

APPENDIX 4 - YOUTH HEALTH RISK ASSESSMENT

Use this form to record the responses of the young person to the [HEEADSSS](#) assessment.

Young Person's Name:

Date of Birth:

Date of Assessment:

Assessment Area	Questions	Young Person's Responses
<p>H - Home</p>	<p>Explore home situation, family life, relationships and stability:</p> <p>Where do you live? Who lives at home with you?</p> <p>Who is in your family (parents, siblings, extended family)?</p> <p>What is your/your family's cultural background?</p> <p>What language is spoken at home? Does the family have friends from outside its own cultural group/from the same cultural group?</p> <p>Do you have your own room?</p> <p>Have there been any recent changes in your family/home recently (moves, departures, etc.)?</p> <p>How do you get along with mum and dad and other members of your family?</p> <p>Are there any fights at home? If so, what do you and/or your family argue about the most?</p> <p>Who are you closest to in your family?</p> <p>Who could you go to if you needed help with a problem?</p> <p>Do you provide care for anyone at home?</p> <p>Is there any physical violence at home?</p>	
<p>E - Education / Employment</p>	<p>Explore sense of belonging at school/work and relationships with teachers/peers/workmates; changes in performance:</p> <p>What do you like/not like about school (work)?</p> <p>Do you feel connected to your school? Do you feel as if you belong?</p> <p>Are there adults at school you feel you can talk to about something important? Who?</p> <p>What are you good at/ not good at?</p> <p>How do you get along with teachers /other students/ workmates?</p> <p>How do you usually perform in different subjects?</p> <p>What problems do you experience at school/work?</p> <p>Some young people experience bullying at school, have you ever had to put up with this?</p> <p>What are your goals for future education / employment?</p> <p>Any recent changes in education/ employment?</p>	

<p>E - Eating & Exercise</p>	<p>Explore how they look after themselves; eating and sleeping patterns:</p> <p>What do you usually eat for breakfast/lunch/dinner?</p> <p>Sometimes when people are stressed they can overeat, or under-eat – Do you ever find yourself doing either of these?</p> <p>Have there been any recent changes in your weight? In your dietary habits?</p> <p>What do you like/not like about your body?</p> <p>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.</p> <p>What do you do for exercise?</p> <p>How much exercise do you get in average day/ week?</p>	
<p>A - Activities & Peer Relationships</p>	<p>Explore their social and interpersonal relationships, risk taking behaviour, as well as their attitudes about themselves:</p> <p>What sort of things do you do in your free time out of school/work?</p> <p>What do you like to do for fun?</p> <p>Who are your main friends (at school/out of school)?</p> <p>Do you have friends from outside your own cultural group/from the same cultural group?</p> <p>How do you get on with others your own age?</p> <p>How do you think your friends would describe you?</p> <p>What are some of the things you like about yourself?</p> <p>What sort of things do you like to do with your friends?</p> <p>How much television do you watch each night?</p> <p>What's your favourite music?</p> <p>Are you involved in sports/hobbies/clubs, etc.?</p> <p>Do you have a smart phone or computer at home? In your room? What do you use if for?</p> <p>How many hours do you spend per day in front of a screen, such as computer, TV or phone?</p>	
<p>D - Drug Use / Cigarettes / Alcohol</p>	<p>Explore the context of substance use (if any) and risk taking behaviours:</p> <p>Many young people at your age are starting to experiment with cigarettes/ drugs/alcohol. Have any of your friends tried these or other drugs like marijuana, injecting drugs, other substances?</p> <p>How about you, have you tried any? If Yes, explore further</p> <p>How much do you use and how often?</p> <p>How do you (and your friends) take/use them? – explore safe/unsafe use; binge drinking; etc.</p> <p>What effects does drug taking or smoking or alcohol, have on you?</p> <p>Has your use increased recently?</p> <p>What sort of things do you (& your friends) do when you take drugs/drink?</p> <p>How do you pay for the drugs/alcohol?</p> <p>Have you had any problems as a result of your alcohol/drug use (with police, school, family, friends)?</p> <p>Do other family members take drugs/drink?</p>	

<p>S - Sexuality</p>	<p>Explore their knowledge, understanding, experience, sexual orientation and sexual practices - Look for risk taking behaviour/abuse:</p> <p>Many young people your age become interested in romance and sometimes sexual relationships.</p> <p>Have you been in any romantic relationships or been dating anyone?</p> <p>Have you ever had a sexual relationship with a boy or a girl (or both)? – if Yes, explore further</p> <p>(If sexually active) What do you use to protect yourself (condoms, contraception)?</p> <p>What do you know about contraception and protection against STIs?</p> <p>How do you feel about relationships in general or about your own sexuality?</p> <p>(For older adolescents) Do you identify yourself as being heterosexual or gay, lesbian, bisexual, transgender or questioning?</p> <p>Have you ever felt pressured or uncomfortable about having sex?</p>	
<p>S - Suicide / Self-Harm/ Depression / Mood</p>	<p>Explore risk of mental health problems, strategies for coping and available support:</p> <p>Sometimes when people feel really down they feel like hurting, or even killing themselves. Have you ever felt that way?</p> <p>Have you ever deliberately harmed or injured yourself (cutting, burning or putting yourself in unsafe situations – e.g. unsafe sex)?</p> <p>What prevented you from going ahead with it?</p> <p>How did you try to harm/kill yourself?</p> <p>What happened to you after this?</p> <p>What do you do if you are feeling sad, angry or hurt?</p> <p>Do you feel sad or down more than usual? How long have you felt that way?</p> <p>Have you lost interest in things you usually like?</p> <p>How do you feel in yourself at the moment on a scale of 1 to 10?</p> <p>Who can you talk to when you're feeling down?</p> <p>How often do you feel this way?</p> <p>How well do you usually sleep?</p> <p>It's normal to feel anxious in certain situations – do you ever feel very anxious, nervous or stressed (e.g. in social situations)?</p> <p>Have you ever felt really anxious all of a sudden – for particular reason?</p> <p>Do you worry about your body or your weight? Do you do things to try and manage your weight (e.g. dieting)?</p> <p>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?</p> <p>Have you ever found yourself feeling really high energy or racey, or feeling like you can take on the whole world?</p>	
<p>You can also explore:</p> <p>S - Safety</p> <p>S - Spirituality</p>	<p>Sun screen protection, immunisation, bullying, abuse, traumatic experiences, domestic violence, risky behaviours.</p> <p>Have you ever been seriously injured?</p> <p>When did you last send a text message while driving?</p> <p>When did you last get into a car with a driver who was drunk or on drugs?</p> <p>Beliefs, religion; What helps them relax, escape? What gives them a sense of meaning?</p>	

