

# The HEADSS Assessment

(Adapted from Goldenring and Cohen, 1988)

The HEADSS mnemonic forms the basis for an assessment that provides a 'psychosocial biopsy', an opportunity to facilitate rapport, risk assessment and a guide to any interventions which may be necessary.

## **H – Home Environment**

- Where do you live?
- Who lives with you?
- How does each member get along?
- Who could you go to if you needed help with a problem?
- Parent(s) jobs? Recent moves? Run away? New people at home?

## **E – Education/Employment**

- What do you like/not like about school/work?
- What can you do well/what areas would you like to improve on?
- How do you get along with teachers/other students?
- Grades, suspensions? Changes?
- Many young people experience bullying at school – have you ever had to put up with this?

### **Eating/Exercise**

- Sometimes when people are stressed they can over eat/under eat. Have you ever experienced either of these?
- In general, what is your diet like?
- In screening more specifically for eating disorders, you may ask about body image, the use of laxatives, diuretics, vomiting or excessive exercise and rigid dietary restrictions to control weight.

## **A – Activities and Peer Relationships**

- With peers? (What do you do for fun? Where? When?)
- With family?
- Sports – regular exercise?
- Hobbies? Tell me about the parties you go to.
- How much TV would you watch a night? Favourite music?
- Crimes? Arrests?

## **D – Drugs/Cigarettes/Alcohol**

- Many people at your age are starting to experiment with cigarettes/alcohol. Have any of your friends tried these or maybe other drugs like marijuana, IV drugs, etc. How about you, have you tried any? Then ask about the effects of drug taking/smoking or alcohol on them, and any regrets. How much are they taking, how often and has frequency increased recently?

## **S – Sexuality**

- Some people are getting involved in sexual relationships. Have you had a sexual experience with a guy or girl or both?
- Degree and types of sexual experience
- Number of partners
- Masturbation
- Contraception?
- Knowledge about STDs
- Has anyone ever touched you in a way that's made you feel uncomfortable or forced you into a sexual relationship? (History of sexual or physical abuse?)
- How do you feel about relationships in general/about your own sexuality?

## **S – Suicide/Depression/Mood Screen**

- How do you feel in yourself at the moment on a scale of 1-10?
- What sort of things do you do if you are feeling sad/angry/hurt?
- Is there anyone you can talk to?
- Do you feel this way often?
- 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 or take your own life? What have you tried? What prevented you from doing so? Do you feel the same way now?
- Have you a plan... etc.

## **S – Safety**

- Sun protection, immunisation, bullying, carrying weapons

## **S – Spirituality**

- Beliefs, religion, music, what helps them relax, etc.



Adapted from Goldenring and Cohen, 1998, 'Getting into Adolescent's Heads',  
*Contemporary Paediatrics*, pp75-90 – In Access SERU,  
*Improving Young People's Access to Health Care Through General Practice*, 1999