



deeper together.

# Hybrid Gaming/Screen Use Assessment (CAGE-PATHOS SCREEN)

## Purpose:

This questionnaire is designed to help identify patterns of gaming or screen use (social media, streaming, gaming, or apps) that may cause distress or interfere with daily life. It is **not a diagnostic tool**, but it can guide further assessment or discussion with a clinician.

## Instructions:

For each question below, circle **Yes** or **No** based on your recent experience. Please answer honestly.

## Screening Questions

### CAGE-Based Items:

- 1. Cut Down:** Have you ever felt you should **cut down** on your gaming or screen use?  
Yes / No
- 2. Annoyed:** Have others **criticised or expressed concern** about your screen use?  
Yes / No
- 3. Guilty:** Have you felt **guilty, ashamed, or distressed** about your screen use?  
Yes / No
- 4. Eye-opener / Compulsion:** Do you feel you **need to use screens first thing in the morning** or to feel better?  
Yes / No

### PATHOS-Based Items:

- 5. Powerlessness:** Do you feel **unable to control or stop** your gaming or screen use?  
Yes / No
- 6. Coping:** Do you use screens to **cope with stress, boredom, or negative emotions**?  
Yes / No
- 7. Preoccupation:** Are your thoughts often **preoccupied with gaming or screen activities**?  
Yes / No
- 8. Hiding / Secrecy:** Have you **hidden your screen or gaming habits** from others?  
Yes / No
- 9. Consequences:** Has gaming or screen use caused **problems in your relationships, work, or daily life**?  
Yes / No
- 10. Failed Attempts:** Have you **tried and failed to reduce or stop** your gaming or screen use?  
Yes / No

## Scoring Guide

- **Yes = 1 point, No = 0 points**
- **0–2 points:** Low risk – occasional or non-problematic use
- **3–5 points:** Moderate risk – some patterns of concern, consider discussion with a clinician
- **6–10 points:** High risk – possible screen/gaming addiction, professional assessment recommended

Items 5–10 reflect **behavioural patterns and impact**, which may indicate compulsive use.

## Optional Follow-Up Questions

1. How many hours per day do you typically spend on gaming or screen activities? \_\_\_\_\_
2. How much does your gaming/screen use interfere with school, work, or relationships? (1 = Not at all, 5 = Extremely) \_\_\_\_\_
3. Are you interested in reducing or changing your screen or gaming habits? Yes / No