Rajshahi Medical college, Rajshahi

"Association between Internet Addiction and Sleep Quality among Medical Students."

Date of interview:_____ **Phone no** ☐☐☐

ID Number: ☐☐☐ **Address:**_____

Interview Questionnaire

Section-1

Demographic Variables:

Your phone number:

1. **Age:** _____ (year)
2. **Sex:**

   Male
   Female
3. **In which year you got admitted in Medical College and your session:**
4. **Session:**
5. **Religion:**

   Islam
   Hindu
   Christian
   Buddhist
   Others
6. **Father's educational qualification:**
7. **Father's occupation:**
8. **Mother's educational qualification:**
9. **Mother's occupation:**
10. **Average monthly income of the family:**
11. **Do you have personal income?**

    Yes

No

12. If yes, what is the source?

13. How much do you earn?

14. Marital status:

Married
Unmarried

15. Education of the spouse:

16. Occupation of the spouse

17. Average monthly income of the spouse

18. Living place:

Rural
Urban
Suburban

19. Residence:

Dormitory
Hostel
Parent's house
Relative's house
Rented house
Others

20. Present family status:

Stay alone
With friends
Nuclear Family
Joint family

Section-2

Internet usage related Variables:

21. What gadgets do you own?

Mobile
Tablet
Laptop
Computer

22. What kind of internet connection do you use?

Wi-Fi

Personal

Institutional

Mobile data

Others

23. Internet connection network:

2g
3g
4g

24. How long have you been using internet?

25. For what purpose you mainly use internet? Yes/No

Study

Sports

News

Entertainment

Social networking

Professional purpose

Others

26. How long have you been using social media?

27. How long do you use the internet daily?

28. Costs for using internet?

29. Which app do you use more?

Facebook

Tiktok

Instagram

Snapchat

Whatsapp

Netflix

Games

You tube

Others

30. Reason using internet

No specific reason

News update

Social communication

Shopping

Follow celebrity

Specific pages

Get New information

Avoiding loneliness

Others

31. No of Facebook account

32. Facebook fake id

33. No of fake id

34 When do you spend more time in internet

35. Financial effect of using internet

36. Academic effect of using internet

37. Effect on friend

38. Effect on family

39. Effect on romantic relationship

40. How many friends in social media

41. How many followers in social media

42. Frequency of posting in social media

43. No of reaction and or comment in social media

44. Have you tried any measures to spend less time in social media

Sports

Play

Photography

Hobbies

Travel

Others

Section-3

A) Chen Internet Addiction Scale

Focusing on the last three months, rate the degree to which each statement matches your experience:

1 Does not match my experience at all

2 Probably does not match my experience

3 Probably matches my experience

4 Definitely matches my experience

	ITEMS				
1	I was told more than once that I spend too much time online.	1	2	3	4
2	I feel uneasy once I stop going online for a certain period of time	1	2	3	4
3	I find that I have been spending longer and longer periods of time online.	1	2	3	4
4	I feel restless and irritable when the Internet is disconnected or unavailable.	1	2	3	4
5	I feel energized online.	1	2	3	4
6	I stay online for longer periods of time than intended.	1	2	3	4
7	Although using the Internet has negatively affected my relationships, the amount of time I spend online has not decreased.	1	2	3	4

8	More than once, I have slept less than four hours due to being online.	1	2	3	4
9	I have increased substantially the amount of time I spend online.	1	2	3	4
10	I feel distressed or down when I stop using the Internet for a certain period of time.	1	2	3	4
11	I fail to control the impulse to log on.	1	2	3	4
12	I get backaches or other physical discomfort from spending time surfing the net.	1	2	3	4
13	I find myself going online instead of spending time with friends.	1	2	3	4
14	Going online is the first thought I have when I wake up each morning.	1	2	3	4
15	Going online has negatively affected my schoolwork or job performance.	1	2	3	4
16	I feel like I am missing something if I don't go online for a certain period of time.	1	2	3	4
17	My interactions with family members have decreased as a result of Internet use.	1	2	3	4
18	My recreational activities have decreased as a result of Internet use.	1	2	3	4
19	I fail to control the impulse to go back online after logging off for other work.	1	2	3	4
20	My life would be joyless without the Internet.	1	2	3	4
21	Surfing the Internet has negatively affected my physical health.	1	2	3	4
22	I have tried to spend less time online but have been unsuccessful.	1	2	3	4
23	I make it a habit to sleep less so that more time can be spent online.	1	2	3	4
24	I need to spend an increasing amount of time online to achieve the same satisfaction as before.	1	2	3	4
25	I fail to have meals on time because of using the Internet.	1	2	3	4

26	I feel tired during the day because of using the Internet late at night.	1	2	3	4

Section-4

B) Bergen Facebook Addiction Scale:

1. Spent a lot of time thinking about Facebook or planned use of Facebook?
   1: Very rarely,
   2: Rarely,
   3: Sometimes,
   4: Often,
   5: Very often.
2. Thought about how you could free more time to spend on Facebook?
   1: Very rarely,
   2: Rarely,
   3: Sometimes,
   4: Often,
   5: Very often.
3. Thought a lot about what has happened on Facebook recently?
   1: Very rarely,
   2: Rarely,
   3: Sometimes,
   4: Often,
   5: Very often.
4. Spent more time on Facebook than initially intended?
   1: Very rarely,
   2: Rarely,
   3: Sometimes,
   4: Often,
   5: Very often.
5. Felt an urge to use Facebook more and more?
   1: Very rarely,
   2: Rarely,
   3: Sometimes,
   4: Often,
   5: Very often.
6. Felt that you had to use Facebook more and more in order to get the same pleasure from it?
   1: Very rarely,
   2: Rarely,
   3: Sometimes,
   4: Often,
   5: Very often.

7. Used Facebook in order to forget about personal problems?
    1: Very rarely,
    2: Rarely,
    3: Sometimes,
    4: Often,
    5: Very often.
8. Used Facebook to reduce feelings of guilt, anxiety, helplessness and depression?
    1: Very rarely,
    2: Rarely,
    3: Sometimes,
    4: Often,
    5: Very often.
9. Used Facebook in order to reduce restlessness?
    1: Very rarely,
    2: Rarely,
    3: Sometimes,
    4: Often,
    5: Very often.
10. Experienced that, others have told you to reduce your use of Facebook but not listened to them?
    1: Very rarely,
    2: Rarely,
    3: Sometimes,
    4: Often,
    5: Very often.
11. Tried to cut down on the use of Facebook without success?
    1: Very rarely,
    2: Rarely,
    3: Sometimes,
    4: Often,
    5: Very often.
12. Decided to use Facebook less frequently, but not managed to do so?
    1: Very rarely,
    2: Rarely,
    3: Sometimes,
    4: Often,
    5: Very often.
13. Become restless or troubled if you have been prohibited from using Facebook?
    1: Very rarely,
    2: Rarely,
    3: Sometimes,
    4: Often,
    5: Very often.

14. Become irritable if you have been prohibited from using Facebook?

1: Very rarely,
2: Rarely,
3: Sometimes,
4: Often,
5: Very often.

15. Felt bad if you, for different reasons, could not log on to Facebook for some time?

1: Very rarely,
2: Rarely,
3: Sometimes,
4: Often,
5: Very often.

16. Used Facebook so much that it has had a negative impact on your job/studies?

1: Very rarely,
2: Rarely,
3: Sometimes,
4: Often,
5: Very often.

17. Given less priority to hobbies, leisure activities, and exercise because of Facebook?

1: Very rarely,
2: Rarely,
3: Sometimes,
4: Often,
5: Very often.

18. Ignored your partner, family members, or friends because of Facebook?

1: Very rarely,
2: Rarely,
3: Sometimes,
4: Often,
5: Very often.

Section-5

C) Perceived Stress Scale:

I. In the last month, how often have you been upset because of something that happened unexpectedly?

0 - never
1 - almost never
2 - sometimes
3 - fairly often
4 - very often

2. In the last month, how often have you felt that you were unable to control the important things in your life?

0 - never
1 - almost never
2 - sometimes
3 - fairly often
4 - very often

3. In the last month, how often have you felt nervous and stressed?

0 - never
1 - almost never
2 - sometimes
3 - fairly often
4 - very often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

0 - never
1 - almost never
2 - sometimes
3 - fairly often
4 - very often

5. In the last month, how often have you felt that things were going your way?

0 - never
1 - almost never
2 - sometimes
3 - fairly often
4 - very often

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

0 - never
1 - almost never
2 - sometimes
3 - fairly often
4 - very often

7. In the last month, how often have you been able to control irritations in your life?

0 - never
1 - almost never
2 - sometimes
3 - fairly often
4 - very often

8. In the last month, how often have you felt that you were on top of things?

0 - never
1 - almost never
2 - sometimes

3 - fairly often
4 - very often

9. In the last month, how often have you been angered because of things that happened that were outside of your control?

0 - never
1 - almost never
2 - sometimes
3 - fairly often
4 - very often

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

0 - never
1 - almost never
2 - sometimes
3 - fairly often
4 - very often

Section-6

General Anxiety Disorder-7 (GAD-7) :

Over the last 2 weeks, how often have you been bothered by the following problems?

(use " ✓ " to indicate your answer)

Problems	**Not at all sure (0)**	**Several Days (1)**	**Over half the days (2)**	**Nearly every day (3)**
1. Feeling nervous, anxious, or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Being so restless that it's hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				

*** Remember that no answer in this section is a wrong answer*

Section-7

For Measuring Depression: The 9-item Patient Health Questionnaire

(use " ✓ " to indicate your answer)

Over the last 2 weeks, how often have you been bothered by any of the following problems?	**Not at all (0)**	**Several days (1)**	**More than half the days (2)**	**Nearly everyday (3)**
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself or that you are a failure or have let yourself or family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual				
9. Thoughts that you would be better off dead, or of hurting yourself				
Add the score for each column				
Total Number				

Section-8

D) Pittsburg Sleep Quality Index

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

1. The past month, when have you gone to bed at night?

2. During the past month, how long (in minutes) has it usually taken to fall asleep each night?

3. During the past month, when have you usually gotten up in the morning?

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed.)

5. During the past month, how often have you had trouble sleeping because you	Not during the Past month	Less than once a week	Once or twice a week	Three or more times a week
(a) Cannot get to sleep within 30 minutes				
(b) Wake up in the middle of the night or early morning				
(c) Have to get up to use the bathroom				
(d) Cannot breathe comfortably				
(e) Cough or snore loudly				
(f) Feel too cold				
(g) Feel too hot				
(h) Have pain				
(i) Had bad dreams				
(j) Other reasons, please describe				

6. During the past month, how would you rate your sleep quality overall?

Very Good
Fairly Good
Fairly Bad
Very Bad

7. During the past month, how often have you taken medicine (prescribed or over the counter) to help you sleep?

Not during the past month
Less than once a week
Once or twice a week
Three or more times a week

8. During the past month, how often have you had trouble staying awake while driving, eating meals or engaging in social activity?

Not during the past month
Less than once a week
Once or twice a week
Three or more times a week

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

Not during the past month
Less than once a week
Once or twice a week
Three or more times a week

10. Do you have a bed partner or a roommate?				
If you have a roommate or bed partner, ask him/her how often in the past month you have had	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
(a) Loud snoring				
(b) Long pauses between breaths while asleep				
(c) Legs twitching or jerking while you sleep				
(d) Episodes of disorientation or confusion during sleep				
(e) Other restlessness while you sleep; please describe				

Thank you for your time

Date

Signature of the data collector