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Digital human dynamics in socio-educational contexts: a review of evidence from scales

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Social media use has become integral to daily life, raising increasing concern about its addictive potential, particularly among adolescents. This mini-review combined a structured systematic search and complementary narrative exploration to identify and analyze 27 validated instruments assessing social media addiction. The first phase followed PRISMA-based criteria across four databases (Scopus, Web of Science, PubMed, Redalyc), while subsequent phases expanded the search to include related and recent literature up to 2025. The instruments encompass physiological, behavioral, cognitive-emotional, and social dimensions of addiction—such as tolerance, withdrawal, preoccupation, mood modification, and time displacement—and were validated in both Western and non-Western contexts. Western-developed scales (e.g., BSMAS, SMD Scale) demonstrated stronger psychometric consistency and larger samples, whereas regional adaptations improved cultural relevance but require broader validation. The absence of unified diagnostic criteria continues to limit cross-cultural comparison. These findings underscore the need for internationally standardized and culturally sensitive tools to improve early detection and cross-context comparability in adolescent social media addiction research.

KEYWORDS

social media, addictions, adolescents, social media addiction, scales, instruments, questionnaires

1 Introduction

Social networks have become central to the emotional, cognitive, and social development of adolescents, who use these platforms for leisure, communication, and identity formation (Vivar, 2025). For many parents, however, this digital interaction remains unfamiliar and often perceived as excessive or problematic (Martínez-Roig et al., 2023). Although social networks offer opportunities for social connection, learning, and creativity (Karakose et al., 2022), their excessive use is associated with significant risks, including negative mental health outcomes, functional impairment, and addictive patterns (Matalí et al., 2015; Casanova-Garrigós et al., 2025).

Addictive behaviors involve repetitive, compulsive actions with neurobiological and behavioral underpinnings, often sharing mechanisms with gambling or substance use

disorders (Engs, 2017; Grant and Chamberlain, 2017). The growing prevalence of these behaviors in digital contexts has intensified concern over problematic social media use and its impact on mental health, including anxiety, irritability, and emotional dysregulation (Luk et al., 2023; Griffiths, 2005).

Social media addiction has been described as maladaptive, excessive, and uncontrollable use of social networks, leading to preoccupation, withdrawal, and functional impairment in academic, occupational, and social domains (Andreassen et al., 2012; Kuss and Griffiths, 2017). Despite increasing awareness, there is still limited consensus on how to measure this phenomenon consistently across cultures and age groups. This mini-review aims to identify, describe, and compare validated instruments assessing social media and related digital addictions, analyzing their psychometric properties to support the selection of reliable tools for research and clinical intervention.

2 Methods

2.1 Design study and search strategy

A qualitative, descriptive study was conducted by HAMC in June 2025 as a structured literature review organized into three search phases. The first phase involved a systematic review based on PRISMA guidelines, drawing from four widely recognized databases in health and behavioral sciences: PubMed, Scopus, Web of Science, and Redalyc. A unified search formula and defined inclusion and exclusion criteria were applied, supplemented by four additional criteria.

The second phase identified 13 documents, and the third yielded 10, resulting in a total of 27 scales. The psychometric properties of these instruments were evaluated following the COSMIN methodology (Appendix 2).

The search strategy was guided by the PICOS framework, which specified the following elements:

- 1 *Population*: Social network users, without restrictions on age, gender, or context.
- 2 *Intervention*: Validated instruments (e.g., questionnaires, tests, or scales) assessing social network addiction or problematic use.
- 3 *Outcome*: Identification and description of psychometric characteristics of validated instruments for measuring social network addiction or related behaviors.
- 4 *Study design*: Psychometric validation studies, including development, initial validation, and cross-cultural adaptation.

2.2 Selection of studies and eligibility criteria

For the review of potentially eligible studies, duplicates were removed, and the titles and abstracts of all references identified through the search strategy were examined, excluding those that did not meet the inclusion criteria. The inclusion criteria were: studies that described the development, validation, or cross-cultural adaptation of validated questionnaires related to social media addiction. The exclusion criteria were: studies that did not use validated questionnaires, lack of access to the full text, non-original articles, theoretical articles without instruments, studies unrelated to the topic

of interest, and sample saturation. The study selection process is illustrated in the PRISMA-based diagram (Figure 1).

3 Results

3.1 Study selection

A total of 27 scales were selected; their psychometric properties are summarized in Appendix 1, which outlines their main characteristics, feasibility, categories, and ethical considerations. Additional information is available in Appendices 1–4 for further reference.

(a) First search level: systematic review

The initial database screening yielded 25 records, four of which met the PRISMA inclusion criteria. These studies, published between 2015 and 2023, validated instruments in both Western (e.g., Germany, Italy) and non-Western (e.g., China, Peru) contexts.

The selected questionnaires generally assess physiological (tolerance, withdrawal), behavioral (use, relapse), cognitive-emotional (loss of control, mood modification), and social (conflict, consequences) dimensions of technological and social media addiction.

Notable examples include the SOMEDIS-A for adolescents, based on ICD-11 criteria, and the Bergen Social Media Addiction Scale—both demonstrating strong internal consistency and sound construct validity. Other instruments, such as the Smartphone Application-Based Addiction Scale (SABAS) and the Cellphone Dependence Test, evaluate related constructs such as impulsive use and excessive smartphone reliance.

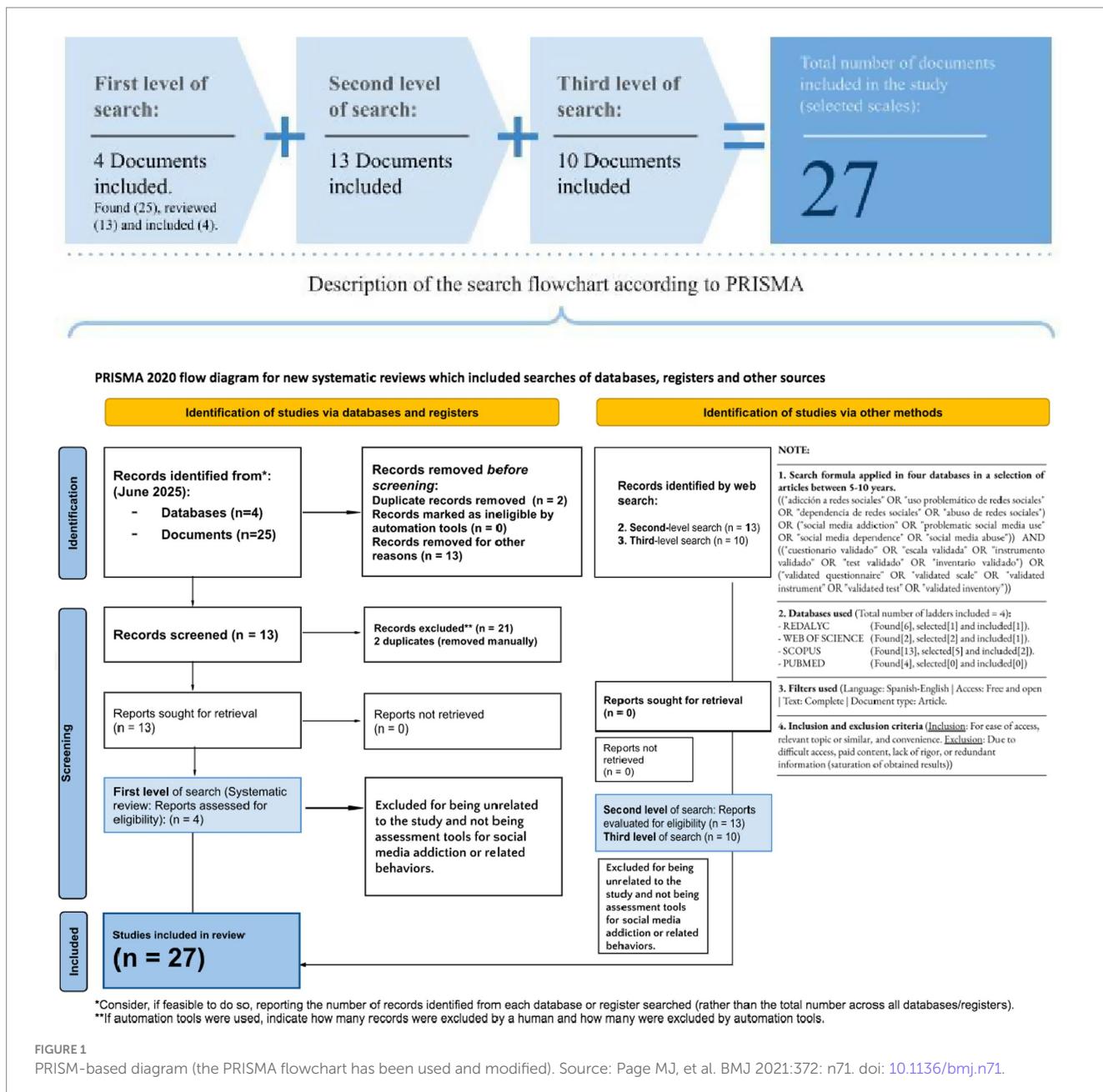
(b) Second search level: general literature review

The second-level search identified 13 validated questionnaires published between 2009 and 2024, covering social media addiction, problematic internet use, and associated digital behaviors. Together, these instruments comprise approximately 160 items categorized into four primary dimensions:

- (1) Classical addiction symptoms (tolerance, withdrawal, relapse, loss of control).
- (2) Cognitive-emotional factors (obsession, preoccupation, emotional regulation).
- (3) Social and behavioral consequences (interpersonal conflicts, interference in daily life).
- (4) Preference for online interaction.

Instruments were developed and validated across Europe, Latin America, and Asia, ensuring both Western and non-Western representation. Notable examples include the *Social Media Disorder Scale* (Netherlands), the *Problematic Facebook Use Scale* (Italy), and the *Social Network Addiction Scale* (Spain), all of which demonstrate acceptable internal consistency ($\alpha > 0.80$) and factorial validity.

(c) Third search level: review of English-language literature on predominantly Western questionnaires



The third search phase (2020–2025) identified 10 additional validated questionnaires assessing social media and internet-related addictions. Collectively, these instruments comprise approximately 110 items organized into three broad categories:

- (1) Core behavioral addiction components (salience, mood modification, tolerance, withdrawal, conflict, loss of control).
- (2) Platform-specific and social factors (need to stay informed, impulsive use, time displacement, communicative and emotional engagement).
- (3) Psychological comorbidities (depression, anxiety, self-esteem, attention deficits).

Most instruments demonstrated robust psychometric properties ($\alpha > 0.80$, good model fit indices) and conceptual alignment with DSM-5 or ICD-11 criteria.

3.2 General considerations regarding the questionnaires and methodological quality

The selected questionnaires primarily target adolescents and young adults, employ Likert-type response formats, and adhere to international ethical standards as outlined in the Declaration of Helsinki. They were administered under conditions of informed, voluntary, and anonymous participation, ensuring confidentiality and, in many cases, approval from the bioethics committees of the corresponding institutional entities (Appendix 4).

Of the 27 questionnaires reviewed (Appendix 1), nine do not explicitly report approval from an ethics committee, although they mention ethical aspects. This constitutes a procedural limitation, particularly in studies involving minors. The instruments without documented ethical approval include the *Social Media Addiction Scale* (Ukraine), *Mobile Phone Dependency Test*, *Social Media Disorder Scale*,

Social Media Addiction Questionnaire, *Social Media Addiction Scale–Student Form*, *Bergen Facebook Addiction Scale*, *Arab Social Media Addiction Scale*, *Facebook Addiction Scale*, and the *Social Media Addiction Scale* (Portuguese version).

To assess the psychometric quality of the identified questionnaires, the COSMIN standards (Mokkink et al., 2018) were applied, providing an international framework for evaluating the measurement properties of health instruments (see [Appendix 2](#) for details). Overall, the instruments showed strong psychometric quality, with high internal consistency (Cronbach's $\alpha > 0.80$) and sound structural validity. However, methodological quality and the strength of psychometric evidence varied across studies and were, in some cases, limited.

Notably, the *Social Media Disorder Scale* (SMDS) exhibited particularly strong validity; however, several studies lacked information on test-retest reliability or measurement error, which may affect the robustness of future findings. To complement this evaluation, evidence of reliability, structural validity, construct validity, and criterion validity was reviewed when available (see [Appendix 3](#)). [Appendix 1](#) summarizes the psychometric properties identified across the three search levels.

4 Discussion/Conclusions

Social media addiction represents a global concern that disproportionately affects young people, impacting both behavioral and cognitive domains. This indicates that the problem is multifactorial, encompassing aspects such as depression, eating disorders, poor social skills, impulsivity, mental health issues, anxiety, emotional well-being, aggressiveness, low academic performance, low self-esteem, and suicidal behaviors, as reported by [Medina-Quispe \(2025\)](#), [Paricahua-Fernández \(2025\)](#), [Carretero et al. \(2025\)](#), [Bonilla \(2025\)](#), [Muñoz-Vargas et al. \(2025\)](#), [Kucuk et al. \(2025\)](#), [Dávila-Canayo and Del Aguila-Ybarra \(2025\)](#), [Wang et al. \(2025\)](#), [Varchetta et al. \(2020\)](#), and [Álvarez-de-Sotomayor and Carril \(2021\)](#).

According to [Dávila-Canayo and Del Aguila-Ybarra \(2025\)](#), individuals addicted to social networks may develop aggressive behaviors, while [Bonilla \(2025\)](#) notes that such addictions can be associated with mental health problems, anxiety, or emotional difficulties. These findings further support the understanding that the various psychological, behavioral, and social variables involved in social media addiction remain interconnected.

Adolescents should be actively involved in the process, as their participation can serve as a protective factor, enabling them to use social media more consciously and responsibly. This involvement may help reduce screen time, create appropriate educational spaces, implement intervention programs that promote healthy usage, and ensure continuous professional support—as emphasized by [Muñoz-Vargas et al. \(2025\)](#), [Vivar \(2025\)](#), [Morales \(2025\)](#), and [Peña Argueta \(2025\)](#).

[Terrón et al. \(2025\)](#) and [Jiang et al. \(2023\)](#) state that social media addiction is a complex, broad, and heterogeneous phenomenon characterized by multiple variables, including dependence, loss of control, negative consequences, problematic use, emotional regulation, relapse, and a preference for virtual activities. Consequently, there is a growing need to identify the most appropriate diagnostic tools. In response to this need, the present literature review was conducted, selecting 27 scales through a three-level search process, detailing their

psychometric properties, and emphasizing the need to unify diagnostic categories to facilitate the development of interventions applicable across diverse contexts.

Among the questionnaires reviewed, some focus on general social media addiction, while others target specific platforms, such as *Instagram* or *Facebook*, and some consider the amount of time spent on these platforms. Additionally, several instruments incorporate unique or less common variables. For instance, the SMAS-SF includes the dimension “obsession with staying informed,” the *Facebook Addiction Scale* features “addictive presence,” and the *SMD Scale* assesses aspects such as “deception” and “displacement.” Moreover, scales such as the *SMD* and *BSMAS* provide indicators of mental health problems, including depression, anxiety, stress, loneliness, low self-esteem, and attention deficits.

In general, Western-validated instruments, such as the *BSMAS* and *SMD*, demonstrate greater psychometric consistency and are supported by larger validation samples, whereas regional adaptations (e.g., SMAS-SF, ARS) contribute valuable cultural relevance but require further cross-validation. This contrast highlights a persistent methodological gap—namely, the absence of harmonized diagnostic criteria that would enable comparable assessment of social media addiction across different cultures and age groups. Despite these limitations, the diversity of available instruments represents a valuable opportunity to develop culturally sensitive tools that more accurately capture the complexity of adolescents' behaviors within these digital environments.

Three key questionnaires were selected for detailed analysis. The first, the *Social Media Disorder Scale* (SMD) developed by [Van den Eijnden et al. \(2016\)](#), adopts a clinical perspective and enables international comparison, as it is based on the nine DSM-5 criteria for addictive behaviors. The second, the *SOMEDIS-A* designed by [Paschke et al. \(2021\)](#), is grounded in the International Classification of Diseases (ICD-11) framework and addresses impaired cognitive-behavioral control and associated negative outcomes. The third, the *SNAddS-6S* developed by [Cuadrado et al. \(2020\)](#), is distinguished by its multidimensional design, encompassing domains such as mood, time management, relapse, withdrawal, and conflict.

In conclusion, and in accordance with the COSMIN guidelines, the results indicate that the questionnaires demonstrating the strongest psychometric properties are the *Bergen Social Media Addiction Scale* (BSMAS), the *Social Media Disorder Scale* (SMDS), the *Smartphone Addiction Scale – Short Version* (SAS-SV), the *Internet Severity and Activities Addiction Questionnaire* (ISAAQ-10), and the *Instagram Addiction Scale* (IAS-15). In contrast, instruments exhibiting weaker psychometric properties include, primarily, the *Arab Social Media Addiction Scale* (SMAS) and the *Questionnaire on Experiences Related to the Internet* (CERI).

4.1 Limitations and future directions

This study has several limitations, including reliance on quantitative research, potential researcher bias, constraints in factor selection, and the need to refine search strategies, as several relevant questionnaires were not identified in the initial search phase. Moreover, social media addiction is a global, cross-cultural phenomenon that should be examined not only within Western

contexts but through a holistic lens integrating both cognitive and behavioral dimensions.

Future research should adopt mixed-methods designs, implement longitudinal interventions, refine and expand search terms, and broaden the dimensions under study. Conducting a meta-analysis would be especially valuable to systematically assess the psychometric properties of each questionnaire—such as reliability, validity, effect size, factorial structure, and invariance—while reducing dependence on qualitative studies with limited comparability. A meta-analytic approach also enhances transparency, as inclusion, coding, and analysis procedures can be thoroughly documented, replicable, and auditable. Furthermore, this statistical method enables the parallel examination of multiple variables and moderators (e.g., age, country, instrument type, context), thereby identifying key factors that influence outcomes and overcoming the limitations of partial or fragmented analyses.

In practical terms, these questionnaires can serve as diagnostic tools for detecting problematic digital media use among adolescents. However, effective intervention requires the engagement of multiple stakeholders, with foundational support beginning at the level of public policy aimed at protecting the most vulnerable populations—especially adolescents. This is particularly important given that digital media represent the primary window through which young people access information, understand their world, and engage socially.

4.2 Ethical considerations, funding, conflict of interest and acknowledgments

The authors declare that they have no conflicts of interest, and adhere to fundamental ethical principles. This is an unpublished manuscript, submitted using the Turnitin anti-plagiarism program, and translated by a professional with certificate number 7808, with additional review by an external native speaker.

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Author contributions

HM: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. MMe: Data curation,

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Supplementary material

The Supplementary material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/fhumd.2025.1664381/full#supplementary-material>

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