



6840 Seaview Road, Sechelt, BC V0N 3A4

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Technology Usage Questionnaire (TUQ)

Name: _____ DOB: _____ Date: _____ Relation to client: _____

ONLY ANSWER QUESTIONS APPLICABLE TO YOU. IF NOT APPLICABLE, WRITE N/A OR LEAVE BLANK.

Technology is defined as TV, cell phones, tablets, desk top computers, laptop computers, video games, movies, cartoons, and music videos (not audio).

- **Education** technology is used at school or for courses, either in school, home, work or community.
- **Therapy** technology is used for therapeutic purposes.
- **Work** technology is used for work, either in home, work, or community.

Technology addiction is defined as not being able to stop, excessive use, persistent thinking about tech, can't put it down, needing more, withdrawal when stop.

WHO are you?

At what age did you start using technology?	Year	Mo.
Do you have any mental health <i>problems</i> : depression, anxiety, obsessive/compulsive disorder, adhd, autism, bipolar disorder, schizophrenia (circle your <i>problems</i>)?	Yes	No
Do you have any <i>developmental disorders</i> : developmental delay, tantrums, aggression, defiance, learning difficulties (circle your <i>disorders</i>)?	Yes	No
Are you <i>addicted</i> to technology (see above definition): TV, internet, video games, pornography, texting, facebook, other social media (circle your <i>addictions</i>)?	Yes	No
Do you participate in <i>alternate activities to technology</i> : sports, music, dance, hobbies, crafts, school/work/volunteer committees (circle your <i>alternate activities</i>)?	Yes	No
Do you participate in <i>off-line social activities</i> with friends: dating, parties, meals out, coffee, recreational outings, barbecues (circle your <i>off-line social activities</i>)?	Yes	No
Are you <i>physically active</i> : team sports, individual sports, walking, hiking, swimming, bowling, dancing, gym, martial arts (circle your <i>physical activities</i>)?	Yes	No
Do you have any <i>academic or work related problems</i> (grades, drop-out, skipping class, detentions, probations, firings (circle your <i>academic/work problems</i>)?	Yes	No

WHAT type of technology are you NOW using?

Do you watch TV (<i>passive technology</i>)? If so, what <i>type of TV</i> do you watch: sports, cartoons, movies, sitcoms, violence, sexual, reality, nature, educational, music/dance (circle <i>type of TV</i>).	Yes	No
Do you use <i>active technology</i> ? If so, what <i>type of active technology</i> do you use: cell phone, tablet, desk-top computer, laptop computer, gaming device (circle <i>type of active technology</i>).	Yes	No
Do you use <i>education</i> technology? If so, what type?	Yes	No
Do you use <i>therapy</i> technology? If so, what type?	Yes	No
Do you use <i>work</i> technology at home?	Yes	No
Do you have a <i>home-based business</i> ?	Yes	No
Do you <i>watch/use</i> the following <i>content</i> on TV or other device: violence, deviance, swearing, rape, pornography, sodomy, torture, educational, therapeutic, pro-social (circle <i>type of content</i>).	Yes	No
Do you watch/use <i>fast paced content</i> e.g. screen changes every 1-2 seconds?	Yes	No



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WHEN do you use technology?		
Do you use technology right before bed?	Yes	No
Do you wake up at night to use technology?	Yes	No
Do you use technology during meals?	Yes	No
Do you use technology during the week?	Yes	No
Do you use technology on weekends?	Yes	No
Do you use technology on holidays?	Yes	No
WHERE do you use <i>entertainment technology</i> (not school, work or for therapy)?		
In bedroom during night?	Yes	No
In restaurants?	Yes	No
In car?	Yes	No
In bathroom (home/school/work)?	Yes	No
While watching TV?	Yes	No
While doing homework?	Yes	No
While with family/friends?	Yes	No
WHY do you use <i>entertainment technology</i>?		
Do you use <i>entertainment technologies</i> because you are: lonely, depressed, for escape, boredom, to fit in, feels 'normal', fear of face to face (circle <i>reasons why</i> you use technology)?	Yes	No
Is there another reason you use <i>entertainment technology</i> ?	Yes	No
If so, what is it?		
HOW do you access <i>entertainment technology</i>?		
Do your parents or partner have <i>rules</i> regarding your use of <i>entertainment technology</i> ?	Yes	No
Do your parents or partner <i>supervise</i> your use of <i>entertainment technology</i> ?	Yes	No
Are your parents or partner <i>addicted</i> to technology?	Yes	No
Do you currently <i>own</i> a device(s): cell phone, tablet, desktop computer, laptop computer, gaming device (circle <i>devices you own</i>)?	Yes	No
HOW LONG do you use <i>entertainment technology</i>?		
Daily average at home during the week?		hours
Daily average at home on weekend or holidays?		hours
HOW LONG do you use <i>education technology</i>?		
Daily average at school?		hours
Daily average at home?		hours
Daily average on weekend or holidays?		hours
HOW LONG do you use <i>therapeutic technology</i>?		
Weekly average?		hours
HOW LONG do you use <i>work technology at home</i>?		
Daily average at home during the week?		hours
Daily average at home on weekend or holidays?		hours

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