

HE²ADS³ Assessment

Green = essential questions

Blue = as time permits

Red = optional or when situation requires

Home	<ul style="list-style-type: none"> •Who lives w/ you? Where do you live? Do you have your own room? •What are relationships like at home? •To whom are you closest at home? •To whom can you talk at home? •Is there anyone new at home? Has someone left recently? •Have you moved recently? •Have you ever had to live away from home? (Why?) •Have you ever run away? (Why?) •Is there any physical violence at home?
Education and Employment	<ul style="list-style-type: none"> •What are your favorite subjects at school? Your least favorite subjects? •How are your grades? Any recent changes? Any dramatic changes in the past? •Have you changed schools in the past few years? •What are your future education/employment plans/goals? •Are you working? Where? How much? •Tell me about your friends at school. •Is your school a safe place? (Why?) •Have you ever had to repeat a class? Have you ever had to repeat a grade? •Have you ever been suspended? Expelled? Have you ever considered dropping out? •How well do you get along w/ the people at school? Work? •Have your responsibilities at work increased? •Do you feel connected to your school? Do you feel as if you belong? •Are there adults at school you feel you could talk to about something important? (Who?)
Eating	<ul style="list-style-type: none"> •What do you like and not like about your body? •Have there been any recent changes in your weight? •Have you dieted in the last year? How? How often? •Have you done anything else to try to manage your weight? How much exercise do you get in an average day? Week? •What do you think would be a healthy diet? How does that compare to your current eating patterns? •Do you worry about your weight? How often? •Do you eat in front of the TV? Computer? •Does it ever seem as though your eating is out of control? •Have you ever made yourself throw up on purpose to control your weight? •Have you ever taken diet pills? •What would it be like if you gained (lost) 10 pounds?
Activities	<ul style="list-style-type: none"> •What do you and your friends do for fun? (w/ whom, where, and when?) •What do you and your family do for fun? (w/ whom, where, and when?) •Do you participate in any sports or other activities? •Do you regularly attend a church group, club, or other organized activity? •Do you have any hobbies? •Do you read for fun? (What?) •How much TV do you watch in a week? How about video games? •What music do you like to listen to?

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Drugs	<ul style="list-style-type: none"> • Do any of your friends use tobacco? Alcohol? Other drugs? • Does anyone in your family use tobacco? Alcohol? Other drugs? • Do you use tobacco? Alcohol? Other drugs? • Is there any history of alcohol or drug problems in your family? Does anyone at home use tobacco? • Do you ever drink or use drugs when you're alone? • (Assess frequency, intensity, patterns of use or abuse, and how youth obtains or pays for drugs, alcohol, or tobacco)
Sexuality	<ul style="list-style-type: none"> • Have you ever been in a romantic relationship? • Tell me about the people that you've dated. <i>OR</i> Tell me about your sex life. • Have any of your relationships ever been sexual relationships? • Are your sexual activities enjoyable? • What does the term "safer sex" mean to you? • Are you interested in boys? Girls? Both? • Have you ever been forced or pressured into doing something sexual that you didn't want to do? • Have you ever been touched sexually in a way that you didn't want? • Have you ever been raped, on a date or any other time? • How many sexual partners have you had altogether? Have you ever been pregnant or worried that you may be pregnant? (females) • Have you ever gotten someone pregnant or worried that that might have happened? (males) • What are you using for birth control? Are you satisfied w/ your method? • Do you use condoms every time you have intercourse? • Does anything ever get in the way of always using a condom? • Have you ever had a sexually transmitted disease (STD) or worried that you had an STD?
Suicide and Depression	<ul style="list-style-type: none"> • Do you feel sad or down more than usual? Do you find yourself crying more than usual? • Are you "bored" all the time? • Are you having trouble getting to sleep? • Have you thought a lot about hurting yourself or someone else? • Does it seem that you've lost interest in things that you used to really enjoy? • Do you find yourself spending less and less time w/ friends? • Would you rather just be by yourself most of the time? • Have you ever tried to kill yourself? • Have you ever had to hurt yourself (by cutting yourself, for example) to calm down or feel better? • Have you started using alcohol or drugs to help you relax, calm down, or feel better?
Safety	<ul style="list-style-type: none"> • Have you ever been seriously injured? (How?) How about anyone else you know? • Do you always wear a seatbelt in the car? • Have you ever ridden w/ a driver who was drunk or high? When? How often? • Do you use safety equipment for sports and or other physical activities (for example, helmets for biking or skateboarding)? • Is there any violence in your home? Does the violence ever get physical? • Is there a lot of violence at your school? In your neighborhood? Among your friends? • Have you ever been physically or sexually abused? Have you ever been raped, on a date or at any other time? (If not asked previously) • Have you ever been in a car or motorcycle accident? (What happened?) • Have you ever been picked on or bullied? Is that still a problem? • Have you gotten into physical fights in school or your neighborhood? Are you still getting into fights? • Have you ever felt that you had to carry a knife, gun, or other weapon to protect yourself? Do you still feel that way?

Goldenring JM, Rosen DS. Getting into adolescent heads: an essential update. Contemp Pediatr. 2004;21:64