

HEEADSSS Sample Questions

*HEEADSSS is a method used by providers for interviewing adolescents on their psychological history, focusing on **H**ome environment, **E**ducation and employment, **E**ating, peer-related **A**ctivities, **D**rugs, **S**exuality, **S**uicide/depression, and **S**afety from injury and violence. These sample questions have been adapted for gender affirmation.*

HOME

- Who lives at home?
 - Do the people who live with you know that you are transgender/gender variant? (Who?)
 - How did they find out, and how did they react?
 - Do you feel you can be yourself at home?
 - Do you talk to your family about medical options for transition?
 - Does your family help you financially to purchase gender affirming devices/clothing/makeup?
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EDUCATION

- What school do you attend?
 - Do people at school know that you are trans/gender variant? (Who?)
 - How did they find out, and how did they react?
 - Are you able to express your gender safely at school?
 - Do teachers use your preferred name and pronouns?
 - Do you have access to a bathroom that fits with your gender identity?
 - Have you ever been harassed or attacked at school/work?
 - Do you skip or miss classes? How often? What do you do instead?
 - Do you ever worry about your academic/work future as a trans/gender variant person?
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- What do you like and not like about the way you look? Do you wish you could look different? (How?)
 - Do you do anything to change how you look? (Binders, tucking, padded bras, etc.)
 - What is your ideal image?
 - Do you eat more/less when you are under stress or to obtain this image of yourself? (Pubertal suppression?)
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ACTIVITIES

- Do any of your friends know that you are trans/gender variant? How did they find out, and how did they react?
 - Do you know any other LGBTQ2S people? How did you meet them?
 - Do you attend any groups/drop ins for LGBTQ2S youth?
 - Do you have any online friends in the LGBTQ2S community/
 - What do you do for fun?
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DRUGS

- Do you ever use drugs/alcohol to cope with stress?
 - What do you think is a safe limit for drug and alcohol use? Have you ever crossed that limit? (How often?)
 - Have you had negative experiences or made decisions that were influenced by being high or drunk?
 - Do you vape?
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SEXUALITY

- Are you dating? Do you engage in sexual activity?
 - Do you use condoms or contraception?
 - Have any of the people you've dated know that you are trans/gender variant? How did they find out, and how did they react?
 - Are there parts of your body that are off-limits sexually?
 - Do you use dating apps? Do you ever meet up with people you meet online?
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SUICIDE/MENTAL HEALTH

- Do you worry about people finding out you are trans?
 - Are you comfortable with your trans identity?
 - Does thinking about trans/gender issues ever make you feel stressed, sad, lonely?
 - Do you ever feel that your situation is hopeless?
 - Do you have thoughts of suicide or self-harm?
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SAFETY

- Has anyone ever threatened to "out" you as trans/gender variant? Do you worry about this happening?
- Have you ever been threatened or attacked because you are trans, or for other reasons? Do you worry about this happening?
- How safe do you feel in your neighbourhood or the places where you hang out?
- Has anyone offered you money, clothes, alcohol, or drugs in exchange for sex? Has anyone tried to get you involved in the sex trade?