

Approach to the Adolescent Patient: The Psychosocial Interview

“The HEEADSSS outline is a useful tool for organizing a psychosocial interview as well as assessing adolescents for risk-taking behaviors.”¹

H Home
E Education/Employment
E Eating
A Activities
D Drugs
S Sexuality
S Suicide/Depression
S Safety

**Memorize the pneumonic above so that you don't have to refer to notes during the interview

**Whenever a risk factor is identified, it is important to follow-up the answer with more detailed open-ended questions! For example, “Why?” or “Tell me more about that.”

Home

Where do you live and who lives there with you?

What type of grade (A,B,C,D,E) would you give your _____ for being a _____? (insert mother, father, stepparent, other members of the household)

Why did you give that person that grade?

Are there any new people in your home?

Has anyone left your home recently?

How do you get along with them?

Are there problems between the two of you?

Do you feel safe at home?

What is going on that makes you not feel safe?

What do you think could be done about this?

Do you want help getting to a safer place?

Are there rules at home? Rules regarding curfew, friends at home without parental supervision, cell or landline phone usage, computer, television usage?

What are the chores to be done at home?

Education / Employment

Where do you go to school, and what grade are you in?

How are your grades in each subject: English? Math (type of math)? Science (type of science)? History (type of history)? Foreign language?

Has there been a change recently in how you are doing in school?

How many times in the last month, were you late for school? Missed school? How many times have you not gone to all of your classes?

Have you had to change schools?

Have you ever been expelled or suspended from school? What was the reason for this?

Do you have a job?

If yes, How many hours do you work during the week?

Do you feel you have enough time for school, work, and other activities?

Why do you feel that you need to work so much?

Eating

When you look at yourself in the mirror is your weight too little, just right or too much? Why?
Have there been any recent changes in your weight?
Are you trying to lose or gain weight?
What do you think is a healthy diet? How does your diet compare to that?
How much exercise do you get in an average day/week?

Activities

What do you do for fun with your friends after school, or on the weekends?
What do you do for fun with your family?

Do you have a best friend to talk and do things with? What is their name?
Who do you talk to when you have a problem?

Do you participate in any athletic activities, group activities, or hobbies?

Have you ever been in trouble with the law? What happened?

Drugs

Do your friends use tobacco? Drink alcohol? Use other drugs?
Does anyone in your family use tobacco or have trouble with alcohol or drugs?
Have you ever tried smoking cigarettes?
Have you ever tried drinking alcohol? Have you ever driven while drunk or under the influence of alcohol?
Have you ever ridden in a car with a driver who was drunk?
Ask about amount, frequency, and patterns of use.
Have you ever been drunk?
Have you ever tried marijuana or weed?
Any other drugs? Inhalant, cocaine, LSD?
How do you pay for it?

Sexuality

Have you ever been in a romantic relationship?
Tell me about the people you have dated.
Have any of your relationships ever been sexual relationships including oral sex?
Are your sexual activities enjoyable?
Are you attracted to women or men or both?
How old were you when you first had sex?
How many sexual partners have you had since then?
How old was your oldest partner?
Are you using any form of birth control?
Have you ever been pregnant or made someone pregnant?
How many times have you had sex without a condom?
Have you ever been forced or pressured into doing something sexual that you didn't want to do?
Do you have any questions right now about your sexual development or sexuality?

Suicide

Do you ever feel down, sad or depressed?
When you are down, what do you do to feel better?
Do you have trouble sleeping at night?
Do you feel like you have things to look forward to?
Have you ever used alcohol or drugs to help you relax, calm down or feel better?

Have you ever felt so bad that you thought of hurting yourself? Or harming someone else?
Tell me what was going on at that time?
How were you planning to hurt yourself?

Did you actually do something to harm yourself?
Do you feel sad right now?
Do you feel like you could do something now to hurt yourself?

Safety

Do you feel safe at school, home and in your community?
Are there weapons at school, home or in your community?
Is there fighting in your community, school or home?
Have you been in a fight at school, home or in your community?
Do you wear protective gear when participating in organized and causal physical activity?

1. Goldenring, JM, Rosen, DS. Getting into adolescent heads: An essential update. Contemporary Pediatrics 2004; 21:64