

Supplement 1 Questionnaire survey

investigation date: ___/___/___(day/month/year)

A. Demographic information (Please read the questions below. Choose your most appropriate option or fill in your answers in bracket.)

- A1 What is your name? ()
- A2 What is your gender? 1=Male 2=Female
- A3 What is your date of birth? (/ /) (Day/Month/Year)
- A4 How tall are you? () Meter
- A5 How heavy are you? () Kilogram
- A6 What school are you studying at? ()
- A7 What is your home address? ()
- A8 What is your telephone number? ()
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B. Information on mobile phone usage (Please read the questions below. Choose your most appropriate option or fill in your answers in bracket. For all of the questions, mobile phone use included use on other people's mobile phone)

- B1 Do you own a mobile phone? 1=Yes 2=No
- B2 How many years have you used mobile phone? () Years
- B3 How much time do you spend on making phone calls per day? () Min/Day
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C. Well-being symptoms (Please read the questions below. Choose your most appropriate option referring to the previous 6 months.)

- C1 Do you feel headache?
- 1=Seldom or never 2=About once a month 3=Nearly every week
4=Several times a week 5=Nearly daily
- C2 Do you feel dizziness?
- 1=Seldom or never 2=About once a month 3=Nearly every week
4=Several times a week 5=Nearly daily
- C3 Do you feel fatigue?
- 1=Seldom or never 2=About once a month 3=Nearly every week
4=Several times a week 5=Nearly daily
- C4 Do you have sleeping problems?
- 1=Seldom or never 2=About once a month 3=Nearly every week
4=Several times a week 5=Nearly daily
- C5 Do you feel low?
- 1=Seldom or never 2=About once a month 3=Nearly every week
4=Several times a week 5=Nearly daily
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C6 Do you feel heart beating fast?

1=Seldom or never

2=About once a month

3=Nearly every week

4=Several times a week

5=Nearly daily

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D. Others (Please read the questions below. Choose your most appropriate option.)

D1 Do you have academic stress?

1=Yes

2=No

D2 Do you exercise everyday?

1=Yes

2=No
