

Screen Time Self-Efficacy Scale (STSES)

Below is a list of situations which can make it hard for parents to limit a child's screen time. For each of the following situations, select the number that best describes how confident you are that you can manage your child's screen time.

How confident are you that you could stick to limits on your child's screen time in the following situations?

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|---|---|---|---|---|---|---|---|---|---|----|-------------------------------|
| Certain I <u>can't</u> do it | | | | | | | | | | | Certain I <u>can</u> do it |
| When I am under a lot of stress | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When I am feeling sad or anxious | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When I feel like I don't have the time/have other commitments | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When I am tired | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When I am feeling ill | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| On weekend days | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| On holidays | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When I have too much housework/childcare to do at home | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When the weather makes outdoor play difficult | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When my child is unwell | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When others in the household are using screens | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| When my partner's views on screen time limits are different from mine | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |

How confident are you that you can help your child find alternative activities to do at home that don't involve screens?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|---------------------------------|---|---|---|---|---|---|---|---|----|-------------------------------|
| Certain I <u>can't</u> do it | | | | | | | | | | Certain I <u>can</u> do it |

