

**TABLE 1** The HEADSSS psychosocial interview for adolescents

|                                 | <b>Potential first-line questions</b>  | <b>Questions if time permits or if situation warrants exploration</b>  |
|---------------------------------|--|--|
| <b>Home</b>                     | <p>Who lives with you? Where do you live?<br/>           What are relationships like at home?<br/>           Can you talk to anyone at home about stress? (Who?)<br/>           Is there anyone new at home? Has someone left recently?<br/>           Do you have a smart phone or computer at home? In your room? What do you use it for? (May ask this in the activities section.)</p>  | <p>Have you moved recently?<br/>           Have you ever had to live away from home? (Why?)<br/>           Have you ever run away? (Why?)<br/>           Is there any physical violence at home?</p>   |
| <b>Education and employment</b> | <p>Tell me about school.<br/>           Is your school a safe place? (Why?) Have you been bullied at school?<br/>           Do you feel connected to your school? Do you feel as if you belong?<br/>           Are there adults at school you feel you could talk to about something important? (Who?)<br/>           Do you have any failing grades? Any recent changes?<br/>           What are your future education/employment plans/goals?<br/>           Are you working? Where? How much?</p> | <p>How many days have you missed from school this month/quarter/semester?<br/>           Have you changed schools in the past few years?<br/>           Tell me about your friends at school.<br/>           Have you ever had to repeat a class/grade?<br/>           Have you ever been suspended? Expelled? Have you ever considered dropping out?<br/>           How well do you get along with the people at school? Work?<br/>           Have your responsibilities at work increased?<br/>           What are your favorite subjects at school? Your least favorite subjects?</p> |
| <b>Eating</b>                   | <p>Does your weight or body shape cause you any stress? If so, tell me about it.<br/>           Have there been any recent changes in your weight?<br/>           Have you dieted in the last year? How? How often?</p>  | <p>What do you like and not like about your body?<br/>           Have you done anything else to try to manage your weight?<br/>           Tell me about your exercise routine.<br/>           What do you think would be a healthy diet? How does that compare to your current eating patterns?<br/>           What would it be like if you gained (lost) 10 lb?<br/>           Does it ever seem as though your eating is out of control?<br/>           Have you ever taken diet pills?</p>  |
| <b>Activities</b>               | <p>What do you do for fun? How do you spend time with friends? Family? (With whom, where, when?)<br/>           Some teenagers tell me that they spend much of their free time online. What types of things do you use the Internet for?<br/>           How many hours do you spend on any given day in front of a screen, such as a computer, TV, or phone? Do you wish you spent less time on these things?</p>  | <p>Do you participate in any sports?<br/>           Do you regularly attend religious or spiritual activities?<br/>           Have you messaged photos or texts that you have later regretted?<br/>           Can you think of a friend who was harmed by spending time online?<br/>           How often do you view pornography (or nude images or videos) online?<br/>           What types of books do you read for fun?<br/>           How do you feel after playing video games?<br/>           What music do you like to listen to?</p>  |
| <b>Drugs</b>                    | <p>Do any of your friends or family members use tobacco? Alcohol? Other drugs?<br/>           Do you use tobacco or electronic cigarettes? Alcohol? Other drugs, energy drinks, steroids, or medications not prescribed to you?</p>  | <p>Is there any history of alcohol or drug problems in your family?<br/>           Does anyone at home use tobacco?<br/>           Do you ever drink or use drugs when you're alone? (Assess frequency, intensity, patterns of use or abuse, and how patient obtains or pays for drugs, alcohol, or tobacco.)<br/>           (Ask the CRAFFT questions in Table 5, page 25.)</p>   |

## Potential first-line questions

## Questions if time permits or if situation warrants exploration

### Sexuality

Have you ever been in a romantic relationship? Tell me about the people that you've dated.  
Have any of your relationships ever been sexual relationships (such as involving kissing or touching)?  
Are you attracted to anyone now? OR: Tell me about your sexual life.  
Are you interested in boys? Girls? Both? Not yet sure?

Are your sexual activities enjoyable?  
Have any of your relationships been violent?  
What does the term "safer sex" mean to you?  
Have you ever sent unclothed pictures of yourself on e-mail or the Internet?  
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?  
(Girls) Have you ever been pregnant or worried that you may be pregnant?  
(Boys) Have you ever gotten someone pregnant or worried that might have happened?  
What are you using for birth control? Are you satisfied with your method?  
Do you use condoms every time you have intercourse? What gets in the way?  
Have you ever had a sexually transmitted infection or worried that you had an infection?

### Suicide/ depression

Do you feel "stressed" or anxious more than usual (or more than you prefer to feel)?  
Do you feel sad or down more than usual?  
Are you "bored" much of the time?  
Are you having trouble getting to sleep?  
Have you thought a lot about hurting yourself or someone else?  
Tell me about a time when someone picked on you or made you feel uncomfortable online.  
(Consider the PHQ-2 screening tool [Table 6, page 26] to supplement.)

Tell me about a time when you felt sad while using social media sites like Facebook.  
Does it seem that you've lost interest in things that you used to really enjoy?  
Do you find yourself spending less time with 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

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 met in person (or plan to meet) with anyone whom you first encountered online?  
When was the last time you sent a text message while driving?  
Tell me about a time when you have ridden with a driver who was drunk or high. When? How often?  
Is there a lot of violence at your home or school? In your neighborhood? Among your friends?

Do you use safety equipment for sports and/or other physical activities (for example, helmets for biking or skateboarding)?  
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?  
Have you ever been incarcerated?