

HEADSS Assessment Questionnaire

The HEADSS assessment is a psychosocial screening tool for adolescents, evaluating key life domains to identify risks and strengths. It covers Home (living situation, family relationships), Education/Employment (school performance, work), Activities (hobbies, social engagement), Drugs (substance use), Sexuality/Suicide/Depression (relationships, mental health), and Safety (risky behaviors). Developed by Dr. Henry Berman and refined over decades, it's widely used in clinical settings to foster open dialogue and guide interventions. The framework is adaptable, non-copyrighted, and supported by public domain sources like the American Academy of Pediatrics' Bright Futures guidelines.

Name: _____

Date: _____

Home Environment

Who do you live with, and where is your home located?

Do you have your own space or room at home?

How would you describe your relationships with family members or others at home?

What do your parents, guardians, or relatives do for work?

Have you ever been in foster care, a group home, or detention?

Have you moved recently or experienced changes in your living situation?

Are there any new individuals living in or visiting your home regularly?

Education and Employment

How are you doing in school, and have your grades changed recently?

Which subjects do you enjoy most, and which are challenging for you?

Have you ever had to repeat a grade or course?

Have you faced any school disciplinary actions, like suspensions?

What are your plans for future education or career goals?

Do you have a job or volunteer position? If so, what do you do?

Activities

What activities do you enjoy in your free time, and where do you spend time?

Do you participate in sports, exercise, or other physical activities?

Are you involved in any community groups, clubs, or religious activities?

How much time do you spend watching TV, gaming, or using social media daily?

What kind of music or entertainment do you like?

Drugs
Do any of your friends or peers use tobacco, alcohol, or other substances? If so, how often?

Have you ever used tobacco, alcohol, or drugs? If yes, what types and how frequently?

Do family members use tobacco, alcohol, or other substances?

Have you ever driven or been in a car with someone under the influence of substances?

Sexuality/Suicide/Depression

Have you been in a romantic relationship, or are you in one now?

Are you sexually active? If so, what types of sexual activity?

Do you use any form of contraception or protection? If yes, what kind?

Have you or a partner ever been pregnant, or have you been involved in a pregnancy decision?

Have you ever been diagnosed with or treated for a sexually transmitted infection?

How many hours do you typically sleep per night, and how is your sleep quality?

How is your appetite, and have there been any recent changes?

Do you ever feel bored, sad, or depressed? If so, how often?

Are you aware of any family members or friends who have attempted or died by suicide?

Have you ever had thoughts of harming yourself or attempting suicide?

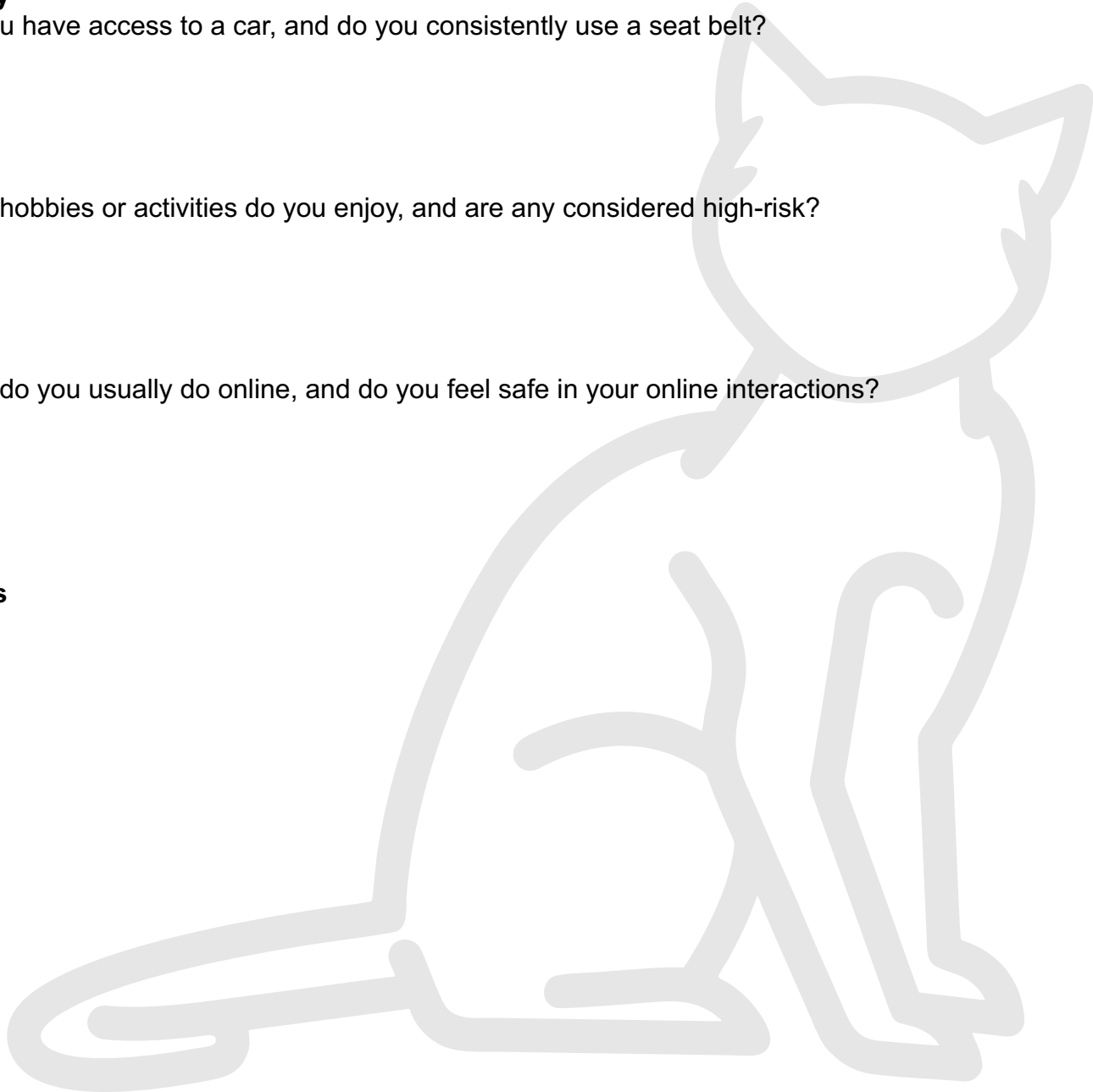
Safety

Do you have access to a car, and do you consistently use a seat belt?

What hobbies or activities do you enjoy, and are any considered high-risk?

What do you usually do online, and do you feel safe in your online interactions?

Notes



References

- American Academy of Pediatrics. (2019). *Bright Futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.). American Academy of Pediatrics. <https://brightfutures.aap.org/>
- Goldenring, J. M., & Rosen, D. S. (2004). Getting into adolescent heads: An essential update. *Contemporary Pediatrics*, 21(1), 64–90. <https://www.contemporarypediatrics.com/view/getting-adolescent-heads-essential-update>