



Strengths Questions (examples) to promote positive communication and to help build resiliency.
What do you enjoy doing?
How would you describe yourself?
How would your best friend describe you?
What things are you proud of?
What are you good at?
What do others admire about you?
What is something someone said that made you feel really good about yourself?
https://publications.aap.org/aapbooks/book/574/chapter-abstract/5815923/The-SSHADESS-Screen-A-Strength-Based-Psychosocial

HEADSSS - a mnemonic for interviewing adolescents
Home
Where do you live? Who lives with you? How do the people in your home/family get along?
Do you have any problems or arguments with your parents? Family members?
Do you feel safe at home?
Education and Employment
How are things at school? What do you like/not like about school? Are you happy with your grades? Have your grades changed recently?
Do you feel safe at school?
Do you have a job? Do you work evenings or weekends? How many hours do you work?
Do you ever miss classes?
Have you ever had any problems with or gotten into trouble at school?
What would you like to do after you finish school?
Activities
Do you have a friend or friends you can count on? Confide in?
What do you do for fun?
What are your hobbies?
Do you exercise? Do you participate in sports?
Drugs, Substances and Dieting
Do you drink coffee, tea, or caffeine containing drinks?
Do you drink alcohol? Do you smoke? Any cannabis or drugs? Have you ever tried drugs?
How frequently do you use these? How do you pay for it?
Do you have any friends who smoke, drink alcohol or do drugs?
Have you ever been in a car driven by someone who was drunk or high? Including yourself?
Are you happy with your body? Is there anything you would like to change if you could? Are you satisfied with your weight? Have you ever dieted, exercised or used drugs to change your weight?
Sexuality
(see Sexual History in the Greig Health Record)
How do you identify? What are your pronouns?
Are you attracted to men, women or people who identify in other ways?
Do you have any concerns or questions about your physical/sexual development?
Have you ever had any kind of sexual contact or relations? How old were you the first time?
Have you ever been forced to have sex?
Are you dating?
Are you sexually active? What kind of sexual contact have you had?
Do you use protection for sexually transmitted diseases or birth control?
Have you ever been pregnant?
Suicide (and depression)
Do you feel stressed or worried much of the time?
Do you feel down or depressed much of the time?
For how long have you felt this way?
Have you ever felt that life was not worth living?
Have you thought of hurting yourself?
Have you ever tried to harm yourself?
Safety (violence and abuse)
Do you or have you ever felt you were not safe? What makes you feel unsafe?
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 wear a seat belt?

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

Confidentiality, Capacity, and Consent
This chart is not a comprehensive guide. See individual references for details and clarification.
Confidentiality
The patient's right to privacy in their medical care and health records is protected by federal legislation and no age is specified.
Capacity
Depends on ability to understand
<ul style="list-style-type: none"> The medical problem The proposed treatment The alternatives (if any) to the proposed treatment The option of refusing treatment or of it being withheld or withdrawn
And ability to appreciate
<ul style="list-style-type: none"> The reasonably foreseeable consequences of accepting and refusing the proposed treatment
And ability to make a decision that is
<ul style="list-style-type: none"> Not substantially based on delusions or depression
Consent
Requirements include
<ul style="list-style-type: none"> The patient or decision maker must be capable (capacity: see above) All relevant information be given to make an informed decision Must be voluntary and without coercion
No Canadian standard for age of consent. Legislation varies between provinces and territories.
References
Agostino H, Toulany A. Considerations for privacy and confidentiality in adolescent health care service delivery. Paediatr Child Health. 2023 May 16;28(3):172-183
Eichells E, Sharpe G, Elliott C, Singer PA. Bioethics for clinicians: 3. Capacity. CMAJ. 1996 Sep 15;155(6):657-61.
https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians
https://cps.ca/en/documents/position/medical-decision-making-in-paediatrics-infancy-to-adolescence

Family Psychosocial History
Living circumstances. Who lives in the home.
Family history of mental health issues, substance abuse, intimate partner violence.
Parental adverse childhood experiences
Poverty or financial issues
Discipline strategies, effective discipline, limit setting
Conflict resolution strategies, non-violent conflict resolution

Adapted from Flaherty EG, Stirling J Jr. Pediatrics. 2010;126(4):833-841

Adverse childhood experiences
Experiencing physical, emotional abuse or neglect or sexual abuse
Living with someone who abuses drugs or alcohol
Living with someone who is or has been in prison
Living with someone who has serious mental illness
Being exposed to domestic violence
Loss of a parent – divorce, death or abandonment

Adapted from Jacob et al. Paediatrics & Child Health 2019;24 (1):30-36.

Positive childhood experiences
Feeling able to talk to family about feelings
Feeling supported by family during difficult times
Enjoying participating in community traditions
Feeling a sense of belonging during secondary school
Feeling supported by friends
Having at least 2 adults (not including parents) who have a genuine interest in the child / adolescent
Feeling safe and protected by an adult you live with

Adapted from Bethell Cs. JAMA Pediatr. 2019;173(11):e193007

Poverty Screen - "Do you ever have difficulty making ends meet by the end of the month?"	
Screening Recommendation - Ask parents and caregivers	
Yes = may be living below the poverty line	98% sensitivity, 40 % specificity
Consider	Short and long-term health consequences
Offer	Assistance with accessing resources for filing taxes and collecting benefits
Consult CEP tool – Poverty: a clinical tool for primary care providers	https://cep.health/clinical-products/poverty-a-clinical-tool-for-primary-care-providers