

ORIGINAL PAPER ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Development and validation of the TikTok Addiction Scale-Short Form

OBJECTIVE To develop and validate a short version of the TikTok Addiction Scale, i.e. the TikTok Addiction Scale-Short Form (TTAS-SF). **METHOD** Construct validity of the TTAS-SF was assessed through corrected item-total correlations and confirmatory factor analysis. Concurrent validity was examined using the Bergen Social Media Addiction Scale (BSMAS), the Patient Health Questionnaire-4 (PHQ-4), and the Big Five Inventory-10 (BFI-10). Reliability was evaluated through multiple indices, including Cronbach's alpha, McDonald's omega, Cohen's kappa, and the intraclass correlation coefficient. Receiver Operating Characteristic (ROC) analysis was employed to determine the optimal cut-off point for the TTAS-SF, using the PHQ-4 as external criterion. **RESULTS** Corrected item-total correlations and confirmatory factor analysis confirmed that the final version of the TTAS-SF includes six items in one factor. Concurrent validity of the TTAS-SF was excellent since we found statistically significant correlations between the TTAS-SF and the BSMAS, the PHQ-4, and the BFI-10. Cronbach's alpha and McDonald's omega for the TTAS-SF was 0.805 and 0.817, respectively. Cohen's kappa for the six items ranged from 0.789 to 0.905 ($p < 0.001$ in all cases). Additionally, intraclass correlation coefficient was 0.993 ($p < 0.001$). Thus, the reliability of the TTAS-SF was excellent. The best cut-off point for the TTAS-SF was 13, indicating that TikTok users with TTAS-SF score ≥ 13 were considered as users with problematic TikTok use and high probability of addiction issues, and those with TTAS-SF score < 13 as healthy users. **CONCLUSIONS** The TTAS-SF is a one-factor six-item scale with great reliability and validity. The TTAS-SF is a short and easy-to-use tool that measures levels of TikTok addiction in a couple of minutes. Valid measurement of TikTok addiction with brief and valid tools is essential to further understand predictors and consequences of this phenomenon.

TikTok has emerged as one of the most widely used platforms for short-form video content globally. Approximately one in five individuals aged 18 years and older use TikTok, and the application was downloaded over two billion times in 2021. The majority of its users are adolescents and young adults, typically between 16 and 35 years of age. While TikTok offers a free platform for creating, editing, and sharing short video clips enhanced with filters and trending music, concerns persist regarding the potential negative consequences of social media use. Unlike other social networking platforms such as Facebook, Twitter, Instagram, and Snapchat, which primarily emphasize im-

ages and text, TikTok is distinguished by its focus on brief video content.¹

The excessive use of social media is becoming a significant public health issue due to its association with various problems, such as depression, low self-esteem, impulsivity, suicide risk, work impairments, and poor sleep quality.²⁻⁷ TikTok enables users to capture memorable moments and create concise videos that document their lives, offering substantial entertainment value. However, it has also emerged as a potential source of social media addiction. Social media addiction is characterized by the repeated occurrence of addiction-like symptoms and a diminished

ARCHIVES OF HELLENIC MEDICINE 2026, 43(5):676-683
ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2026, 43(5):676-683

P. Galanis,¹
A. Katsiroumpa,¹
O. Konstantakopoulou,¹
O. Galani,²
M. Tsiachri,¹
I. Moisoglou³

¹Laboratory of Clinical Epidemiology,
Faculty of Nursing, National and
Kapodistrian University of Athens,
Athens

²Faculty of Nursing, University of West
Attica, Athens

³Faculty of Nursing, University
of Thessaly, Larissa, Greece

Ανάπτυξη και στάθμιση
της κλίμακας TikTok Addiction
Scale-Short Form

Περίληψη στο τέλος του άρθρου

Key words

Addiction
Cut-off point
Instrument
Scale
Short-form
TikTok
TikTok Addiction Scale
Tool
Validation

Submitted 10.6.2025
Accepted 20.8.2025

capacity for self-control in relation to social media use.⁸ Social media addiction is defined as the persistent experience of addiction-like symptoms or a diminished ability to exercise self-control in relation to social media use.^{9,10}

Recent evidence suggests the negative impact of problematic TikTok use on several issues, such as anxiety, depression, loneliness, poor sleep, procrastination and self-esteem.^{11–14} Although existing research on social media addiction has primarily focused on platforms such as Facebook, Instagram, and other well-established networks, the influence of TikTok and its associated maladaptive behaviors has received comparatively little attention.⁸

Although numerous instruments exist to assess social media, social networking, internet, Facebook, and Instagram addiction or problematic use,¹⁵ there is a notable lack of valid and specific psychometric tools designed to evaluate TikTok addiction. A recent scoping review found that there are 37 instruments that measure negative social networking site. The Bergen Facebook Addiction Scale (BFAS) is the most widely instrument for measuring negative use of social media.¹⁶

Given the rapid growth in TikTok usage and the possibility that TikTok addiction represents a distinct form of social media addiction, the development of a reliable measurement tool is imperative. Furthermore, considering the diversity in design and functionality across social media platforms, it is essential to investigate the impact of TikTok use on individuals' mental health. Different platforms may exert varying influences on users, potentially resulting in unique outcomes for psychological well-being.

Thus, recently, the TikTok Addiction Scale (TTAS)¹⁷ was developed to measure in a reliable and valid way levels of TikTok addiction. Given that the TTAS comprises 15 items, the development of a shorter, yet valid, version of the scale could provide a more efficient and accessible tool for measuring TikTok addiction. Thus, the aim of this study was to develop and validate a short version of the TikTok Addiction Scale, i.e. the TikTok Addiction Scale-Short Form (TTAS-SF).

MATERIAL AND METHOD

Study design

A cross-sectional study was conducted using an online survey, with data collected in July 2024. The inclusion criteria were as follows: (a) Participants had to be active TikTok users for at least the preceding 12 months, (b) participants were required to be adults, and (c) informed consent had to be obtained prior to participation.

We collected our data on an anonymous and voluntary basis.

We informed participants about the aim and the design of our study and they gave their informed consent. The Ethics Committee of the Faculty of Nursing, National and Kapodistrian University of Athens approved our study protocol (approval number: 451, June 2023). Moreover, we conducted our study in accordance to the Declaration of Helsinki.¹⁸

Construct validity

The initial version of the TTAS includes 15 items and six factors; salience (two items), mood modification (two items), tolerance (three items), withdrawal symptoms (two items), conflict (four items), and relapse (two items).¹⁷

In this study, we considered a one-factor structure for the TTAS to obtain the TTAS-SF. Thus, we retained in the TTAS-SF the item from each factor with the highest corrected item-total correlation. In this way, we kept the six core components of addiction, i.e., salience, mood modification, tolerance, withdrawal symptoms, conflict and relapse, by reducing the total number of the items from 15 to 6.

We employed confirmatory factor analysis (CFA) to examine the construct validity of the TTAS-SF. We calculated the following indices of fit: Chi-square/degree of freedom (χ^2/df), root mean square error of approximation (RMSEA), goodness of fit index (GFI), normed fit index (NFI), and comparative fit index (CFI). Acceptable values for fit indices are the following: RMSEA <0.10, GFI >0.90, NFI >0.90, CFI >0.90, and χ^2/df <5.^{19–22}

Concurrent validity

Concurrent validity of the TTAS-SF was investigated using the Bergen Social Media Addiction Scale (BSMAS),²³ the Patient Health Questionnaire-4 (PHQ-4),²⁴ and the Big Five Inventory-10 (BFI-10).²⁵

The total score on the BSMAS ranges from 6 to 30, with higher scores indicating greater social media addiction. We used the valid Greek version of the BSMAS.²⁶ In our study, Cronbach's alpha for the BSMAS was 0.829, and McDonald's omega was 0.829.

Total score on the PHQ-4 ranges from 0 to 12, and higher scores indicate greater anxiety and depression. We used the valid Greek version of the PHQ-4.²⁷ In our study, Cronbach's alpha for the PHQ-4 was 0.818, and McDonald's omega was 0.825.

The BFI-10 includes five factors: Neuroticism, extraversion, openness, agreeableness, and conscientiousness. Total score for each factor ranges from 2 to 10. Higher scores indicate greater neuroticism, extraversion, openness, agreeableness, and conscientiousness. We used the valid Greek version of the BFI-10.²⁸ In our study, Cronbach's alpha for the BFI-10 was 0.712, and McDonald's omega was 0.714.

We measured the total score on the TTAS-SF by adding answers on six items. Answers on the six items are on a 5-point Likert scale from 1 to 5; 1 (very rarely), 2 (rarely), 3 (sometimes), 4 (often), and 5 (very often). Thus, the total score on the TTAS-SF ranges from

5 to 30. Higher scores on the TTAS-SF indicate greater levels of TikTok addiction.

Afterwards, we expected a positive correlation between the TTAS-SF and the BSMAS, the PHQ-4, and neuroticism. Moreover, we expected a negative correlation between the TTAS-SF and extraversion, openness and conscientiousness.

Reliability

Reliability analyses were conducted by calculating Cronbach's alpha and McDonald's omega for the TTAS-SF, with acceptable thresholds set at ≥ 0.60 .²⁹ Additionally, corrected item-total correlations and Cronbach's alpha if item deleted were computed for the six items of the TTAS-SF, with acceptable item-total correlation values defined as ≥ 0.30 .³⁰ A test-retest reliability assessment was performed with a subsample of 30 TikTok users, who completed the TTAS-SF twice within a one-week interval. For ordinal item responses, Cohen's kappa was calculated for the six items of the TTAS-SF. Furthermore, a two-way mixed intraclass correlation coefficient (absolute agreement) was computed for the TTAS-SF total score.

Cut-off point

Receiver Operating Characteristic (ROC) analysis was employed to determine the optimal cut-off point for the TTAS-SF, using the PHQ-4 as external criterion. Dichotomous variables for PHQ-4 were created based on cut-off points recommended in the literature: 3 for anxiety, and 3 for depression.

We calculated sensitivity, specificity, and the Youden index. These measures take values from 0 to 1, with higher values indicating better diagnostic value of the TTAS-SF. The Youden index defines an optimal cut-off point and is calculated as sensitivity+specificity-1. Additionally, we calculated the area under the curve (AUC), 95% confidence interval (CI), and p-value. The best values for the Youden index and the AUC were produced by using the depression factor as the gold standard.

Statistical analysis

Categorical variables were summarized using absolute frequencies and percentages, while continuous variables were presented as means, standard deviations (SD), medians, and minimum and maximum values. The Kolmogorov-Smirnov test and Q-Q plots were employed to assess the distribution of scale scores. The scores for TTAS-SF, BSMAS, PHQ-4, and BFI-10 demonstrated normal distribution; therefore, Pearson's correlation coefficient was calculated to examine the relationships among these scales. P-values less than 0.05 were considered as statistically significant. We performed CFA with AMOS, version 21 (Amos Development Corporation, 2018). All other analyses were conducted with the Statistical Package for Social Sciences (SPSS), version 28.0 (IBM Corp released 2012; IBM SPSS Statistics for Windows, version 28.0; IBM Corp, Armonk, NY).

RESULTS

Participants

The final sample consisted of 429 TikTok users. Among the participants, 81.8% were female (n=351) and 18.2% were male (n=78). The mean age of the sample was 26.5 years (SD=8.5), with a median age of 22 years (range: 18–54 years). Participants reported an average daily TikTok usage of 2.2 hours (SD=1.6), with a median of 2 hours and a range from 15 minutes to 8 hours.

Construct validity

Corrected item-total correlations for the 15 items of the original version of the TTAS are shown in table 1. We kept in the TTAS-SF the items with the highest corrected item-total correlation in each factor. Thus, for factor "salience" we kept the item #2, for factor "mood modification", we kept the item #4, for the factor "tolerance" we kept the item #6,

Table 1. Corrected item-total correlations for the 15 items of the original version of the TikTok Addiction Scale (n=429).

Items	Corrected item-total correlation
I think about how I could reduce my work/study to spend more time on TikTok	0.471
<i>I have TikTok in my mind even when I am not using it</i>	<i>0.605</i>
I feel calm when I use TikTok	0.333
<i>I use TikTok as a get away from my problems and my thoughts</i>	<i>0.569</i>
I have had difficulties controlling the time I spend on TikTok	0.687
<i>I have had difficulties closing TikTok</i>	<i>0.701</i>
I want to use TikTok more and more	0.608
I feel bad when I cannot use TikTok for some time	0.567
<i>I feel sad when I cannot use TikTok for some time</i>	<i>0.571</i>
I don't get enough time to do things I want to do because I spend a lot of time on TikTok	0.667
I lose sleep due to excessive use of TikTok	0.635
<i>I am not able to concentrate on my work/study due to TikTok use</i>	<i>0.756</i>
I use TikTok so much that it has had a negative impact on my work/study	0.691
I feel depressed when I do not use TikTok, which goes when I use it	0.583
<i>I feel anxious when I do not use TikTok, which goes when I use it</i>	<i>0.619</i>

Italics indicates the item with the highest corrected item-total correlation in each factor

for the factor “withdrawal symptoms” we kept the item #9, for the factor “conflict” we kept the item #12, and for the factor “relapse” we kept the item #15.

Confirmatory factor analysis

Then, we performed CFA to verify the one-factor six-item model of the TTAS-SF. Our CFA suggested that the one-factor model with six items of the TTAS-SF had very good fit to data since χ^2/df was 2.093, RMSEA was 0.051, GFI was 0.987, NFI was 0.979, and CFI was 0.989. Standardized regression weights between the six items ranged from 0.59 to 0.73. CFA of the TTAS-SF is shown in figure 1.

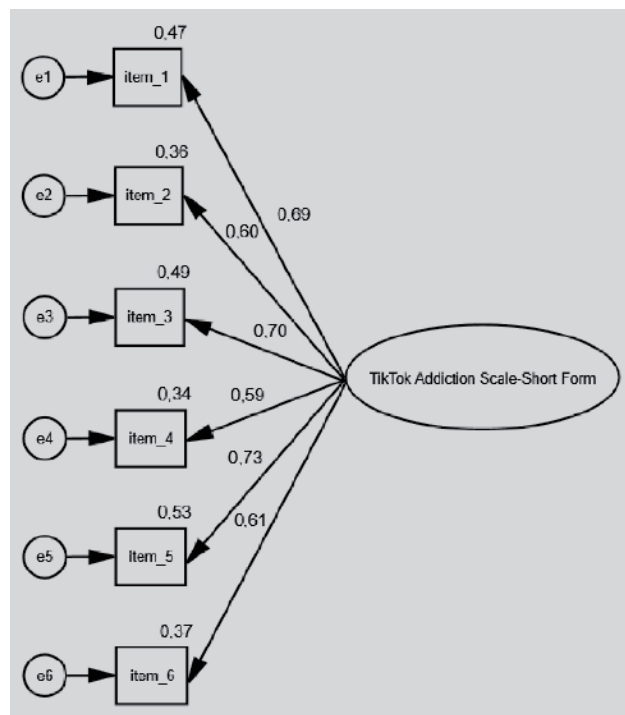


Figure 1. Confirmatory factor analysis of the TikTok Addiction Scale-Short Form.

Finally, the TTAS-SF is a one-factor six-item tool; salience (item #1), mood modification (items #2), tolerance (item #3), withdrawal symptoms (item #4), conflict (items #5), and relapse (item #6) (tab. 2).

Concurrent validity

The TTAS-SF demonstrated strong concurrent validity. A positive correlation was observed between TTAS-SF and BSMAS, indicating that individuals with higher levels of social media addiction also exhibited higher levels of TikTok addiction. Similarly, TTAS-SF scores were positively correlated with PHQ-4, suggesting that participants experiencing greater symptoms of anxiety and depression tended to report higher levels of TikTok addiction. Furthermore, TTAS-SF was positively associated with neuroticism, while negative correlations were found with extraversion and conscientiousness, implying that individuals with lower levels of these traits were more likely to exhibit TikTok addiction. Table 3 presents the correlation coefficients between TTAS-SF and BSMAS, PHQ-4, and BFI-10.

Reliability

Cronbach's alpha and McDonald's omega for the TTAS-SF was 0.805 and 0.817, respectively. Additionally, corrected item-total correlations had values between 0.558 and 0.647, while removal of each single item did not increase Cronbach's alpha. Cohen's kappa for the six items ranged from 0.789 to 0.905 ($p < 0.001$ in all cases). Additionally, intraclass correlation coefficient was 0.993 (95% CI: 0.985 to 0.996, $p < 0.001$). Thus, the reliability of the TTAS-SF was excellent.

Cut-off point

We employed ROC analysis to define an optimal cut-off point for the TTAS-SF. We found that the best cut-off point for the TTAS-SF was 13 using the factor depression of the

Table 2. Final version of the TikTok Addiction Scale-Short Form.

During the last 12 months ...	Answers				
	Very rarely	Rarely	Sometimes	Often	Very often
1. I have TikTok in my mind even when I am not using it					
2. I use TikTok as a get away from my problems and my thoughts					
3. I have had difficulties closing TikTok					
4. I feel sad when I cannot use TikTok for some time					
5. I am not able to concentrate on my work/study due to TikTok use					
6. I feel anxious when I do not use TikTok, which goes when I use it					

Table 3. Pearson's correlation coefficients between the TikTok Addiction Scale-Short Form (TTAS-SF) and the Bergen Social Media Addiction Scale (BSMAS), the Patient Health Questionnaire-4 (PHQ-4), and the Big Five Inventory-10 (BFI-10) (n=429).

Scales	BSMAS	PHQ-4	BFI-10			
			Neuroticism	Openness	Extraversion	Conscientiousness
TTAS-SF	0.731**	0.361**	0.100*	-0.062	-0.196**	-0.410**

* $p < 0.05$, ** $p < 0.01$

PHQ-4 as criterion since it presented the best discriminant ability (fig. 2). In particular, we found the highest values for Youden's index (0.378) and AUC (0.730). The value for the AUC indicated high accuracy for the cut-off point of 13. The 95% confidence interval for the AUC ranged from 0.679 to 0.781. Therefore, we considered TikTok users with TTAS-SF score ≥ 13 as TikTok users with a problematic TikTok use and high probability of addiction issues, and those with TTAS-SF score < 13 as healthy users.

DISCUSSION

Since the TTAS comprises 15 items, a shorter and valid version could be an invaluable option for scholars and individuals to measure levels of TikTok addiction in just two minutes.

Thus, the aim of our study was to develop and validate a short version of the TikTok Addiction Scale, i.e. the TTAS-SF.

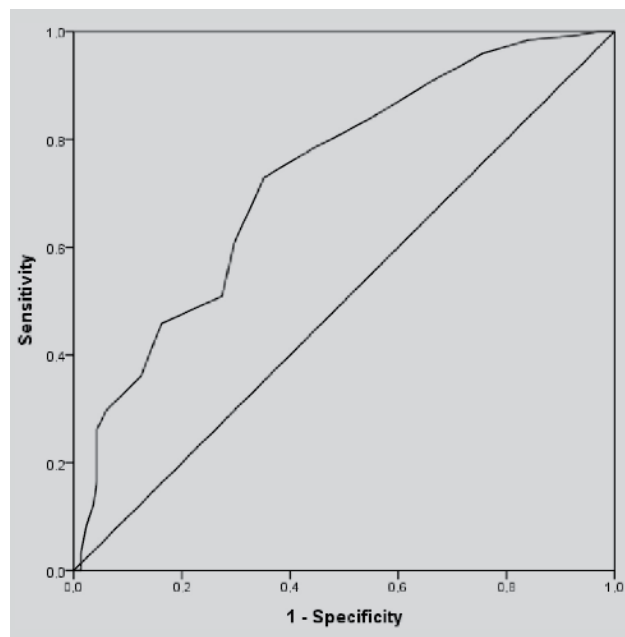


Figure 2. Receiver Operating Characteristic (ROC) curve of the TikTok Addiction Scale-Short Form.

After a thorough reliability and validity analysis, we found that the TTAS-SF is a brief and robust scale with excellent psychometric properties. After all, we found that the TTAS-SF is a one-factor 6-item scale with great reliability and validity.

Our CFA verified the one-factor six-item model of the TTAS-SF. Our analysis suggested that the one-factor model with six items of the TTAS-SF had very good fit to data since χ^2/df was 2.093, RMSEA was 0.051, GFI was 0.987, NFI was 0.979, and CFI was 0.989.¹⁹⁻²² Additionally, the correlation coefficients between the six factors ranged from 0.382 to 0.703 and were statistically significant ($p < 0.001$ in all cases). Thus, our factor analysis identified a one-factor six-item model for the TTAS-SF, and confirmed our hypothesis that TikTok addiction involves six components (i.e., salience, mood modification, tolerance, withdrawal, conflict and relapse) as other addictions involve.

Additionally, we examined the concurrent validity of the TTAS-SF by estimating the correlation between the TTAS-SF and the BSMAS,²³ the PHQ-4,²⁴ and the BFI-10.²⁵ The TTAS-SF demonstrated strong concurrent validity. A positive correlation was observed between TTAS-SF and BSMAS, indicating that individuals with higher levels of social media addiction also exhibited higher levels of TikTok addiction. Similarly, TTAS-SF scores were positively correlated with PHQ-4, suggesting that participants experiencing greater symptoms of anxiety and depression tended to report higher levels of TikTok addiction. Furthermore, TTAS-SF was positively associated with neuroticism, while negative correlations were found with extraversion and conscientiousness, implying that individuals with lower levels of these traits were more likely to exhibit TikTok addiction. These findings are consistent with existing literature, as two recent systematic reviews reported a positive association between excessive social media use and symptoms of depression and anxiety.^{31,32} Furthermore, our results indicated that higher TTAS scores were associated with higher levels of neuroticism, aligning with previous studies that have demonstrated a positive correlation between social media addiction and neuroticism.³³⁻³⁵ Additionally, individuals with elevated conscientiousness tend to prioritize work-related respon-

sibilities over social media engagement, thereby exhibiting lower levels of social media addiction.³⁵

Finally, Cronbach's alpha and McDonald's omega for the TTAS-SF was 0.805 and 0.817, respectively. Also, Cohen's kappa for the six items ranged from 0.789 to 0.905 ($p < 0.001$ in all cases), while intraclass correlation coefficient was 0.993 ($p < 0.001$). Thus, the reliability of the TTAS-SF was excellent.

This study presented several limitations. First, a convenience sampling method was employed, which restricts the generalizability of the findings. Future research should utilize more representative samples and explore different populations (e.g., students, adolescents) to further validate the TTAS-SF. Nevertheless, the psychometric analysis remains robust, as the sample size met all methodological requirements. Second, the study was not conducted in clinical settings; therefore, caution is advised when applying these findings in diagnostic contexts. Research conducted under well-controlled clinical conditions would provide valuable additional insights. Third, self-report instruments were used to assess the concurrent validity of the TTAS-SF, introducing the possibility of information bias. Finally, con-

current validity was examined through correlations with three scales; future studies should incorporate additional measures to strengthen the validation process.

In conclusion, to the best of our knowledge, the TTAS is the first instrument specifically designed to measure TikTok addiction among users. Following comprehensive reliability and validity analyses, the short version of the TTAS (i.e., the TTAS-SF) was found to be a very brief, concise, user-friendly tool with strong psychometric properties. Our findings indicate that the TTAS-SF is a one factor 6-item scale, reflecting the core components of addiction: salience, mood modification, tolerance, withdrawal, conflict, and relapse. Consequently, the TTAS-SF represents a timely and practical measure for assessing TikTok addiction and identifying high-risk individuals in both community and educational settings. In light of the study's limitations, we recommend translating and validating the TTAS-SF across different languages and populations to further establish its reliability and validity. The TTAS-SF has the potential to serve as an effective instrument for detecting TikTok addiction and may assist policymakers, health educators, clinicians, and researchers in identifying vulnerable groups.

ΠΕΡΙΛΗΨΗ

Ανάπτυξη και στάθμιση της κλίμακας TikTok Addiction Scale-Short Form

Π. ΓΑΛΑΝΗΣ,¹ Α. ΚΑΤΣΙΡΟΥΜΠΑ,¹ Ο. ΚΩΝΣΤΑΝΤΑΚΟΠΟΥΛΟΥ,¹ Ο. ΓΑΛΑΝΗ,² Μ. ΤΣΙΑΧΡΗ,¹ Ι. ΜΩΥΣΟΓΛΟΥ³

¹Εργαστήριο Κλινικής Επιδημιολογίας, Τμήμα Νοσηλευτικής, Εθνικό και Καποδιστριακό Πανεπιστήμιο Αθηνών, Αθήνα, ²Τμήμα Νοσηλευτικής, Πανεπιστήμιο Δυτικής Αττικής, Αθήνα, ³Τμήμα Νοσηλευτικής, Πανεπιστήμιο Θεσσαλίας, Λάρισα

Αρχεία Ελληνικής Ιατρικής 2026, 43(5):676–683

ΣΚΟΠΟΣ Η ανάπτυξη και η στάθμιση της κλίμακας TikTok Addiction Scale-Short Form (TTAS-SF). **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Η εγκυρότητα κατασκευής της TTAS-SF εκτιμήθηκε με τις διορθωμένες συσχετίσεις των στοιχείων της κλίμακας με τη συνολική της βαθμολογία και με την επιβεβαιωτική ανάλυση παραγόντων. Η συγκλίνουσα εγκυρότητα εξετάστηκε, χρησιμοποιώντας τις κλίμακες Social Media Addiction Scale (BSMAS), Patient Health Questionnaire-4 (PHQ-4) και Big Five Inventory-10 (BFI-10). Η αξιοπιστία εκτιμήθηκε με τους συντελεστές Cronbach, McDonald, Cohen's kappa και ενδοταξικής συσχέτισης. Εφαρμόστηκε η ανάλυση Receiver Operating Characteristic για τον προσδιορισμό του καλύτερου διαχωριστικού ορίου για την TTAS-SF, χρησιμοποιώντας την PHQ-4 ως κριτήριο αναφοράς. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Οι διορθωμένες συσχετίσεις των στοιχείων της TTAS-SF με τη συνολική της βαθμολογία και η επιβεβαιωτική ανάλυση παραγόντων επικύρωσαν ότι η τελική έκδοση του TTAS-SF περιλαμβάνει έξι στοιχεία σε έναν παράγοντα. Η συγκλίνουσα εγκυρότητα της TTAS-SF ήταν εξαιρετική, καθώς διαπιστώθηκαν στατιστικά σημαντικές συσχετίσεις μεταξύ της TTAS-SF και της BSMAS, του PHQ-4 και του BFI-10. Οι συντελεστές Cronbach's alpha και McDonald's omega για την TTAS-SF ήταν 0,805 και 0,817, αντίστοιχα. Ο συντελεστής Cohen's kappa για τα 6 στοιχεία κυμάνθηκε στο 0,789–0,905 ($p < 0,001$ σε όλες τις περιπτώσεις). Επί πλέον, ο συντελεστής ενδοταξικής συσχέτισης ήταν 0,993 ($p < 0,001$). Έτσι, η αξιοπιστία του TTAS-SF ήταν εξαιρετική. Το καλύτερο σημείο διαχωριστικού ορίου για την TTAS-SF ήταν το 13, γεγονός που δηλώνει ότι οι χρήστες του TikTok με βαθμολογία στην TTAS-SF ≥ 13 μπορεί να θεωρηθούν ως χρήστες

με προβληματική χρήση του TikTok και υψηλή πιθανότητα εθισμού, ενώ εκείνοι με βαθμολογία TTAS-SF <13 μπορεί να θεωρηθούν ως υγιείς χρήστες. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Η TTAS-SF είναι μια μονοδιάστατη κλίμακα, δηλαδή έχει έναν μόνο παράγοντα και περιλαμβάνει 6 στοιχεία. Η TTAS-SF έχει εξαιρετική αξιοπιστία και εγκυρότητα. Η TTAS-SF είναι ένα σύντομο και εύχρηστο εργαλείο που μετρά τα επίπεδα εθισμού στο TikTok σε λίγα λεπτά. Η έγκυρη μέτρηση του εθισμού στο TikTok με περιεκτικά και έγκυρα εργαλεία είναι απαραίτητη για την περαιτέρω κατανόηση των παραγόντων κινδύνου και των συνεπειών αυτού του φαινομένου.

Λέξεις ευρετηρίου: Διαχωριστικό όριο, Εγκυρότητα, Εθισμός, Εργαλείο, Ερωτηματολόγιο, Κλίμακα, Σύντομη μορφή, TikTok, TikTok Addiction Scale

References

1. MONTAG C, YANG H, ELHAI JD. On the psychology of TikTok use: A first glimpse from empirical findings. *Front Public Health* 2021, 9:641673
2. ARRIVILLAGA C, REY L, EXTREMERA N. A mediated path from emotional intelligence to problematic social media use in adolescents: The serial mediation of perceived stress and depressive symptoms. *Addict Behav* 2022, 124:107095
3. BÁNYAI F, ZSILA Á, KIRÁLY O, MARAZ A, ELEKES Z, GRIFFITHS MD ET AL. Problematic social media use: Results from a large-scale nationally representative adolescent sample. *PLoS One* 2017, 12:e0169839
4. SINDERMAN C, ELHAI JD, MONTAG C. Predicting tendencies towards the disordered use of Facebook's social media platforms: On the role of personality, impulsivity, and social anxiety. *Psychiatry Res* 2020, 285:112793
5. KELES B, McCRAE N, GREALISH A. A systematic review: The influence of social media on depression, anxiety and psychological distress in adolescents. *Int J Adolesc Youth* 2020, 25:79–93
6. KUSS DJ, GRIFFITHS MD, KARILA L, BILLIEUX J. Internet addiction: A systematic review of epidemiological research for the last decade. *Curr Pharm Des* 2014, 20:4026–4052
7. XANIDIS N, BRIGNELL CM. The association between the use of social network sites, sleep quality and cognitive function during the day. *Comput Hum Behav* 2016, 55:121–126
8. SMITH T, SHORT A. Needs affordance as a key factor in likelihood of problematic social media use: Validation, latent profile analysis and comparison of TikTok and Facebook problematic use measures. *Addict Behav* 2022, 129:107259
9. CASALE S, RUGAI L, FIORAVANTI G. Exploring the role of positive metacognitions in explaining the association between the fear of missing out and social media addiction. *Addict Behav* 2018, 85:83–87
10. TARAFDAR M, MAIER C, LAUMER S, WEITZEL T. Explaining the link between technostress and technology addiction for social networking sites: A study of distraction as a coping behavior. *Inf Syst J* 2020 30:96–124
11. KATSIROUMPA A, KATSIROUMPA Z, KOUKIA E, MANGOULIA P, GALLOS P, MOISOGLOU I ET AL. Association between problematic TikTok use and procrastination, loneliness, and self-esteem: A moderation analysis by sex and generation. *Eur J Invest Health Psychol Educ* 2025, 15:209
12. BILALI A, KATSIROUMPA A, KOUTELEKOS I, DAFOGIANNI C, GALLOS P, MOISOGLOU I ET AL. Association between TikTok use and anxiety, depression, and sleepiness among adolescents: A cross-sectional study in Greece. *Pediatr Rep* 2025, 17:34
13. KATSIROUMPA A, MOISOGLOU I, GALLOS P, KATSIROUMPA Z, KONSTANTAKOPOULOU O, TSIACHRI M ET AL. Problematic TikTok use and its association with poor sleep: A cross-sectional study among Greek young adults. *Psychiatry Int* 2025, 6:25
14. GALANIS P, KATSIROUMPA A, KATSIROUMPA Z, MANGOULIA P, GALLOS P, MOISOGLOU I ET AL. Association between problematic TikTok use and mental health: A systematic review and meta-analysis. *AIMS Public Health* 2025, 12:491–519
15. VARONA MN, MUELA A, MACHIMBARRENA JM. Problematic use or addiction? A scoping review on conceptual and operational definitions of negative social networking sites use in adolescents. *Addict Behav* 2022, 134:107400
16. ANDREASSEN CS, TORSHEIM T, BRUNBORG GS, PALLESEN S. Development of a Facebook Addiction Scale. *Psychol Rep* 2012, 110:501–517
17. GALANIS P, KATSIROUMPA A, MOISOGLOU I, KONSTANTAKOPOULOU O. The TikTok Addiction Scale: Development and validation. *AIMS Public Health* 2024, 11:1172–1197
18. WORLD MEDICAL ASSOCIATION. World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA* 2013, 310:2191–2194
19. YUSOFF MSB, ARIFIN WN, HADIE SNH. ABC of questionnaire development and validation for survey research. *Education in Medicine Journal (EIMJ)* 2021, 13:97–108
20. BROWN TA. *Confirmatory factor analysis for applied research*. 2nd ed. The Guilford Press, New York, 2015
21. HU LT, BENTLER PM. Fit indices in covariance structure modeling: Sensitivity to underparameterized model misspecification. *Psychol Methods* 1998, 3:424–453
22. BAUMGARTNER H, HOMBURG C. Applications of structural equation modeling in marketing and consumer research: A review. *Int J Res Mark* 1996, 13:139–161
23. ANDREASSEN CS, BILLIEUX J, GRIFFITHS MD, KUSS DJ, DEMETROVICS Z, MAZZONI E ET AL. The relationship between addictive use of social media and video games and symptoms of psychiatric disorders: A large-scale cross-sectional study. *Psychol Addict Behav* 2016, 30:252–262
24. KROENKE K, SPITZER RL, WILLIAMS JBW, KUSS D, DEMETROVICS Z, MAZZONI E ET AL. An ultra-brief screening scale for anxiety and

- depression: The PHQ-4. *Psychosomatics* 2009, 50:613–621
25. RAMMSTEDT B, JOHN OP. Measuring personality in one minute or less: A 10-item short version of the Big Five Inventory in English and German. *J Res Pers* 2007, 41:203–212
 26. KATSIROUMPA A, KATSIROUMPA Z, KOUKIA E, MANGOULIA P, GALLOS P, MOISOGLOU I ET AL. Bergen Social Media Addiction Scale: Translation and validation in Greek. *Int J Caring Sci* 2025, 18:661–671
 27. KAREKLA M, PILIPENKO N, FELDMAN J. Patient Health Questionnaire: Greek language validation and subscale factor structure. *Compr Psychiatry* 2012, 53:1217–1226
 28. SOTO CJ, JOHN OP. The next Big Five Inventory (BFI-2): Developing and assessing a hierarchical model with 15 facets to enhance bandwidth, fidelity, and predictive power. *J Pers Soc Psychol* 2017, 113:117–143
 29. BLAND JM, ALTMAN DG. Cronbach's alpha. *Br Med J* 1997, 314:572
 30. DE VAUS D. *Surveys in social research*. 5th ed. Routledge, London, 2004
 31. CUNNINGHAM S, HUDSON CC, HARKNESS K. Social media and depression symptoms: A meta-analysis. *Res Child Adolesc Psychopathol* 2021, 49:241–253
 32. HUSSAIN Z, WEGMANN E, YANG H, MONTAG C. Social networks use disorder and associations with depression and anxiety symptoms: A systematic review of recent research in China. *Front Psychol* 2020, 11:211
 33. CORREA T, HINSLEY AW, DE ZÚÑIGA HG. Who interacts on the web? The intersection of users' personality and social media use. *Comput Human Behav* 2010, 26:247–253
 34. KUSS DJ, GRIFFITHS MD. Online social networking and addiction – a review of the psychological literature. *Int J Environ Res Public Health* 2011, 8:3528–3552
 35. WILSON K, FORNASIER S, WHITE KM. Psychological predictors of young adults' use of social networking sites. *Cyberpsychol Behav Soc Netw* 2010, 13:173–177

Corresponding author:

P. Galanis, 123 Papadiamantopoulou street, 115 27 Athens, Greece
e-mail: pegalan@nurs.uoa.gr