

Supplementary File 3. Satisfaction questionnaire - Italian version used in the study on page 1 and English translation provided here for non-Italian readers on page 2.

Data incontro n.2 _____ Nome e Cognome del bambino/a _____

Nome e Cognome del genitore _____

1. Ha riscontrato in suo/a figlio/a comportamenti problematici, quali irritabilità, rabbia, aggressività nel periodo in cui è stato sospeso l'accesso allo smartphone o all'apparecchiatura video preferita da suo/a figlio/a? (1 = assolutamente no; 5 = decisamente sì).

1	2	3	4	5
---	---	---	---	---

2. Questi comportamenti problematici hanno causato difficoltà nella vita di famiglia? (1 = assolutamente no; 5 = decisamente sì).

1	2	3	4	5
---	---	---	---	---

3. E' stato difficile per lei gestire questi comportamenti problematici di suo/a figlio/a? (1 = assolutamente no; 5 = decisamente sì).

1	2	3	4	5
---	---	---	---	---

4. Ha avuto bisogno, almeno in alcune occasioni, di ricorrere alle strategie esposte nel corso del primo incontro per migliorare la gestione delle apparecchiature video da parte del suo/a bambino/a? ☐ Sì ☐ No

Se sì, ritiene che queste siano state utili? (1 = assolutamente no; 5 = decisamente sì).

1	2	3	4	5
---	---	---	---	---

5. Quanto ritiene sia stato utile aver partecipato a questo progetto? (1 = totalmente inutile; 5 = decisamente utile)

1	2	3	4	5
---	---	---	---	---

Date Meeting n.2 _____ First and last name of the child _____

First and last name of the parent _____

1. Have you noticed problematic behaviors in your child, such as irritability, anger, or aggression during the period when access to their smartphone or favorite video device was restricted? (1 = absolutely not; 5 = definitely yes).

1	2	3	4	5
---	---	---	---	---

2. Have these problematic behaviors caused difficulties in your family life? (1 = absolutely not; 5 = definitely yes).

1	2	3	4	5
---	---	---	---	---

3. Has it been difficult for you to manage these problematic behaviors of your child? (1 = absolutely not; 5 = definitely yes).

1	2	3	4	5
---	---	---	---	---

4. Did you need, at least on some occasions, to resort to the strategies presented during our first meeting, to improve your child's management of screen devices? ☐ Yes ☐ No

If yes, were they useful? (1 = absolutely not; 5 = definitely yes).

1	2	3	4	5
---	---	---	---	---

5. How useful do you think it was for you to participate in this project? (1 = totally useless; 5 = definitely useful)

1	2	3	4	5
---	---	---	---	---