## appendix two

## Youth Health Risk Assessment

Use this form to record the responses of the young person to the HEEADSSS assessment. You may wish to photocopy this form for use with different patients.

## Patient Name:

Date of Birth:
Date of Assessment:

| Assessment Area | Questions | Patient's Responses |
| :--- | :--- | :--- |
| H - Home | Explore home situation, family life, <br> relationships and stability: <br> Where do you live? Who lives at home with you? <br> Who is in your family (parents, siblings, <br> extended family)? <br> What is your/your family's cultural <br> background? <br> What language is spoken at home? Does <br> the family have friends from outside its own <br> cultural group/from the same cultural group? <br> Do you have your own room? <br> Have there been any recent changes in your <br> family/home recently (moves, departures, etc.)? <br> How do you get along with mum and dad and <br> other members of your family? <br> Are there any fights at home? If so, what do <br> you and/or your family argue about the most? <br> Who are you closest to in your family? <br> Who could you go to if you needed help with <br> a problem? |  |
| E - Education | Employment |  |


| E - Eating and Exercise | Explore how they look after themselves; eating and sleeping patterns: <br> What do you usually eat for breakfast/lunch/ dinner? <br> Sometimes when people are stressed they can overeat, or under-eat - Do you ever find yourself doing either of these? <br> Have there been any recent changes in your weight? In your dietary habits? <br> What do you like/not like about your body? <br> If screening more specifically for eating disorders you may ask about body image, the use of laxatives, diuretics, vomiting, excessive exercise, and rigid dietary restrictions to control weight. <br> What do you do for exercise? How much exercise do you get in average day/week? |
| :---: | :---: |
| A - Activities and Peer Relationships | Explore their social and interpersonal relationships, risk taking behaviour, as well as their attitudes about themselves: <br> What sort of things do you do in your free time out of school/work? <br> What do you like to do for fun? <br> Who are your main friends (at school/out of school)? <br> Do you have friends from outside your own cultural group/from the same cultural group? How do you get on with others your own age? How do you think your friends would describe you? <br> What are some of the things you like about yourself? <br> What sort of things do you like to do with your friends? How much television do you watch each night? <br> What's your favourite music? <br> Are you involved in sports/hobbies/clubs, etc.? |


| D-Drug Use <br> Cigarettes/ <br> Alcohol | Explore the context of substance use lif <br> any) and risk taking behaviours: |
| :--- | :--- | :--- |
|  | Many young people at your age are starting <br> to experiment with cigarettes/drugs/alcohol. <br> Have any of your friends tried these or other <br> drugs like marijuana, injecting drugs, other <br> substances? <br> How about you, have you tried any? - if Yes, <br> explore further <br> How much do you use and how often? <br> How do you (and your friends) take/use <br> them? - explore safe/unsafe use; binge <br> drinking; etc. <br> What effects does drug taking or smoking or <br> alcohol, have on you? <br> Has your use increased recently? <br> What sort of things do you (\& your friends) do <br> when you take drugs/drink? <br> How do you pay for the drugs/alcohol? <br> Have you had any problems as a result of <br> your alcohol/drug use (with police, school, <br> family, friends)? <br> Do other family members take drugs/drink? <br> S - SexualityExplore their knowledge, understanding, <br> experience, sexual orientation and <br> sexual practices - Look for risk taking <br> behaviour/abuse: <br> Lany young people your age become |


| S - Suicide/ <br> Self- Harm/ Depression/Mood | Explore risk of mental health problems, strategies for coping and available support: <br> Sometimes when people feel really down they feel like hurting, or even killing themselves. Have you ever felt that way? Have you ever deliberately harmed or injured yourself (cutting, burning or putting yourself in unsafe situations - eg. unsafe sex)? What prevented you from going ahead with it? How did you try to harm/kill yourself? What happened to you after this? What do you do if you are feeling sad, angry or hurt? <br> Do you feel sad or down more than usual? How long have you felt that way? <br> Have you lost interest in things you usually like? <br> How do you feel in yourself at the moment on a scale of 1 to 10 ? <br> Who can you talk to when you're feeling down? <br> How often do you feel this way? How well do you usually sleep? <br> It's normal to feel anxious in certain situations - do you ever feel very anxious, nervous or stressed (e.g. in social situations)? <br> Have you ever felt really anxious all of a sudden - for particular reason? <br> Do you worry about your body or your weight? Do you do things to try and mange your weight (e.g. dieting)? <br> Sometimes, especially when feeling really stressed, people can hear or see things that others don't seem to hear or see. Has this ever happened to you? <br> Have you ever found yourself feeling really high energy or racey, or feeling like you can take on the whole world? |
| :---: | :---: |
| You can also explore: <br> S - Safety <br> S - Spirituality | Sun screen protection, immunisation, bullying, abuse, traumatic experiences, risky behaviours. <br> Beliefs, religion, What helps them relax, escape? What gives them a sense of meaning? |

