

Fingerpainting with iPads

SURVEY FOR PARENTS/CAREGIVERS OF PARTICIPATING CHILDREN

Instructions

Using this questionnaire we would like to find out about your child's habits, practice and familiarity with technologies, such as touch screen and handheld devices. There are no right or wrong answers. This data is useful background data to the observation study (you can find more details about the study on the information sheet).

We will not give your /your child's name or personal details to anyone outside the project. All data will be anonymised, and will be used for research and teaching purposes only.

Thank you for helping with this project!

01. Personal details						
Your child's name						
You are the	Mother 🗆	F	ather 🗆		C	
Child's date of birth	(day /month /չ	/ear)	//			
Birth order	1 st 🗌	2 nd 🗌	3 th 🗌	4 th 🗌	5 th	6 th 🗆
Gender	Male 🗆	F	emale 🗆			

02. Family habits related to technology

	A lot	A fair amount	Little	Nothing	Not sure
Extent father's job involves technology (e.g. laptop or desktop computers, tablet, etc.)	0	0	0	0	0
Extent mother's job involves technology (e.g. laptop or desktop computers, tablet, etc.)	0	0	0	0	Ο
Extent family use of technology at home (e.g. laptop or desktop computers, tablet, e-readers, game consoles, Wii, etc.)	0	0	0	0	0

03. Child's interests and experience

	A lot	A fair amount	Little	Nothing	Not sure
Extent of child's interest in technology.	0	0	0	0	0
Extent of child's interest in drawing.	0	0	0	0	0
Extent of child's familiarity with touch screen (e.g. smartphone, or others devices).	ο	0	0	0	о
Extend child's familiarity with tablets (e.g. iPad).	0	0	0	0	0

04. How much time does your child spend playing with technological toys every day (e.g. handheld game consoles, learning and educational tablets – like the LeapFrog LeapPad Explorer Tablet–, computer games, smart phones)

Less than 5	Between	Between	Between	More than 1	
minutes	30-60 minutes	5-15 minutes	15-30 minutes	hour	

04. During the past week, which of these devices did your child use?

Please indicate the frequency

	We don't have one	No days	1-2 days	3-4 days	5–6 days	Everyday
Desktop Computer	0	0	0	0	0	0
Laptop	0	0	0	0	0	0
Tablet (e.g. ipad)	0	0	0	0	0	0
Simple cell phone	0	0	0	0	0	0
Smartphone	0	0	0	0	0	0
Music player (mp3)	0	0	0	0	0	0
e-reader (ebook/kindle)	0	0	0	0	0	0
Video game consoles	0	0	0	0	0	0
Portable game consoles	0	0	0	0	0	0

If your child uses another device, please indicate which one.

05. In general, how do you view children's use of mobile devices?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not sure
Comfortable	0	0	0	0	0	0
Expensive	0	0	0	0	0	0
Essential	0	0	0	0	0	0
Complicated	0	0	0	0	0	0
Fast	0	0	0	0	0	0
Limited	0	0	0	0	0	0
Helpful	0	0	0	0	0	0
Unimportant	0	0	0	0	0	0
Easy	0	0	0	0	0	0
Addictive	0	0	0	0	0	0
Fun	0	0	0	0	0	0
Overvalued	0	0	0	0	0	0
Cool	0	0	0	0	0	0
Grown-up	0	0	0	0	0	0

If you want to add any observations or comments you can use the back of the sheet. Thank you again for your help!