

<b>HEADSSS - a mnemonic for interviewing adolescents</b>	
<b>Home</b>	
Where, who lives there? How do the people in your family get along?	
Do you argue with your parents?	
Do you feel safe at home?	
<b>Education and Employment</b>	
Do you feel safe at school? Is bullying an issue including cyberbullying?	
Performance at school?	
Do you have a job? How many hours?	
Have you ever failed or repeated a grade?	
Have you ever been suspended?	
<b>Activities</b>	
What do you and your friends do for fun?	
What are your hobbies?	
Do you participate in sports?	
Have you ever been in trouble with the law?	
What would you like to do after you finish school?	
<b>Drugs, Drinking and Dieting</b>	
Do you or your friends often drink or smoke pot at parties?	
Do you ever drink or smoke pot alone?	
Have you ever been in a car driven by someone who was drunk or high?	
Have you ever tried any other drugs?	
Are you satisfied with your weight? Have you ever dieted, exercised or used drugs to change your weight?	
<b>Sexuality</b>	
<b>DO NOT ASSUME HETEROSEXUALITY</b>	
Do you have any concerns about your physical/sexual development?	
Are you dating? How long have you been together?	
Have you ever had sexual contact? What kind of sexual contact have you had? Are you sexually active now? How often do you have sex?	
What was your age when you first had sex?	
Have you used protection for sexually transmitted diseases or birth control?	
Have you ever been pregnant?	
Have you ever been forced to have sex?	
<b>Suicide (and depression)</b>	
Do you feel down or depressed much of the time?	
For how long have you felt this way?	
Have you thought of hurting yourself?	
Have you ever tried to harm yourself?	
<b>Safety (violence and abuse)</b>	
Have you ever seen or been the victim of violence?	
Is there a gun in your home?	
Have you ever been in trouble with the law?	
Do you have use of a car? Do you wear a seat belt?	

Adapted from Sacks D, Westwood M Paediatrics & Child Health 2003;8:554-6

<b>STI Screening in Sexually Active Individuals</b>		
	Female ( non –pregnant)	Male
Chlamydia	<b>All &lt; 25 years</b>	Insufficient evidence for primary screening
Gonorrhea	<i>All &lt; 25 years</i>	Insufficient evidence for primary screening
Syphilis	<b>Increased risk</b>	<b>Increased risk</b>
HIV	<b>Increased risk</b>	<b>Increased risk</b>
Hepatitis B	<i>Do not screen general population</i>	<i>Do not screen general population</i>
Hepatitis C	<i>Do not screen general population</i> Increased risk - Insufficient evidence for recommendation	<i>Do not screen general population</i> Increased risk - Insufficient evidence for recommendation
Herpes Simplex Virus	<i>Do not screen general population</i>	<i>Do not screen general population</i>
Human Papillomavirus	Insufficient evidence for primary screening	
<b>Increased risk</b> – all high-risk sexual behaviour, high community prevalence for syphilis		

USPSTF [www.ahrq.gov/CLINIC/uspstf08/methods/stinfections.htm](http://www.ahrq.gov/CLINIC/uspstf08/methods/stinfections.htm)

<b>Pregnancy: evidence- based counselling and screening</b>
<a href="http://www.aafp.org/afp/20050401/1307.html">www.aafp.org/afp/20050401/1307.html</a> <a href="http://www.aafp.org/afp/20050415/1555.html">www.aafp.org/afp/20050415/1555.html</a>

<b>Prevention Counselling for Sexual Activity</b>	
Abstinence and reduction of number of sex partners	CDC
Pre-exposure Immunization – Hepatitis B, HPV	CDC, PHAC
Pre-exposure Immunization for men who have sex with men – Hepatitis A	CDC, PHAC
<b>Condom use (male)</b> , female condoms	CDC, PHAC
Education about STIs – signs, symptoms, transmission, risk factors, safer sex practices	PHAC
Nonoxynol 9 and increased risk of STI transmission	CDC, PHAC
Partner testing (previously sexually active) for youth contemplating initiation of sexual activity	PHAC
<b>Folic acid – peri-conceptual</b>	SOGC, USPSTF
Contraception	SOGC
<i>Emergency contraception</i>	SOGC, CDC

CDC [www.cdc.gov/STD/treatment/2006/clinical.htm#clinical1](http://www.cdc.gov/STD/treatment/2006/clinical.htm#clinical1)

SOGC [www.sogc.org/guidelines/index\\_e.asp](http://www.sogc.org/guidelines/index_e.asp)

PHAC [www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php](http://www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php)

<b>STI Risk Factors</b>
Sexually active < 25 years
Sexual contact with person with a known STI
Serial monogamy – multiple partners over time
No barrier contraception
Injection drug use
Other substances including alcohol especially if associated with having sex
Unsafe sexual practices (eg unprotected, blood exchange, shared sex toys)
Sex workers and their clients
Sex for money, drugs, shelter or food
Street involvement, homelessness
Anonymous sexual partnering (internet, bathhouse, rave party etc.)
Victim of sexual assault or abuse
Previous STI

Canadian Guidelines on STIs 2008 [www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php](http://www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php)

<b>Risk factors for Suicide</b>
Previous suicide attempt(s)
History of mental disorders esp. depression
History of alcohol and substance abuse
Family history of suicide or child maltreatment
Feelings of hopelessness, impulsive or aggressive tendencies
Barriers to accessing mental health treatment
Loss (relational, social, work, or financial)
Physical illness
Easy access to lethal methods
Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma
Local epidemics of suicide
Isolation, a feeling of being cut off from other people

CDC [www.cdc.gov/ncipc/dvp/suicide/](http://www.cdc.gov/ncipc/dvp/suicide/)

<b>Screening for Major Depressive Disorder (USPSTF)</b>	
Age 12 years to 18 years	7 to 11 yrs
<i>Screen (when systems in place for diagnosis, treatment and follow-up)</i>	Insufficient evidence
Risk factors- parental depression, co-morbid mental health or chronic medical conditions, having experienced a major negative life event	
<i>Tools- Patient Health Questionnaire for Adolescent (PHQ-A) &amp; Beck Depression Inventory – Primary Care version (BDI-PC)</i>	Instruments perform less well
<i>Treatment- Pharmacotherapy – fluoxetine (a SSRI) is efficacious but SSRIs have a risk of suicidality – consider only if clinical monitoring is possible. Psychotherapy alone or combined with pharmacotherapy can be efficacious.</i>	Insufficient evidence

USPSTF [pediatrics.aappublications.org/cgi/content/full/123/4/1223](http://pediatrics.aappublications.org/cgi/content/full/123/4/1223)

<b>Tables of Blood Pressures by Percentiles</b>
<a href="http://pediatrics.aappublications.org/cgi/content/full/114/2/S2/555#SECS">pediatrics.aappublications.org/cgi/content/full/114/2/S2/555#SECS</a>