

SSHADDESS

Strengths

Tell me about yourself.
What would your friends say?

School

How do you feel about school?
How are you doing in school?
What are your goals for school?

Home

Tell me about your home. Who do you live with?
Have you lived with ... your whole life? How do you get along with ...?

Activities

How do you spend your free time?
Tell me about your friends.
What kinds of physical activities do you do?

Diet

Are you satisfied with your weight?
Do you want to gain weight or lose weight?

- Do you feel like you have lost control over what you eat?
- Do you feel guilty or sad after you eat unhealthy things?
- Do you ever do something to “get rid” of what you ate, such as exercise, take pills, or throw-up?

Alcohol/Tobacco/Drugs/Substance Use

Does anyone at your school...
Do any of your friends...
Have you...

Do you use... How much/How often/In what situations?

- Ridden in a **Car** with someone high?
- Drink/drugs to **Relax** or fit in?
- Drink/drugs while **Alone**?
- **Forget** things you did on alcohol/drugs?
- **Family/Friend** tell you to cut down?
- **Trouble** from drinking/drugs?

Emotions/Depression

How would you describe your mood?
Do you ever feel sad or blue?

Adapted from *Adolescent Health 101-Annotated HEADSSS Assessment* by the Adolescent Health Working Group

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Emotions/Depression (cont.)

Have you ever felt so sad that you feel life isn't worth living?

Do you think about hurting or killing yourself? Have you ever tried to hurt or kill yourself?

Is there any adult that you can talk to if you feel (sad, low, down)?

F/U:

- Have you ever been in counseling or therapy?
- What was that like for you?
- Have you ever been given any medications to affect your mood or behavior?

Sexuality

Are you attracted to girls/guys or both?

Have you ever had sex or have you ever come close to having sex?

No:

- What are your plans for sex in the future? What will make it the right time?

Yes:

- Do you have sex with girls/guys or both?
- Do you have oral, vaginal, or anal sex?
- How old were you the 1st time you had sex?
- How many people have you had sex with in the last 3 months? In your life?
- When was the last time you had sex?
- Do you (or your partner) use anything to prevent getting pregnant or getting an STD?
- Have you ever been pregnant? What happened with that pregnancy?
- Have you or your partner(s) had sex with other people in the past year?
- Have you ever been told that you had an STD?
- Do alcohol or drugs ever affect your decision to have sex?
- Have you ever traded sex for money, drugs, a place to stay or other things that you need?

All:

- Has anyone ever touched you in a way that made you uncomfortable or made you have sex when you didn't want to?

Safety

When you ride in a car, do you wear a seatbelt?

Do you wear gear for sports? Helmet for bike?

Is there a gun in your home?

Do you carry a weapon to protect yourself?

Have you been in a serious physical fight?

F/U:

- What do you do when you think the situation you are in is dangerous? Give an example.
- How do you and your parents resolve conflicts?
- Has anyone ever hurt you or intentionally destroyed something that you value?

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