



## Transition Tool Kit: HEeADSSS Interview

DATE:

PATIENT NAME:

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HOME [Role in family, support person, good/not good. Lives with: immediate family / extended / relatives / friends / others]

EDUCATION/EMPLOYMENT [Likes/dislikes, progress, learning difficulties, employment, future plans]

EATING [diet, exercise, body image]

ACTIVITIES [After school, weekend, parties, social media]

DRUGS & ALCOHOL (Friends or family tried or used, feelings towards, access]

SEXUALITY [Physical/emotional development stages – puberty and self-knowledge, relationships, identity, activity]

SUICIDE/DEPRESSION [Depression, anxiety, mood, sadness, self-harm, suicidal thoughts, coping strategies]



SAFETY [physical and personal safety – injury, violence, bullying]

RISK & RESILENCY FACTORS

FOLLOW UP

REFERRALS

ADDITIONAL COMMENTS

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NAME & DESIGNATION:

DATE \_\_\_ / \_\_\_ / \_\_\_

SIGNATURE:

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**For further information on HEeADSSS and training opportunities within NZ see:**

<http://www.goodfellowunit.org/courses/introduction-heeadsss-assessment>

<http://www.bpac.org.nz/BPJ/2015/October/wellbeing.aspx>

<http://www.werrycentre.org.nz/elearning-courses>

Klein, D. A., Goldenring, J.M. & Adelman W.P. HEeADSSS 3.0. (2014). The psychosocial interview for adolescents updated for a new century fueled by media. *Contemporary Pediatrics January 14*; 16-28.