

HEeADSSS Assessment

Taking a youth health
psychosocial history

HEeADSSS

The Adolescent Psychosocial Assessment

- H-Home
- E-Education/employment
- e-Eating
- A-Activities (peer group)
- D-Drugs
- S-Sexuality
- S-Suicide/depression
- S-Safety

*Goldenring and Rosen
Contemporary Paediatrics Jan 2004; 21:64*

Example Questions-HOME

- **Home**
 - ✓ Who lives with you?
 - ✓ Where do you live?
 - ✓ Do you have your own room?
 - ✓ Who are you closest to at home?
 - ✓ Who can you talk to at home?
 - ✓ Is there anyone new at home? Has someone left recently?
 - ✓ Have you moved recently?
 - ✓ Have you ever lived away from home? (Why?)

Example Questions- EDUCATION/EMPLOYMENT

- Education/employment
 - ✓ What are your favourite subjects at school?
 - ✓ Your least favourite subject?
 - ✓ How are your grades? Any recent changes? Any dramatic changes in the past?
 - ✓ Have you changed school in the past few years?
 - ✓ What are your future education/employment plans/goals
 - ✓ Are you working? Where? How much?
 - ✓ If you have a problem at school/ work – who do you go to to discuss this?

Example Questions-EATING

- Eating
 - ✓ What do you like about your body?
 - ✓ Have there been any recent changes in your weight?
 - ✓ Have you dieted in the last year? How? How often?
 - ✓ Have you done anything else to try and manage your weight?
 - ✓ How much exercise do you get in an average day? Week?

Example Questions-ACTIVITIES

- Activities
 - ✓ What do you and your friends do for fun? (with whom, where and when?)
 - ✓ What do you and your family do for fun?
 - ✓ Do you participate in any sports or other activities?
 - ✓ Do you regularly attend a church group, club, or other organized activity?

Essential Questions-DRUGS

- Drugs
 - ✓ Do any of your friends use cigarettes? Alcohol? Or other drugs?
 - ✓ Does anyone in your family use cigarettes? Alcohol? Or other drugs?
 - ✓ Do you use cigarettes? Alcohol? Or other drugs?
 - ✓ Is there a history of alcohol or drug problems in your family?
 - ✓ Does anyone at home use cigarettes?

Example Questions-SEXUALITY

- Sexuality
 - ✓ Have you had any feelings of attraction towards boys/ girls or both?
 - ✓ Have you ever been in a romantic relationship?
 - ✓ Have any of your relationships ever been sexual? What does this mean to you?
 - ✓ What does the term 'safer sex' mean to you?

Example Questions-SUICIDE & DEPRESSION

- Suicide and Depression
 - ✓ On a scale of 1 to 10, where 1 is life isn't worth living and 10 is life is perfect, where would you rate your mood or how you are feeling at the moment?
 - ✓ When was the last time you were a 10?
 - ✓ Any times you have felt like life isn't worth living? Tell me about those times?
 - ✓ Are you having trouble falling asleep?
 - ✓ Have you thought a lot about hurting yourself or someone else?

Example Questions-SAFETY

- **Safety**
 - ✓ Have you ever been seriously injured? (How?) How about anyone else you know?
 - ✓ Do you always wear a seatbelt in the car?
 - ✓ Have you ever ridden with a driver who was drunk or high? When? How often?

Example Questions-SAFETY

- **Safety**
 - ✓ Do you use safety equipment for sport or other physical activities (eg bike helmets)
 - ✓ Is there any violence at your school? In your neighbourhood? Among your friends?
 - ✓ Has anyone ever done anything to you sexually or touched you in a way that you have not wanted? (If not previously asked)
