



## HEADSS Adolescent Assessment

## Home

- Who lives with you at home? How are things going there?
- What do parents and relatives do for a living?
- Any recent or upcoming moves?
- Have you spent lots of time living away from home? Boarding school? Incarceration? Have you ever run away?
- Any new people in your home environment?
- Do you feel safe at home?

## Education

- How is school going? What grade are you in?
- Favorite and least favorite subjects? Do you like your teachers?
- How is your attendance?
- Suspension, termination, dropping out? Ever repeated a grade?
- Do you get bullied at school? Do you bully anyone?
- Future education/employment plans and goals?
- Any current, past, or upcoming employment?

## Activity

- What do you do for fun by yourself? With friends? With family?
- Do you get regular exercise/ play sports?
- What other clubs or group activities are you involved in?
- Any hobbies?
- Reading for fun?
- How much screen time?
- Do you have a car? Do you use seat belts?

## Drugs

- Do your friends use drugs or alcohol? Do you ever use them?
- What about your family members?
- Amounts, frequency, and patterns of use. Any car use while intoxicated?
- How are drugs obtained and paid for?
- Ever been arrested?

## Sexuality

- Are you attracted to men, women, both, or no one yet?
- Are you currently in a romantic relationship? Do you feel safe in your relationship? Ever been pressured to do anything you don't want to do?
- Are you or have you ever been sexually active? Number of partners?
- Do you use contraception? What kind? How often do you use it?
- How much do you know about STIs? Any questions about them?
- Have you ever been pregnant (or gotten anyone pregnant)?
- Any history of sexual or physical abuse?

## Suicide/Depression

- SIGECAPS (always ask about SI!)