

APPENDIX B
QUESTIONNAIRE FOR PARENTS

BACKGROUND INFORMATION OF CHILD

Name of the Child :

Residential Address :

Ph.No. (O)
(R)

Gender : B/G Age . Years/Months Class

School :

Ordinal Position : Eldest / Middle / Youngest / Only child

Number of Siblings : Brother / Sisters

BACKGROUND INFORMATION OF PARENTS

	<u>Age</u>	<u>Education</u>	<u>Occupation</u>	<u>Income</u>
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Father :

Mother :

Total Family Income Per Month :

Type of Family : Nuclear / Joint

Number of Total Family Members

QUESTIONS

1. Do you have a T.V. set in your home ? Yes / No
2. i. If yes, since how many years do you possess it ?
 ii. Do you have a cable connection in your home ? Yes / No
 If yes, since how many years ?
3. Since how many years has the child been watching T.V. ?
4. Who are the regular T.V. viewers in your home ? Mention in the appropriate columns.
 Everyday 2-3 days in a week once a week
5. With whom (specify) does the child watch T.V. regularly ?
6. Does the child watch T.V. alone. Yes / No. If so at what time and for which program ?
7. How many hours does your child spend on watching T.V. everyday?

Day	Morning	Afternoon	4-8p m. Evening	8p m.to10p.m. Night	10p m. onward late night
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

8. (i) Please mention the amount of time your child spends (in hrs.) on the following activities everyday.

<u>Activity</u>	<u>Time (in hrs.)</u>
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- Studying other than school
- Playing with others
- Alone

- (ii) From the following activities how frequently is the child exposed to .

Never Rarely (Once a month)	Sometimes (At least once a week)	Most of the time (Twice a week or more)
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Radio
Newspaper
Storybooks
Children's Programs

Books other than
story books

Drama/Play
Music/Dance Programs

9. Do you feel there is a difference in terms of frequency and time spent in the following activities when you were a child and as related to your child ? Do you feel the below difference is due to television Please mention

Activity	Increase	Decrease	Due to television
Outings :			YES NO
Going for picnics :			
Help in household :			
Chores by child :			
By other family members :			
Family togetherness :			
Helping child in study :			
Verbal interaction :			
Playing :			
Any other (specify)			

10. Do you decide the number of hour and kind of T.V. program your child should watch ? Yes / No
11. Which channel/s is watched most often
 - By the family
 - By the child
12. Which program is being viewed regularly .
 - By the family
 - By the child
13. Who chooses the channel to be viewed (Tick Mark)

Child	Aunty
Father	Uncle
Mother	Siblings
Grand father	Friends
Grand mother	
14. Does the child have a choice in the program to be watched ?
Yes / No Why ?

15. From the following list of programs, tick mark the program s you and your child watch

Program _____ Child _____ Father _____ Mother _____

Cartoons
Sports
Serials
Films
Songs
Plays
Other children's Programs
Educational Programs
Commercials
News

16. While viewing T.V. programs, does your child ?

Comment
Ask questions
Mimics
Any other (specify)
With whom ?

17. Does the child Yes No

Talk
Discuss
Ask questions

regarding T.V. programs. At some other time, other than T.V viewing ? At what time ?

18. Do you have a video in your home ? Yes / No

19. What is the average time spent by your child (in hrs) during the week in watching the video ?

20. In your opinion is T V viewing advantageous or disadvantageous for the child ? Why ? Advantage / Disadvantage

21. If you don't want the child to watch a program, what strategy do you use ?
- Switch off the T.V.
 - Change the channel
 - Involve the child in any other activity
 - Any other (specify)
22. What is the reaction of the child for the above ?
- he is adamant to watch the program.
 - he cries / sulks.
 - notice the change.
 - any other (specify)
23. According to you (Tick mark the appropriate one)
- Your child watches T.V more than necessary
 - You are satisfied with the duration of time your child watches T.V.
 - You think your child spends very little time in viewing T.V