

The HEEADSSS Assessment

Example Questions

HOME	
<ul style="list-style-type: none"> Who lives at home with you? 	<ul style="list-style-type: none"> What are the rules like at home?
<ul style="list-style-type: none"> Where do you live? How long? 	<ul style="list-style-type: none"> How do you get along with your parents, your siblings?
<ul style="list-style-type: none"> Do you have your own room? 	<ul style="list-style-type: none"> What kinds of things do you and your family argue about the most?
<ul style="list-style-type: none"> How many brothers and sisters do you have and what are their ages? 	<ul style="list-style-type: none"> Is home warm and dry?
<ul style="list-style-type: none"> Are your brothers and sisters healthy? 	<ul style="list-style-type: none"> How would you rate home 1-10?
<ul style="list-style-type: none"> Are there any new people living in your home? 	
<ul style="list-style-type: none"> Are your parents healthy? 	<ul style="list-style-type: none"> Do you have any concerns – i.e. is there enough food?
<ul style="list-style-type: none"> What do your parents do for a living? 	<ul style="list-style-type: none"> Household income?
<ul style="list-style-type: none"> History of contact with Oranga Tamariki 	<ul style="list-style-type: none"> Family member in jail, etc.
Culture	
<ul style="list-style-type: none"> What culture do you identify with? 	<ul style="list-style-type: none"> Is church important to your family?
<ul style="list-style-type: none"> What is your family's cultural background? Whakapapa /iwi/hapū? Whānau/extended family/Marae connectedness. 	<ul style="list-style-type: none"> What language is spoken at home?
Whānau	
<ul style="list-style-type: none"> Do you feel close to whānau – do you feel close, cared for and loved by someone in your whānau? 	<ul style="list-style-type: none"> Who do you feel closest too?
<ul style="list-style-type: none"> Who do you spend most time with? 	<ul style="list-style-type: none"> Who can you talk to about everything?
<ul style="list-style-type: none"> If you had a worry, who would you talk to? 	<ul style="list-style-type: none"> Do you feel safe at home?
<ul style="list-style-type: none"> Do you feel safe in your neighbourhood? 	
EDUCATION & EMPLOYMENT, EXERCISE & EATING	
<ul style="list-style-type: none"> What do you like best and least about school? 	<ul style="list-style-type: none"> Favourite subjects? /least favourite subjects?
<ul style="list-style-type: none"> Do you have a teacher that you can talk to? 	<ul style="list-style-type: none"> Tell me about your friends at school?
<ul style="list-style-type: none"> Do you feel safe at school? 	<ul style="list-style-type: none"> Have you had any trouble with bullying?
<ul style="list-style-type: none"> What's your attendance like? 	<ul style="list-style-type: none"> What are your goals for the future?
<ul style="list-style-type: none"> Have you changed school recently? 	<ul style="list-style-type: none"> Have you ever been stood down/excluded?
<ul style="list-style-type: none"> Learning difficulties (even concerns with eyesight) that they are aware of – family history, etc. 	
EATING	
<ul style="list-style-type: none"> What do you eat for breakfast/lunch/dinner? 	<ul style="list-style-type: none"> Sometimes people overeat or under eat when stressed – has this ever happened for you?
<ul style="list-style-type: none"> If concerned check out – have you ever made yourself sick on purpose/ or taken medication to control your weight? 	

ACTIVITIES	
<ul style="list-style-type: none"> • What happens after school/weekends for you and your friends? 	<ul style="list-style-type: none"> • Have you experienced bullying?
<ul style="list-style-type: none"> • How much screen time do you have each day? 	<ul style="list-style-type: none"> • How do you protect yourself/privacy online?
<ul style="list-style-type: none"> • Do you play any sports or belong to any clubs or youth groups? 	<ul style="list-style-type: none"> • What games do you play online?
<ul style="list-style-type: none"> • Do you have hobbies/read, etc? 	<ul style="list-style-type: none"> • What online sites/platforms do you use?
<ul style="list-style-type: none"> • Do you and your friends watch porn? 	<ul style="list-style-type: none"> • What do you think of your friends' use of porn?
<ul style="list-style-type: none"> • Have you ever felt pressured to engage in porn? 	
DRUGS	
<ul style="list-style-type: none"> • Do not forget NZ context – use of Kava maybe relevant for the young person 	<ul style="list-style-type: none"> • Substance use and sexual wellbeing -non-consensual sexual activity under the influence or use of substances prior to “hooking up” /mental wellbeing, e.g. confidence, sleep
<ul style="list-style-type: none"> • Concern for those in their family /home of substance use – family history/safety 	
SEXUALITY	
<ul style="list-style-type: none"> • Ask about onset of periods, period problems 	<ul style="list-style-type: none"> • Do you think people use porn to learn about sex?
<ul style="list-style-type: none"> • Assess knowledge of puberty and sex 	<ul style="list-style-type: none"> • Does porn affect your relationships/ have you felt pressured by peers to watch porn or try new stuff?
<ul style="list-style-type: none"> • Sexual attraction, sexual activity, understanding of consensual sex, sexual assault/abuse, porn use 	
SUICIDE & SCREENING FOR ALL MENTAL ILLNESS	
<ul style="list-style-type: none"> • Rate mood 1-10 	<ul style="list-style-type: none"> • Family history of mental health/ addiction or concerns
<ul style="list-style-type: none"> • Questions around appetite, anger, concentration, energy or anxiety, suicidal ideation, etc. 	<ul style="list-style-type: none"> • Past connections with other support services/ counsellors, etc.
<ul style="list-style-type: none"> • Peers or family members who have self-harmed or suicided. 	<ul style="list-style-type: none"> • Does it seem that you've lost interest in the things that you used to really enjoy?
<ul style="list-style-type: none"> • Feel cared for or loved by a safe adult? 	
SAFETY	
<ul style="list-style-type: none"> • Spirituality – what are your beliefs, what helps you relax, escape? What gives you a sense of meaning? 	<ul style="list-style-type: none"> • Strengths – this is the identification of all the protective factors you and the young person has identified throughout the conversation
<ul style="list-style-type: none"> • Questions about culture might fit here or in Home. 	