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Technology Addiction Questionnaire

For All Ages

	Yes	No
1. Tolerance: "I use the same amount of technology as I used to, but it's not as much fun anymore."		
2. Withdrawal: "I can't imagine going without technology."		
3. Unintended Use: "I often use technology for longer than I intended."		
4. Persistent Desire: "I've tried to stop using technology, but I can't."		
5. Time Spent: "Technology use take up almost all my play time."		
6. Displacement of Other Activities: "I sometimes use technology when I should be spending time with my family or friends, doing my homework or going to bed."		
7. Continued Use: "I keep using technology, even though I know it isn't good for me."		

Total number of "yes" answers _____

If you answered "yes" to 3 or more questions, you are likely addicted to technology.

Personal Technology Reduction Plan

I, _____ plan to reduce the amount of technology use from my current _____ hours per day down to _____ hours per day.

Instead of using technology, I plan to do the following activities (circle or add new ones):
biking, climbing trees, playing sports, baking, sewing, playing cards and/or board games,
playing outdoor games with friends, call a friend, do volunteer work, visit elderly people,
play with my bro/sis, garden, do chores for my family, build something, take something
apart, or.....
