

## Evaluation of the Questionnaire

	Questions	Offensive	Against the local law	Hard to answer honestly	Irrelevant	Hard to comprehend
1.	Do you have so much energy you don't know what to do with it?					
2.	Is it hard for you to ask help from others?					
3.	Has there been adult supervision at the parties you have gone to recently?					
4.	Do you usually think about how your actions will affect others?					
5.	Do you often feel tired?					
6.	Do you get easily frightened?					
7.	Are most of your friends older than you are?					
8.	Do you have less energy than you think you should?					
9.	Do you feel alone most of the time?					
10.	Do you swear or use dirty language?					
11.	Do you consider smoking among teenagers a normal thing?					
12.	Do your parents or guardians approve of your friends?					
13.	Have you lied to anyone in the past week?					
14.	Do your parents or guardians refuse to talk with you when they are mad at you?					
15.	Do you rush into things without thinking about what could happen?					
16.	Is your free time spent just hanging out with friends?					
17.	Do you have friends who damage or destroy things on purpose?					
18.	Do you use the Internet or computer games as a way of escaping from problems or of relieving a dysphoric mood (e.g. feelings of helplessness, guilt, anxiety, depression)?					
19.	Do your parents or guardians usually know where you are and what you are doing?					
20.	Do your parents or guardians and you do lots of things together?					
21.	Do you feel nervous most of the time?					
22.	Do you have a hobby you are really interested in?					
23.	Do you feel people are against you?					
24.	Do you participate in team sports which have regular practices?					
25.	Do you get into fights a lot ?					
26.	Have you jeopardized or risked the loss of significant relationship or educational opportunity because of the Internet or computer games?					
27.	Is healthy eating popular among your friends?					
28.	Do you have a hot temper?					
29.	Do your parents or guardians pay attention when you talk to them?					
30.	Do you feel restless, moody, depressed, or irritable when attempting to cut down or stop using Internet or playing computer games?					
31.	Do your parents or guardians have rules about what you can and cannot do?					
32.	Are you stubborn?					
33.	Do you eat at least one fruit or vegetable (including fresh juices) a day?					
34.	Do any of your best friends go out on school nights without permission from their parents or guardians?					
35.	Do your parents or guardians know what you really think or feel?					
36.	Do you usually exercise for a half hour or more at least once a week?					
37.	Do you go to fast food places at least once a week?					

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38.	Have you lied to family members, friends, or others to conceal the extent of involvement with the Internet or computer games?					
39.	Do people your own age like and respect you?					
40.	Do you and your parents or guardians have frequent arguments which involve yelling and screaming?					
41.	Do your parents or guardians like talking with you and being with you?					
42.	Are you suspicious of other people?					
43.	Have you cut school at least 5 days in the past year?					
44.	Are you usually pleased with how well you do in activities with your friends?					
45.	Do you feel sad most of the time?					
46.	Do you tease others a lot?					
47.	Do you have trouble sleeping?					
48.	During the past month, have you skipped school?					
49.	Do you feel preoccupied with the Internet or computer games (think about previous online activity or anticipate next online session)?					
50.	Do you eat sweets at least once a day?					
51.	Do you have a hard time following directions?					
52.	Do you consider drinking alcohol among teenagers a normal thing?					
53.	Are you good at talking your way out of trouble?					
54.	Do you have friends who have hit or threatened to hit someone without any real reason?					
55.	Do your parents or guardians have a pretty good idea of your interests?					
56.	Do your parents or guardians usually agree about how to handle you?					
57.	Do your friends cut school a lot?					
58.	Have you repeatedly made unsuccessful efforts to control, cut back, or stop using Internet or playing computer games?					
59.	Do you worry a lot?					
60.	Are you able to make friends easily in a new group?					
61.	Are you afraid to be around people?					
62.	Do you skip meals?					
63.	Do you have friends who have stolen things?					
64.	Do you feel the need to use the Internet or computer games with increasing amounts of time in order to achieve satisfaction?					
65.	Do you enjoy doing things with people your own age?					
66.	Do you consider taking drugs among teenagers a normal thing?					
67.	Do you go out for fun on school nights without your parents' permission?					
68.	Do you stay on-line longer than originally intended?					
69.	Do you use any replacement products (energy drinks, bars, etc.)?					
70.	On a typical day, do you watch more than two hours of TV?					
71.	Are you restless and can't sit still?					
72.	Do you scream a lot?					
73.	Do you drink sugar soft drinks every day or almost every day?					

# Summary of the Evaluation

No	Explanation (if necessary)
Ofeensive	
Against the local law	
Hard to answer honestly	
Irrelevant	
Hard to comprehend	

## More about the distribution of the questionnaire

1.	Are you planning to distribute the questionnaire to whole class or a certain of group of students?
2.	How are you going to set the target group? Can you please add what the criterias will be and how many Students will attend?
3.	Where will the questionnaire be applied? At school/at home?
4.	How will the privacy policy be carried out?
5.	Please share if you have any ideas about how the process can be carried out better.