

## HEADS ASSESSMENT

### Information that can be obtained from a HEADS Assessment

<b>Home</b>	<p>Where they live</p> <p>With whom they live</p> <p>Whether there have been recent changes in their home situation</p> <p>How they perceive their home situation</p>
<b>Education/ Employment</b>	<p>Whether they study/work</p> <p>How they perceive how they are doing</p> <p>How they perceive their relation with their teachers and fellow students/employers and colleagues</p> <p>Whether there have been any recent changes in their situation</p> <p>What they do during their breaks</p>
<b>Eating</b>	<p>How many meals they have on a normal day</p> <p>What they eat at each meal</p> <p>What they think and feel about their bodies</p>
<b>Activity</b>	<p>What activities they are involved in outside study/work</p> <p>What they do in their free time – during week days and on holidays</p> <p>Whether they spend some time with family members and friends</p>
<b>Drugs</b>	<p>Whether they use tobacco, alcohol, or other substances</p> <p>Whether they inject any substances</p> <p>If they use any substances, how much do they use; when, where and with whom do they use them</p>
<b>Sexuality</b>	<p>Their knowledge about sexual and reproductive health</p> <p>Their knowledge about their menstrual periods</p> <p>Any questions and concerns they have about their menstrual periods</p> <p>Their thoughts and feelings about sexuality</p>

	<p>Whether they are sexually active; if so, the nature and context of their sexual activity</p> <p>Whether they are taking steps to avoid sexual and reproductive health problems</p> <p>Whether they have in fact encountered such problems (unwanted pregnancy, infection, sexual coercion)</p> <p>If so, whether they have received any treatment for this</p> <p>Their sexual orientation</p>
<b>Safety</b>	<p>Whether they feel safe at home, in the community, in their place of study or work; on the road, etc.</p> <p>If they feel unsafe, what makes them feel so</p>
<b>Suicide/ Depression</b>	<p>Whether their sleep is adequate</p> <p>Whether they feel unduly tired</p> <p>Whether they eat well</p> <p>How they feel emotionally</p> <p>Whether they have had any mental health problems (especially depression)</p> <p>If so, whether they have received any treatment for this</p> <p>Whether they have had suicidal thoughts</p> <p>Whether they have attempted suicide</p>

## SRH Assessment

Here is an example of how a health worker may do a sexual and reproductive health assessment.

### Menstrual history:

- Have your periods started yet? If so, how old were you when your periods started?
- What date did you begin your last period?
- Are your periods regular? Do your periods come at the same time every month?

### Pain and excessive bleeding during periods:

- How many days do your periods last when they come?
- How many pads (or equivalent) do you use a day?
- Do you have pain with your periods? Is the pain constant throughout your period?
- Does the pain prevent you from carrying out your daily activities?
- What do you do to ease the pain?

### Knowledge about sexuality:

- Have you learned about sexuality at school, at home or elsewhere?
- Have you learned about bodies and anatomy and how your body changes during adolescence? What have you learned about sex and desire?
- Do you have someone or somewhere you go when you have questions about sexuality?
- What questions do you have that you want answered?

Note: Probe to find out whether the adolescent is knowledgeable about basic anatomy and functioning, menstruation, pregnancy and contraception, and sexually transmitted infections. Do this using questions tailored to the age, level of development, and circumstances of the adolescent.

### Sexual activity:

- Depending on the context, ask whether their friends are dating/in relationships, and then whether the client is dating or in a relationship.
- Again, depending on the context, ask whether their friends have had sex, and then whether they have done so themselves.

Note: Be aware that the word “sex” may mean different things to different adolescents. Try to get the adolescent to define what they mean by sex using accurate language, so that you can best assess their risk and protection needs.

### Pregnancy and contraception:

- Do you know how one could get pregnant?
- Do you know how to avoid pregnancy?
- Are you currently trying to get pregnant?
- Are you currently trying to avoid pregnancy?
- If so, what do you do to avoid pregnancy?
- Do you know about contraceptive methods?
- If so, do you use any contraceptive methods?
- Have you done anything in the last month that could result in pregnancy? If so, what?
- Is your period delayed? Have you missed a period?
- Do you have any nausea or vomiting in the morning, or do you have swollen or sore breasts?
- When was the last time you had sex? What do you think your risk of pregnancy was? Why?

### Sexually Transmitted Infections:

- Do you know what a sexually transmitted infection is?
- Do you know how to avoid getting an STI?
- What do you do to avoid getting any STIs?
- Do you know about condoms? Do you use them when you have sex? Do you use them for all kinds of sex (vaginal, oral, anal)? Do you use them every time you have sex? If not, why not? Where do you get condoms?
- When was the last time you were tested for STIs or talked to a doctor about STIs?
- Have you been vaccinated for HPV?
- Do you have a regular partner? Have you and your partner talked about STIs and protection?
- How many sexual partners have you had in the last three months? Did you talk to them about STIs and protection?
- Have you ever had symptoms of an infection: genital sore or ulcer, swelling, discharge, itching or burning during urination?
- What did you do about your symptoms at that time?