV shows and movies, and/or play video games that have sexual references, or talks about or shows sexual activities, such as kissing, touching, and having sex	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. I have a TV, or take a laptop, smartphone or other device in my bedroom	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. I play video games, watch TV, or use a device, such as a tablet or smartphone, right before going to sleep	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. I listen to, play and/or watch violent, angry, or sexist TV shows, movies, or video games	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. I listen to, play and/or watch TV shows, movies, music, or video games that show drinking, using drugs, or smoking	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. My screen media use takes time away from sleeping, doing homework, or hanging out with friends or family	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. I am obsessed with video gaming or spending time online	<input type="checkbox"/> YES	<input type="checkbox"/> NO