

Supplemental Information

APPENDIX 1 CAREGIVER SURVEY

CODE: _____.

Thank you for your participation in this survey to describe time utilization during pediatric hospital stay. Please answer the following questions to the best of your ability. Please note there are three pages to this survey.

1. What is the **average** amount of time your child spends watching TV (television, cable, movies, DVDs) per day on WEEKDAYS when NOT in the hospital?
 - None
 - less than 2 hours
 - between 2 to 4 hours
 - more than 4 hours
2. What is the **average** amount of time your child spends on non-TV screen media (for example: handheld video games such as PSP or Nintendo DS, video game console such as Xbox or Playstation, computer games, smartphone such as iPad or similar, tablet device such as iPad, Surface, Galaxy, or similar, Internet not related to school work) per day on WEEKDAYS when NOT in the hospital??.
 - None
 - less than 2 hours
 - between 2 to 4 hours
 - more than 4 hours
3. What is the **average** amount of time your child spends watching TV per day on WEEKENDS when NOT in the hospital?
 - None
 - less than 2 hours
 - between 2 to 4 hours
 - more than 4 hours
4. What is the **average** amount of time your child spends playing non-TV screen media (for example: handheld video games such as PSP or Nintendo DS, video game console such as Xbox or Playstation, computer games, smartphone such as iPad or similar, tablet device such as iPad, Surface, Galaxy, or similar, Internet not related to school work) per day on WEEKENDS when NOT in the hospital?
 - None
 - less than 2 hours
 - between 2 to 4 hours
 - more than 4 hours
5. At home, does your child have access to screen media in his/her bedroom? (Please check all of the following that apply):
 - Television
 - Video game console
 - Handheld video game
 - Computer
 - Tablet
 - Smartphone
 - Other electronic media device (please specify):
 - No access to screen media in child's bedroom
6. At home what other activities does your child participate in (Please check all that apply):
 - Reading books

- Board games/puzzles
- Arts and Crafts
- Indoor play
- Outdoor play
- Organized sports (team sports, school sports, scheduled sports classes)
- Other activity (please specify): _____.

Now, think of your child's current hospital stay when answering the following questions:

7. What is the average amount of time your child spends watching TV per day IN THE HOSPITAL?

- None
- less than 2 hours
- between 2 to 4 hours
- more than 4 hours

8. What was the average amount of time your child spends on non-TV screen media (for example: handheld video games such as PSP or Nintendo DS, video game console such as Xbox or Playstation, computer games, smartphone such as iPad or similar, tablet device such as iPad, Surface, Galaxy, or similar, Internet not related to school work) per day IN THE HOSPITAL?

- None
- less than 2 hours
- between 2 to 4 hours
- more than 4 hours

9. Does the hospital provide your child with daily access to? (Please check all of the following that apply):

- Television
- Video game console
- Handheld video game
- Computer
- Tablet
- Other electronic media (please specify): _____.
- Child Life activities in patient room
- Child Life activities in playroom
- Interaction with other children
- Reading books
- School work
- Other activities (please specify): _____.

10. In the hospital what activities WOULD YOU LIKE MORE OF for your child (check all that apply)?:

- Television
- Video game console
- Handheld video game
- Computer
- Tablet
- Other electronic media (please specify): _____.
- Child Life activities in patient room
- Child Life activities in playroom
- Interaction with other children
- Reading books
- School work
- Other activities (please specify): _____.

11: How would you best describe the amount of all types of screen time (television, video games, computer time, Internet not related to school work) for your child while in the hospital:

- Much more than I would like
- A little more than I would like
- At the right amount
- A little less than I would like
- Much less than I would like

Thank you for your participation in this survey!

APPENDIX 2 OBSERVATION TOOL

DATE: _____.
CODE: _____.
ROOM NUMBER: _____.
TIME:
<input type="checkbox"/> 8-10am : _____.
<input type="checkbox"/> 11a-1pm: _____.
<input type="checkbox"/> 4-6pm: _____.
<input type="checkbox"/> 7-9pm: _____.

Instructions: Please fill out this questionnaire for each room you are assigned today during the designated time period.

Knock first, and upon entering you may mention you are there to collect data for the consented study. Do not interact otherwise with patient and family.

1. Is the patient in the room?

- Yes
- No

IF THE PATIENT IS NOT IN THEIR ROOM, ANSWER ONLY QUESTION 5

2. Who else is in the room? (Check all that apply)

- Adult
- Another child
- Hospital staff
- Patient is alone

3. If the patient IS in their room, the patient is:

- Asleep
- Awake and sedentary
- Awake and moving around room

4. Is the following media or activity currently being used by the patient (check all that apply):

- Television is on and patient is attending to TV
- Television is on in the background and patient is not attending to it
- Video game console is in use
- Handheld video game, phone as a media device, or tablet is in use
- Radio or music is playing
- Reading or being read to
- Arts and crafts activity in process
- Other (please specify): _____.

5. Which of the following media or activity items do you see in the room? (Check all that apply)

- Television
- Video game console
- Handheld video game, smartphone, or tablet
- Radio or music equipment
- Books
- Arts and crafts
- Board games or puzzles
- Other (please specify): _____.