

**Supplementary Table S1.** Original variables, response options, categorizations and variable names used in the manuscript.

<b>Original variable</b>	<b>Response options</b>	<b>Recoded into</b>	<b>Variable used in manuscript</b>
During the last 6 months, have you been bullied at school?	Yes, a few times; yes, a few times a month; yes, a few times a week; or yes, basically every day  No	Yes  No	Not being bullied at school <sup>§</sup>
Do you like school?	Very much, much  Neither/nor, not that much, or not at all	Yes  No	Enjoying school
Do you feel safe at home?	Yes, always  Yes, often or no, seldom or never	Yes  No	Feeling safe at home
Whom do you live with?	Living with both of my parents who live together  Living with my mother, living with my father, living with my mother and her partner, living with my father and his partner, living in a family home, living with another caregiver, or I live alone	Yes  No	Living with both parents
Have you been exposed to any harassments or violations on social media, such as Snapchat, Instagram, or Facebook during the last 12 months?	Yes, once; yes, several times; or yes, about once a week  No, or I have never used social media	Yes  No	Not being violated via social media <sup>§</sup>
How do you like your life right now?	I'm very happy or I'm quite happy  I'm not that happy or I'm unhappy	Yes  No	Feeling happy about life
How do you like your leisure time	I'm very happy or I'm quite happy  I'm not that happy or I'm unhappy	Yes  No	Feeling happy with leisure
How often do you eat dinner?	Every day  4–6 times a week, 1–3 times a week, or never	Yes  No	Having dinner every daily
During the past 3 months, how often have you had difficulties falling asleep?	Seldom or never  Once a month, once a week, more than once a week, and almost every day	No  Yes	Falling asleep well <sup>§</sup>
During the past 3 months, how often have you had restless sleep?	Seldom or never  Once a month, once a week, more than once a week, or almost every day	No  Yes	Getting good sleep <sup>§</sup>
Have you consumed alcohol during the last 12 months?	Yes, one time up to yes, more than two times a week  No	Yes  No	No use of alcohol <sup>§</sup>

<sup>§</sup> Recoded to reflect a protective role.