

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PART A – Please answer the following questions**

<p>1. Has screen media use <i>seriously</i> affected your teen’s <b>sleep</b>?</p>	<p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• Trouble falling asleep</li> <li>• Difficulty waking up in the morning</li> <li>• Going to bed late or waking up in the middle of the night</li> <li>• Being sleepy during the day</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Has screen media use <i>seriously</i> affected your teen’s <b>school performance</b>?</p>	<p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• Missing homework or poor quality homework</li> <li>• Dropping grades</li> <li>• Trouble paying attention in class</li> <li>• Missing school or not wanting to go to school</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Has screen media use <i>seriously</i> affected your teen’s <b>social life</b>?</p>	<p><i>For example:</i></p> <ul style="list-style-type: none"> <li>• Spending less time with friends and/or family</li> <li>• Giving up favorite activities or hobbies</li> <li>• Spending more time alone</li> <li>• Fighting more with friends and/or family</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**If you answered “Yes” to any of the questions above, please complete the attached PCIAT Form, and have your teen complete the IAT-R. Otherwise, please complete Part B below**

**PART B – Please answer the following questions**

Are you concerned about how your teen’s media use has affected:

<p>1. The way they spend their time?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Their relationships with friends and family?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Their physical health?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Their mental health?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5. Any other part of their life?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>