## The HEEADSSS Assessment
### Example Questions

### HOME
- **Who lives at home with you?**
- **What are the rules like at home?**
- **Where do you live? How long?**
- **How do you get along with your parents, your siblings?**
- **Do you have your own room?**
- **What kinds of things do you and your family argue about the most?**
- **How many brothers and sisters do you have and what are their ages?**
- **Are you brothers and sisters healthy?**
- **Are there any new people living in your home?**
- **Are your parents healthy?**
- **What do your parents do for a living?**
- **History of contact with Oranga Tamariki**
  - **Family member in jail, etc.**

### Culture
- **What culture do you identify with?**
- **Is church important to your family?**
- **What is your family’s cultural background?**
  - Whakapapa /iwi/hapū?
  - Whānau/extended family/Marae connectedness.
- **What language is spoken at home?**

### Whānau
- **Do you feel close to whānau – do you feel close, cared for and loved by someone in your whānau?**
- **Who do you feel closest too?**
- **Who can you talk to about everything?**
- **Who do you spend most time with?**
- **Do you feel safe at home?**
- **Do you feel safe in your neighbourhood?**
- **If you had a worry, who would you talk to?**

### EDUCATION & EMPLOYMENT, EXERCISE & EATING
- **What do you like best and least about school?**
- **Favourite subjects? /least favourite subjects?**
- **Do you have a teacher that you can talk to?**
- **Tell me about your friends at school?**
- **Do you feel safe at school?**
- **Have you had any trouble with bullying?**
- **What’s your attendance like?**
- **What are your goals for the future?**
- **Have you changed school recently?**
- **Have you ever been stood down/excluded?**
- **Learning difficulties (even concerns with eyesight) that they are aware of – family history, etc.**

### EATING
- **What do you eat for breakfast/lunch/dinner?**
- **Sometimes people overeat or under eat when stressed – has this ever happened for you?**
- **If concerned check out – have you ever made yourself sick on purpose/ or taken medication to control your weight?**
### ACTIVITIES

- What happens after school/weekends for you and your friends?
- How much screen time do you have each day?
- Do you play any sports or belong to any clubs or youth groups?
- Do you have hobbies/read, etc?
- Do you and your friends watch porn?
- Have you ever felt pressured to engage in porn?

### DRUGS

- Do not forget NZ context – use of Kava maybe relevant for the young person
- 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
- Concern for those in their family/home of substance use – family history/safety

### SEXUALITY

- Ask about onset of periods, period problems
- Assess knowledge of puberty and sex
- Sexual attraction, sexual activity, understanding of consensual sex, sexual assault/abuse, porn use
- Do you think people use porn to learn about sex?
- Does porn affect your relationships/ have you felt pressured by peers to watch porn or try new stuff?

### SUICIDE & SCREENING FOR ALL MENTAL ILLNESS

- Rate mood 1-10
- Family history of mental health/addiction or concerns
- Questions around appetite, anger, concentration, energy or anxiety, suicidal ideation, etc.
- Past connections with other support services/counsellors, etc.
- Peers or family members who have self-harmed or suicided.
- Does it seem that you’ve lost interest in the things that you used to really enjoy?
- Feel cared for or loved by a safe adult?

### SAFETY

- Spirituality – what are your beliefs, what helps you relax, escape?
  What gives you a sense of meaning?
- Strengths – this is the identification of all the protective factors you and the young person has identified throughout the conversation
- Questions about culture might fit here or in Home.