

## The HEEADSSS Assessment

### Example Questions

#### HOME

Where do you live? Who do you live with? Who makes the rules and what happens when you break them?  
How do you get along with the people you live with? Do your parents get on? Do they shout at or hit each other or you?  
Do you share a bedroom? With whom? How much time do you spend at home? Have you ever run away from home?  
Can you go to your parents/guardian with problems? Is there anyone you can talk to if you are worried about anything?

#### EDUCATION & EMPLOYMENT, EXERCISE & EATING

What school do you go to? What year are you in? Do you go to school every day? Do you need extra help in school?  
What grades do you get? Have they changed? What are your best/worst classes? Why? Have you been bullied/have you bullied?  
Do you work after school or on weekends? Paid or unpaid? How many hours?  
Do you exercise for fun? How do you get to school? Do you worry about your weight? Does your family eat together?

#### ACTIVITIES

What do you do for fun? Do you exercise? What activities are you involved in during and after school? Are you active in sports?  
What do you do on weekends? Evenings? What music do you like?  
Who do you do fun things with? Who do you hang out with? Who are your friends?

#### DRUGS

Are you taking any medication? Do you have any allergies? Do you smoke cigarettes or chew?  
Do you drink coffee, tea or caffeinated colas, energy drinks? Do you gamble?  
Have you ever tasted alcohol? When? What kind? How often?  
Do any of your friends smoke, drink or use drugs? Do your parents? Do you?  
What drugs have you tried? Do you ever use party pills? Have you ever injected drugs or steroids?  
How often do you use them? How do you pay for the drugs?

#### SEXUALITY

Some young people are involved in sexual relationships; have you had a sexual experience with a guy or girl or both?  
Do you ever wonder if you are gay, lesbian, bisexual or transgendered?  
Have you ever had an infection as a result of sex? Have you ever had an STI?  
Do you use condoms or another form of contraception to prevent against sexually transmitted infections (STI) and/or pregnancy?  
Have you ever had an unwanted sexual encounter? Has anyone touched you in a way that has made you feel uncomfortable?

#### SUICIDE & SCREENING FOR ALL MENTAL ILLNESS

How would you rate your usual mood on a scale of 1 to 10? Do you have good days and down days?  
What sort of things do you do if you are feeling sad/angry/hurt? Do you feel this way often? How is your sleep?  
Some people who feel really down often feel like hurting themselves or even killing themselves. Have you ever felt this way?  
Have you ever tried to hurt yourself? What prevented you from doing so? Who do you talk to about your feelings?  
Do you ever hear voices? Do you ever have negative thoughts? Do you know anyone who committed suicide?  
Do you worry a lot about other things? Does worry stop you doing what you would like to do?  
How are your energy levels? Do you feel hungry? Do you eat more than you would like to or less?

#### SAFETY

Sometimes when young people are drunk or stoned, they do not think about what they are doing. Do you get like that?  
Have you ever driven a car when you were drunk or high? Have you ever ridden in a car with a driver who was drunk or high?  
Do you fight? Have you ever been in a gang? Are you afraid of violence or bullying in your school/neighbourhood?  
Have you ever felt that you needed to carry a knife or other weapon to protect yourself? Do you feel safe at home?

#### STRENGTHS/SPIRITUALITY

How would you describe yourself? How would your best friend describe you?  
What are you best at? What would you like to achieve?  
Are you religious? Does your family attend a place of worship? Do you believe in something outside yourself?