**Appendix A**

**A. Facebook use scale**

The following questions are regarding your use of various Facebook features. Please only answer with regards to the last month. The options are: More than once a day, Once a day, 4-6 times a week, Once a week, Once every two weeks, Once a month, Never

|  |  |
| --- | --- |
| **Statements** | **Option** |
| Log into Facebook |  |
| Post a status update |  |
| Post photos |  |
| Post your own original content |  |
| Use Facebook Messenger |  |
| Share other user’s content |  |
| Comment on a friend’s post |  |
| Read your news feed |  |
| Read a friends status update |  |
| View a friends photo |  |
| Browse a friends timeline |  |

**B. Social comparison questions**

The following questions are regarding how much you compare yourself to others whilst using Facebook. The given options are: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree

|  |  |
| --- | --- |
| **Statements** | **Option** |
| When I am on Facebook, I often compare myself with others with respect to what I accomplished in life |  |
| When on Facebook I felt less confident about what I have achieved compared to other people |  |
| When on Facebook I paid a lot of attention to how I do things compared to how others do things |  |
| I often consult others before posting on Facebook |  |
| I delete Facebook posts if they do not receive a certain number of likes or comments |  |
| I only post pictures on Facebook that paint me in a flattening light |  |
| Looking at my friend’s Facebook profile lowers my self-esteem |  |
| I often feel worse about myself after using Facebook |  |
| Facebook is often a reminder that I am not as happy as others |  |
| I felt pressure from Facebook to change my appearance  |  |

**C. Depression Questions**

The following questions are regarding any depression symptoms you may have felt. Please only answer with regards to the last two weeks. The given options are: Not at all or less than one day; 1 to 2 days; 3 to 4 days; 5 to 7 days; Nearly every day for 2 weeks.

|  |  |
| --- | --- |
| **Statement** | **Option** |
| My appetite was poor  |  |
| I could not shake off the “blues” |  |
| I had trouble keeping my mind on what I was doing |  |
| I felt sad  |  |
| I felt depressed |  |
| My sleep was restless |  |
| I could not get going  |  |
| Nothing made me happy |  |
| I felt like a bad person |  |
| I felt like I was moving slowly  |  |
| I slept much more than usual |  |
| I lost interest in my usual activities |  |
| I did not like myself  |  |
| I was tired all the time |  |
| I felt fidgety  |  |
| I could not focus on important things  |  |
| I had a lot of trouble getting to sleep |  |
| I lost weight without trying |  |