

# HEADSS Assessment

## OVERVIEW

The HEADSS Assessment is a psychosocial interview tool designed to identify adolescent health and well-being risks and needs. It stands for Home Environment, Education and Employment, Activities, Drug Use, Sexuality, and Suicidality. The assessment covers key aspects of an adolescent's life, helping healthcare providers to understand their circumstances and to tailor useful health advice, support, and interventions.

## PROCEDURE

The assessment typically involves a one-on-one interview between the healthcare provider and the adolescent. The conversation should be conducted in a safe and private environment, with the adolescent's consent. Depending on the circumstances, it might be necessary to conduct parts of the assessment with a parent or caregiver present, but most of the assessment should be conducted privately. This ensures the adolescent feels comfortable sharing openly.

## INSTRUCTIONS

Use the prompts in the following table as a guide for each topic area during the assessment. Please remember that these prompts are not exhaustive and should be adapted based on the individual's circumstances.

The aim is to engage the adolescent in conversation, so try to keep the interview as natural and relaxed as possible. Avoid direct, confrontational questions and use open-ended questions to encourage adolescents to express themselves freely.

Always respect the adolescent's right to privacy and confidentiality unless they disclose information that suggests they are at immediate risk of harm. In such cases, appropriate emergency action should be taken.

| Area                            | Questions/Prompts   | Patient's Response |
|---------------------------------|---|--------------------|
| <b>Home Environment</b>         | Who lives at home with you?   |                    |
|                                 | Describe your relationships with family members.                        |                    |
|                                 | Have there been any recent changes in your living situation?            |                    |
|                                 | Are there any significant problems or stressors at home?                |                    |
| <b>Education and Employment</b> | How are you doing in school/work?                                       |                    |
|                                 | Have teachers/bosses noted any changes in your performance or behavior? |                    |
|                                 | What are your future educational or vocational plans?                   |                    |
|                                 | Do you have any concerns about learning or attention issues?            |                    |

| Area               | Questions/Prompts   | Patient's Response |
|--------------------|---|--------------------|
| <b>Activities</b>  | What do you like to do in your free time?   |                    |
|                    | Are you involved in any sports or clubs?  |                    |
|                    | Who are your friends and what are they like?  |                    |
|                    | How much physical activity do you get each day?                                     |                    |
| <b>Drug Use</b>    | Have you ever used tobacco, alcohol, or other substances?                           |                    |
|                    | If yes, how frequently and how much?  |                    |
|                    | Have you ever tried to quit or cut down?  |                    |
|                    | Are you aware of the potential health impacts of these substances?                  |                    |
| <b>Sexuality</b>   | Are you sexually active or have you ever been?                                      |                    |
|                    | Do you have questions about sexual orientation or gender identity?                  |                    |
|                    | What forms of contraception are you using?  |                    |
|                    | Have you ever had a sexually transmitted infection or are you concerned about this? |                    |
| <b>Suicidality</b> | Have you ever thought about hurting yourself or suicide?                            |                    |
|                    | Have you ever attempted suicide?  |                    |
|                    | Do you currently have a plan to harm yourself?                                      |                    |
|                    | Are you currently experiencing feelings of hopelessness or despair?                 |                    |