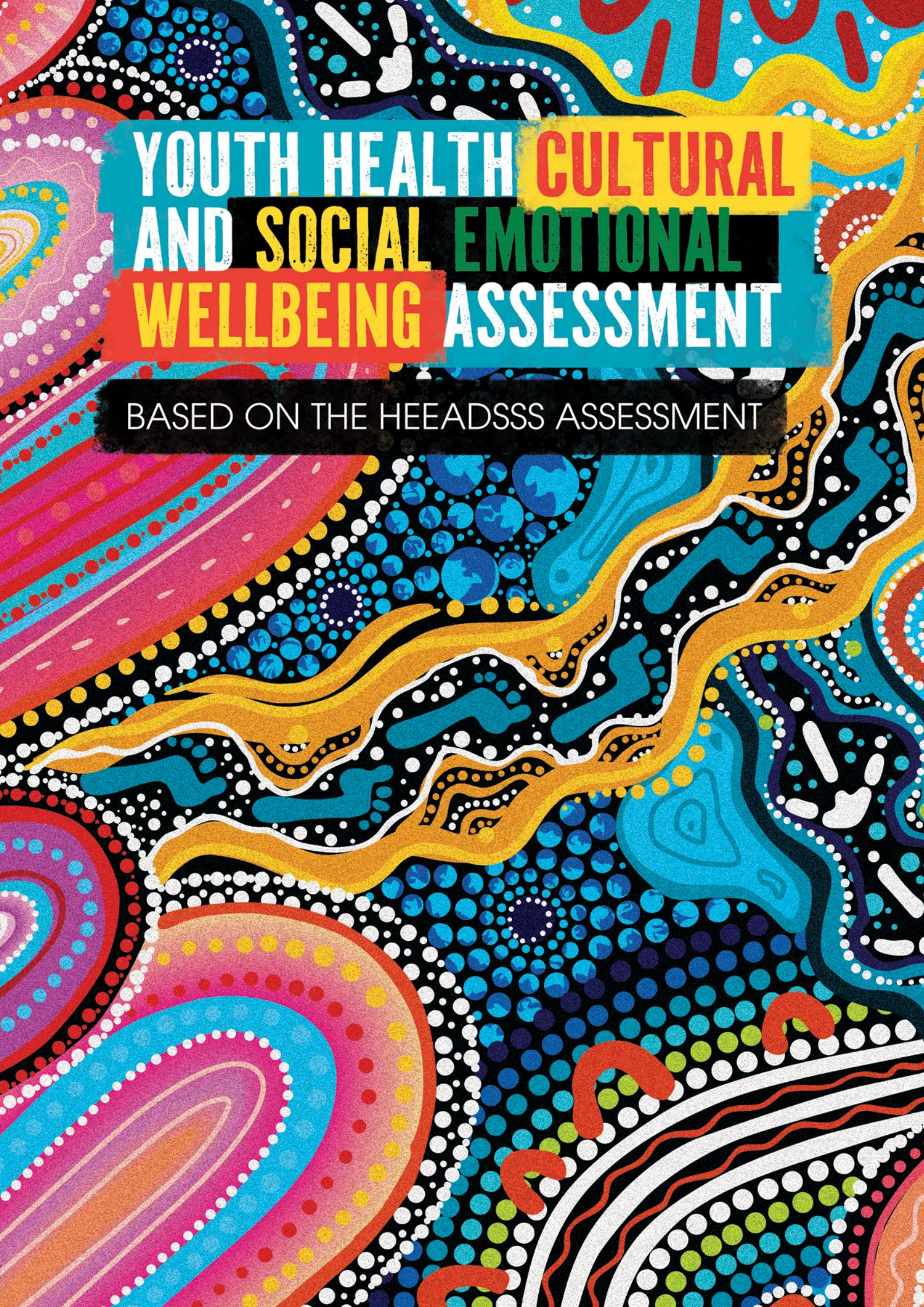




YOUTH HEALTH **CULTURAL** AND **SOCIAL** EMOTIONAL **WELLBEING** ASSESSMENT

BASED ON THE HEEADSSS ASSESSMENT



Acknowledgement

We acknowledge the Traditional Owners of the land on which we live and work and pay respect to Elders past and present.

We extend that respect to all Aboriginal and Torres Strait Islander people.

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INTRODUCTION

A psychosocial assessment is an integral part of a health related consultation with a young person – defined as people aged 12– 24 years of age. The 'Y Health' Cultural Social Emotional Wellbeing Assessment (CSEW) is derived from the mainstream HEEADSSS Assessment with modifications to incorporate culture specific norms or behaviours. Culture has been placed foremost. The language has been altered to suit the Aboriginal & Torres Strait Islander health workforce and community. The Y Health cultural social and emotional wellbeing assessment tool was first developed in 2013 and was co-created with Indigenous youth.

Nori et al (2013) facilitated several community meetings with Aboriginal young people aged between 12– 24 years to co-create the tool to address their key health concerns. The aim was to develop a tool with cultural validity, cultural specificity, youth friendliness of the Health Check, and to inform how to promote its uptake by Aboriginal youth. The young people shared their perceptions of health and illness, knowledge and understanding of health checks and their benefits, and provided suggestions for the format of the health check and what factors would make it easier to access them. The wording for the psychosocial assessment in the youth health check was selected by young people including sensitive areas such as exploration of cultural

connectedness, sexual health, mental health, and substance use.

It has since been the main resource recommended for the health of young people in the National Guide to Preventive Healthcare for Aboriginal and Torres Strait Islander people (4th edition, 2025).

Young people first make contact with the Australian health system through primary health care services. Therefore, services such as Aboriginal Community Controlled health Services (ACCHOs) play a vital role in supporting the preventive healthcare of young people. Contact is often infrequent and opportunistic, meaning that health care providers must maximise the opportunities given to conduct a young persons health assessment. Such assessments have the potential to identify psychosocial distress, risky behaviour, and improve the quality of life for young people.

In order to enhance access to this important tool, QAIHC updated biomedical advice to align with current National Guide recommendations and reformatted the layout to aid functionality for healthcare providers. The domains and their content have not been altered from the original.

Original HEEADSSS Domains and the equivalent youth health cultural social emotional wellbeing assessment topics.

The HEEADSSS tool is a standardised, internationally recognised comprehensive psychosocial assessment tool for young people and is recommended for use by ACCHOs in the NACCHO Guide.

The acronym stands for the areas of Home, Education/ Employment, Eating/Exercise, Activities, Drugs & other substances, Sexuality, Self-Harm & Suicide, and Safety and Spirituality.

The HEEADSSS assessment supports healthcare providers to have a conversation with young people and discuss many of the concerns that have been identified as priorities by them. It identifies risk factors but also protective factors in a young person's life.

From this assessment, health care providers can act on agreed concerns including with people they feel safe with, arrange follow-up visits with a plan of action, and/ or referral to specialists.

Aboriginal & Torres strait islander youth health check: 'Y health' resource document no. 2

Authors: Dr Annapurna Nori, Ms Rebecca Piovesan, Ms Joanne O'Connor, Assoc Professor Smita Shah, Professor Ngiare Brown

QAIHC acknowledges the support of Dr Annapurna Nori in updating and reformatting these resources. June 2026.



Table 1:

ORIGINAL HEEADSSS 'DOMAIN' AND DESCRIPTION	NEW 'Y HEALTH' CSEW 'TOPIC' AND DESCRIPTION	COMMENTS
	GENERAL: We want to find out about the young person's background, beliefs, experiences and connection to culture	Non Indigenous health professionals must NOT engage in this discussion unless they have good local Aboriginal and/or Torres Strait Islander knowledge and connections AND excellent rapport with the young person
HOME Explore the home situation, family life, relationships and stability	HOME We want to find out about where the young person is living and with whom; family life, relationships and stability We want to know if the young person feels safe in her/his environment We also want to identify any overcrowding that is causing problems	Note about overcrowding: There are social and wellbeing benefits to living with a supportive network of people. Therefore it is important to ask about overcrowding that is causing problems, not just a strict adherence to the definition.
EDUCATION/EMPLOYMENT Explore sense of belonging at school/work and relationships with teachers/peers/workmates; changes in performance	LEARNING/WORK We want to find out about: • How the young person is going at school and/or work • Relationships with teachers/peers/workmates • Whether there have been big changes in how they are going at school or work • Whether they feel safe at school/work • Whether they have any plans for when they finish school or for their career	
EATING/EXERCISE Explore how they look after themselves; eating and sleeping patterns	EATING/EXERCISE We want to find out about: • Food and eating habits, whether they eat bush tucker, whether they are getting enough to eat • Who does the food shopping and cooking • What kind of exercise they get during a week, how often and how much. This can include playing sports, going to a gym, walking to the shops or bus stop, walking/riding bicycle to school or work • Whether there has been any recent change in weight and if this is something the young person had planned or not	Food insecurity is recognised as a determinant of poor health in the Aboriginal and Torres Strait Islander population

ORIGINAL HEEADSSS 'DOMAIN' AND DESCRIPTION	NEW 'Y HEALTH' CSEW 'TOPIC' AND DESCRIPTION	COMMENTS
ACTIVITIES/PEER RELATIONSHIPS Explore their social and interpersonal relationships, risk taking behaviour, as well as their attitudes about themselves	HOBBIES, INTERESTS AND FRIENDSHIPS We want to find out about: • How the young person gets along with other young people • How she/he is socialising • Social media use and screen-time • What kind of interests she/he has • Whether she/he does things safely e.g. wears a bicycle helmet, puts on a seat belt; uses sunscreen and wears sunglasses • Whether she/he is taking part in any high risk behaviours, including gambling	If there are risk taking behaviours/ activities, we need to: 1. Check whether the young person has broken the law or been involved with the juvenile justice system 2. Refer for youth specific counselling If the young person seems to be socially isolated, we need to do a mental health assessment
DRUG USE/CIGARETTES/ ALCOHOL Explore the context of substance use (if any) and risk taking behaviours	SUBSTANCE USE INCLUDING CIGARETTES, VAPES, ALCOHOL AND OTHER DRUGS We want to find out if the young person is smoking, vaping, drinking alcohol or using other drugs If so, we want to find out about: • Whether they are being pressured into it • What they are using, how and when they use, how much they are smoking/ vaping/drinking/using, how often, if there have been any problems • If the people they spend time with smoke, vape, drink or use substances	
SUICIDE/SELF HARM/ DEPRESSION/ MOOD Explore risk of mental health problems, strategies for coping and available support	MENTAL HEALTH We want to find out about the young person's mood, whether there is ongoing stress in their life, whether there has been anything hurtful or traumatic happen to them recently or in the past If the young person has a mood problem, you must assess if she/he is at risk of self-harm or suicide	

ORIGINAL HEEADSSS 'DOMAIN' AND DESCRIPTION	NEW 'Y HEALTH' CSEW 'TOPIC' AND DESCRIPTION	COMMENTS
SEXUALITY Explore their knowledge, understanding, experience, sexual orientation and sexual practices. Look for risk taking behaviour/abuse	SEXUAL HEALTH & SEXUALITY In this part, we discuss the young person's sexual health, whether she/he has had or is having sex, what her/his sexual orientation is and how she/he feel about themselves If the young person has had or is having sex, we want to know if: • She/he is using any kind of protection or contraception • She/he is consenting to it or being pressured	
SAFETY & SPIRITUALITY Sun screen protection; immunisation; bullying; abuse; traumatic experiences; risky behaviours. Beliefs; religion. What helps them relax, escape? What gives them a sense of meaning?		Safety issues have been considered across all areas and not as a separate topic Spirituality has been considered as part of cultural connectedness
	FINISHING OFF We complete this assessment by checking with the young person if they have any other concerns or worries or if there is anything else they wish to talk about	

THE QUESTION GUIDE FOR A CULTURAL SOCIAL EMOTIONAL WELLBEING ASSESSMENT *

This guide provides examples of questions that are useful when discussing the various aspects of a young Aboriginal and/or Torres Strait Islander's current life situation.

This is not a checklist of questions and we advise health professionals not to ask each and every question as this is likely to disengage a young person. Go through this assessment in a relaxed way and don't rush through it. Let the young person feel comfortable about telling her/his story.

There are specific questions about cultural connectedness throughout the guide, but most of these are in the first section. Safety has also been considered across all topic areas and not separately.

WARNING: *If you are a non-Indigenous person, and are not familiar with Aboriginal & Torres Strait Islander communities, you need to be extremely cautious asking the questions around culture. We strongly recommend that you do NOT explore this area or ask these questions.*

Table 2

TOPIC AREA	POSSIBLE QUESTIONS
GENERAL Explore background, beliefs, experiences and connection to culture	Tell me about yourself • Where's country for you? Where are you from? Where is your family from? • Do you visit country or your family's country? • Do you like where you are from? Do you feel connected with your culture? How close do you feel to your culture? • Do you feel connected with your community? How close do you feel to your community? • Do you take part in any cultural and/or community activities (e.g. NAIDOC events, ceremonies, hunting, art and crafts)? If so how often? Do you speak any Aboriginal and/or Torres Strait Islander languages? Do you have any beliefs that are important to you (religious or spiritual)? Have you been through ceremony? (Do not ask this question unless you have good local Aboriginal and/or Torres Strait Islander knowledge and connections AND excellent rapport with the young person) Have you or do you face prejudice or racism? (If yes, explore details)

* ABORIGINAL & TORRES STRAIT ISLANDER YOUTH HEALTH CHECK: "Y HEALTH" RESOURCE DOCUMENT NO. 3. Authors: Dr Annapurna Nori, Rebecca Piovesan, Joanne O'Connor, Tauondi College Community Services Class 2012, Watto Purrinna Aboriginal Health Service Thursday for Kids Group, Mari Yerta Aboriginal Youth Group, Assoc Professor Smita Shah, Professor Ngiare Brown.

Resources:

1. NSW Centre for the Advancement of Adolescent Health GP Resource Kit

TOPIC AREA	POSSIBLE QUESTIONS
HOME Explore the home situation, family life, relationships and stability. We also want to identify any overcrowding that is causing problems	Tell me about where you live - Where do you live? (What type of place, how many rooms, is this where you live all the time; is there any chance you will need to move) - Do you stay at more than one place? If yes, what is it like for you moving around? - Do you have your own room? Tell me about your family (OR) the people you are living with - How many people live with you at the moment? - How are things going at home or where you live? - Who are you closest to in your family? - Do you get along with your family? Do your family members get along with each other? - Do you have any worries about your family or friends? - Do you have children? (What age?) Do you feel safe at home or where you are staying? Are there ever times you feel like leaving home? Have there been any changes at home lately (moves, departures, travelling to and from home/ community etc)
LEARNING/WORK Explore how the young person is going at school/work and relationships with teachers/peers/workmates; whether there have been significant changes	Do you go to school/study or work? - What year are you in/what job do you do? How are you going at school/work? OR Are you happy at school/work? (Explore) If not, why? - Have you been missing or not going to school/work or often turning up late? - Are you keeping up with your school work? Do you need any help? How are your grades? OR What are your school reports like? - Do you get along with your teachers/boss and other students/work mates? (Explore) - How are your friends or other students or work mates treating you? OR Do you have any problems at school/work, like getting bullied? Do you feel safe at school/work? Does your family encourage or help you with your studies/sport/work? What would you like to do when you leave school/you're older? OR what job/ career plans do you have?

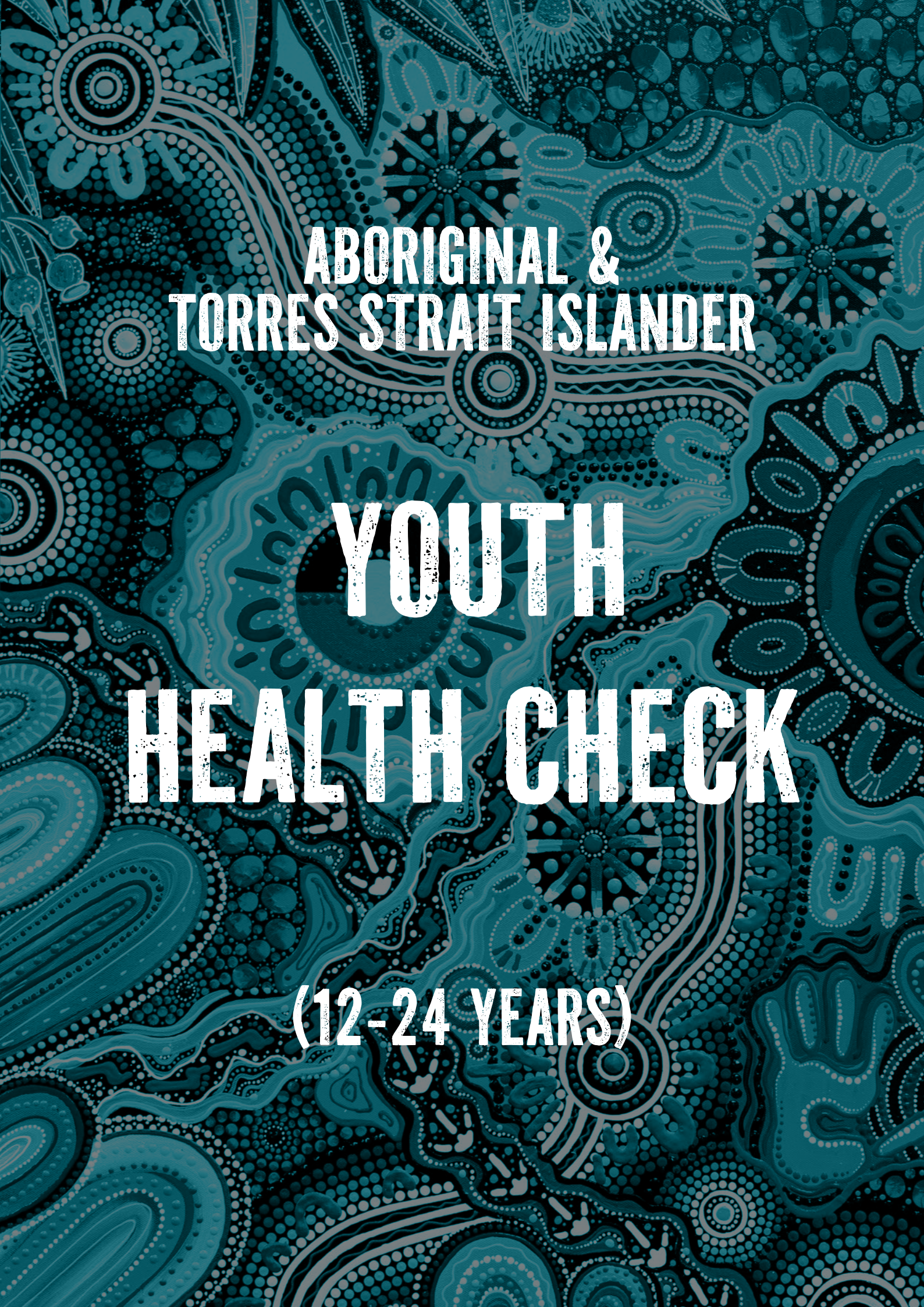
TOPIC AREA	POSSIBLE QUESTIONS
EATING/EXERCISE Explore food and eating habits and physical activity	What do you usually eat & drink over a whole day? OR Tell me what you ate yesterday? (Explore type of food and amount, bush tucker) • What do you like to eat? • Do you get enough to eat? Who shops for the food/groceries? Who does the cooking? Has your weight or diet changed lately? • How do you feel about the way you look? (Explore the possibility of eating disorders) During a usual or typical week, what kind of exercise do you do? • Do you play sport or do any exercise? (Explore what kind including traditional dance, how often & for how long) • Do you ride your bike or walk to get around? (Explore informal physical activity)
HOBBIES, INTERESTS AND FRIENDSHIPS Explore relationships with other young people, how they are socialising, social media use, screen-time, whether they are engaging in any high risk behaviors	Who do you hang around with? (Brothers, sisters, cousins, aunts, uncles or friends from school?) (Explore for social isolation) • Do you like your friends and how much time do you hang out with them? • Have you ever been pressured into anything by your peers? What do you (and your friends) do in your free/spare time? What do you do on the weekend? Do you wear bike helmets, seat belts? Do you use sunglasses and sunscreen? Do you do anything that gets you into trouble, or could get you into trouble? Have you ever been in trouble with the police? Do you play the pokies, cards or bet online? If yes, How do you pay for it? OR What do you spend your money on? Do you spend much time on social media? How much screen-time would you have in a typical day (television, gaming, etc)
SUBSTANCE USE INCLUDING CIGARETTES AND VAPES Explore use, type, amount, frequency, consequences. Explore if the people they spend time with smoke, vape, drink or use substances	Do people around you smoke, vape or drink? • Do you smoke, vape or drink? How much & how often? What about drugs? Are people around you doing drugs? What type and how often? • Have you tried drugs before? (If yes, are you still taking them? What type and how often?) • (If currently using) Does this affect relationships, school, work or other responsibilities? How are you paying for it? Has this ever got you into trouble (getting into fights or in trouble with the police)? • Are you or have you been pressured into it?

TOPIC AREA	POSSIBLE QUESTIONS
MENTAL HEALTH Explore mood, stress, and trauma. Assess suicide risk if there are mood problems	How have you been feeling lately? - Have you been feeling sad, stressed, nervous or worried? (This question is not necessary if the young person has filled out a mental health tool such as the K5) - Are you still enjoying things as much as usual? How have you been sleeping? How much sleep do you get each night? Has your eating been OK? Has anything traumatic or hurtful happened to you lately or in the past? Do you have thoughts about hurting yourself? Have you ever tried to hurt yourself? If yes, explore how serious the injury was. Have you had any thoughts about suicide? If yes, Have you tried to end your own life? (Try and find out if this is a current problem). [Do not ask this question routinely. This is to be asked if the young person has risk factors for suicide. See Footnote below]
SEXUAL HEALTH & SEXUALITY	Have you noticed any body changes? (Ask this question only if the young person appears not to have gone through puberty) (For females) Are you having periods? Is everything going okay with your monthly or period? Do you have a boyfriend or girlfriend? - Have you ever slept with them or had sexual intercourse? How about with other people (boys/girls or males/females)? - What do you use for protection? (For females) Do you take anything to stop you from getting pregnant (e.g. pill or Implanon)? Are you attracted to boys/males or girls/ females, or are you unsure? Do you feel comfortable with your sexuality or feelings? Has anyone ever taken advantage of you or used you? Have you ever felt uncomfortable or pressured about having sexual intercourse?
FINISHING OFF	Do you have any other concerns? OR Is there anything else you want to talk about? OR Is there anything else that is worrying you that we have not talked about?

* People with higher risk of suicide, include those with:

- previous suicide attempt or non-suicidal self-injury
- anxiety disorders
- post-traumatic stress disorder, including complex trauma
- complex and compounded loss, including loss of freedom/incarceration, loss of identity, bereavement and separation
- sexual abuse history
- drug use disorders

Source: National Guide, 4th Edition, 2024 <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/national-guide/mental-health/suicide-recognising-responding-to-risk>



**ABORIGINAL &
TORRES STRAIT ISLANDER**

**YOUTH
HEALTH CHECK**

(12-24 YEARS)

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

YOUTH HEALTH CHECK TEMPLATE

The first two sections can be completed by the young person, with assistance if necessary from a carer, youth worker, or health professional. The third is to be completed by a health professional and the fourth section is for the young person and the health professional to complete together.

Medico-legal considerations:

Please refer to State & Territory legislation for details regarding age of consent to medical treatment and mandatory reporting responsibility.

In brief, a young person below the age of consent to medical treatment cannot be seen alone without having an assessment of maturity ("mature minor" assessment). Such assessments can ONLY be done by medical practitioners.

A young person above the age of consent to medical treatment as well as a mature minor is entitled to the same levels of confidentiality and privacy as adults. Confidentiality can only be breached if there is harm or risk of harm to the young person, or the young person is at risk of harming another person.

Section 1: My General Information

This section is meant to be completed by the young person, but she/he may need help to complete it. Even if the young person completes this section without the health professional's help, the health professional should go through it with the young person to make sure all the information is correct. This section includes informed consent, contact details, usual health provider details, services attended, allergies, medical history, medications, and family history.

Section 2: Staying Deadly Questionnaire

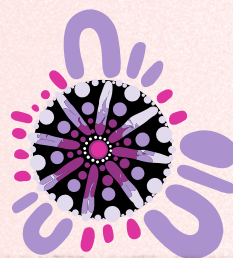
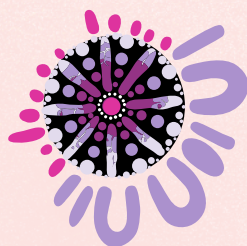
The Staying Deadly Questionnaire is where young people can identify the factors that help to keep them strong and healthy, in addition to any health concerns. This section is to be completed by the young person themselves. There is also a mental health screening tool (the K5 Psychological Distress Scale) that they fill out.

Section 3: Assessment by Health Professional

This section is performed by the health professional and includes a cultural, social, emotional wellbeing assessment; additional assessment, physical examination, and tests.

Section 4: Staying Deadly Plan

The Staying Deadly Plan is completed by both the young person and health professional and has a young person centred focus. It includes a summary of areas that are going well, problems that have been identified, action areas as prioritised by the young person, advice provided by the health professional and referrals that have been made. The action plan then details the top three areas for action, including what will happen, who is involved, a date for review and a review of progress.



Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name:

Other Names:

DOB: / /

SECTION 1: MY GENERAL INFORMATION

Date: / /

CONSENT

I agree to having a health check ☐ OR I agree to the young person in my care having a health check ☐

I would like SMS reminders for appointments ☐

CONTACT DETAILS

Current address:

Current phone no:

Medicare no.:

Reference number:

Expiry date:

Centrelink concession no.:

PARENT/GUARDIAN DETAILS (if this applies):

Name:

Relationship to you:

Address (if this is different to yours):

Phone number:

USUAL HEALTH PROVIDER/SERVICE (do not fill in if we are your usual health service)

Name:

Address:

Contact number/fax:

I would like a copy of my health check report to be given to my usual health provider

YOUTH GROUPS OR OTHER HEALTH SERVICES THAT YOU ATTEND (if this applies to you):

Do you also get help from a traditional healer (e.g. Ngangakari)?

☐ YES

☐ NO

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name:

Other Names:

DOB: ____/____/____

ALLERGIES:

Are you allergic to anything? ☐ Yes ☐ No ☐ Don't know

If yes, what are you allergic to?

HEALTH CONDITIONS OR PROBLEMS

Have you had or do you have any of the following health problems?

☐ Diabetes ☐ Asthma ☐ Heart disease ☐ High blood sugars ☐ Mental health problems
☐ Hormonal problems ☐ Other

For females only: ☐ Diabetes during pregnancy ☐ Women's business problems

Have you ever had any operations or had to go to hospital? ☐ Yes ☐ No

If yes, what for?

MEDICINES / MEDICATIONS

Are you on any medications? ☐ Yes (please answer the following questions) ☐ No (move on to next section)

If yes, please write the name and dose of the medications you are on:

Name	Dose

Are you able to get cheaper medicines through your doctor or clinic? ☐ Yes ☐ No ☐ Don't know

Are you or your family able to pay for your medications? ☐ Yes ☐ No ☐ Sometimes

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

Do you take your medicines as recommended? ☐ Yes ☐ No ☐ Sometimes

If your answer is no or sometimes, please tell us why:

☐ Keep forgetting ☐ Not important to me ☐ Don't like being on them ☐ Other

FAMILY'S HEALTH PROBLEMS

Does anyone in your family have any of the following problems?:

☐ Smoker ☐ Diabetes or high blood sugar ☐ Heart disease
☐ Kidney disease ☐ Mental illness ☐ Other

HEALTH PROFESSIONALS TO COMPLETE

☐ Allergy alert ☐ Refer to GP if there are any existing health conditions

TESTING

WHO	TEST	WHEN/FREQUENCY
All adults aged ≥18 years; Children/adolescents aged ≥10years (if clinically indicated).*	● HbA1c (preferred) OR Fasting blood glucose (FBG)	Opportunistically
	● Test lipids	
	● Test eGFR and urinary ACR	

Examples of clinical indications may include: children with type 1 and type 2 diabetes; those overweight or obese; family history of maternal diabetes or gestational diabetes; first degree relative with Type II diabetes; clinical signs of insulin resistance (acanthosis nigricans). Please check the [National Aboriginal Community Controlled Health Organisation and The Royal Australian College of General Practitioners. National guide to preventive healthcare for Aboriginal and Torres Strait Islander people: Recommendations. 4th edition. East Melbourne, Vic: RACGP, 2024.](#)

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name:

Other Names:

DOB: / /

SECTION 2: STAYING DEADLY QUESTIONNAIRE

Date: / /

PEOPLE THAT KEEP ME STRONG: (family, friends, elders, community members)

The person whom I trust ,to give advice about my treatment or health concerns is:

THINGS THAT ARE HELPING TO KEEP ME STRONG: (tick all the boxes that apply to you and circle the 3 biggest strengths)

☐	Culture, language, heritage, spiritual belief	☐	Friends or supportive person to yarn with
☐	Going to country	☐	Having a safe place to go to
☐	Religion	☐	Art and craft
☐	Family and/or relationship	☐	Dance
☐	Health centre, health worker, doctor	☐	Music
☐	Traditional healer (e.g. Ngangakari)	☐	Hunting and fishing
☐	Good diet	☐	Positive thinking
☐	Sport / Exercise	☐	Making my own choices
☐	School / Learning new things	☐	Sleeping well / A good night's sleep
☐	Work / Community involvement	☐	Good Health
☐	Social Media	☐	Other

YOU CAN USE THIS SPACE TO WRITE MORE ABOUT THINGS THAT KEEP YOU STRONG:

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name:

Other Names:

DOB: / /

SOME WORRIES I HAVE ARE: (tick all the boxes that apply to you and circle your 3 biggest worries)

☐	Cultural or spiritual worries	☐	Racism
☐	Family and relationship worries	☐	Feeling alone / Feeling left out – not mixing much with others
☐	Where and how I am living	☐	Feeling sad inside, no interest in doing things
☐	Ongoing health issues	☐	Feeling anxious or nervous or jumpy
☐	Hearing trouble	☐	Sleep worry / Sleeping problems
☐	Not eating well	☐	Problem with my behaviour
☐	Not enough exercise	☐	Not caring for self: trouble shopping, cooking, cleaning
☐	Missing school or trouble at school	☐	Mixed up thoughts, paranoid thinking or silly thoughts
☐	Getting picked on or feeling pressured to do things	☐	Hearing voices or seeing things
☐	Nothing to do / Bored	☐	Self-harm behaviour or thoughts of suicide
☐	Not working or trouble at work	☐	Too much energy, cant slow down, thinking too fast
☐	Money worries	☐	How I look / My appearance
☐	Marijuana, alcohol, cigarettes, vapes, other drugs	☐	Not being able to make my own choices
☐	Gambling worries	☐	Language barrier
☐	Violence / Harm towards me	☐	Social media
☐	Difficulty reading and writing	☐	Other worry
☐	Losing family / friends	☐	

YOU CAN USE THIS SPACE TO WRITE MORE ABOUT THINGS THAT WORRY YOU:

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

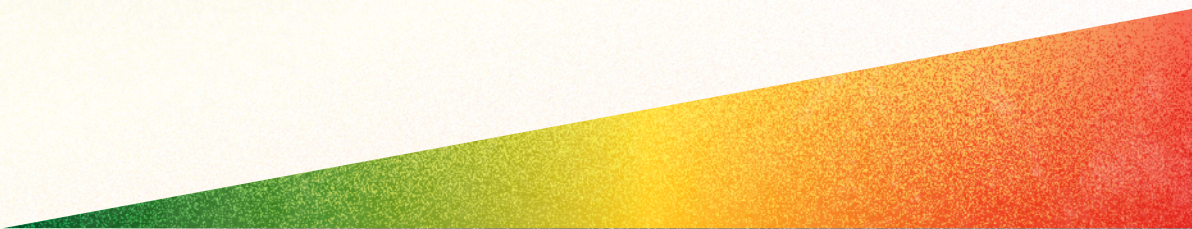
The Mental Health Screening Tool (Kessler-5 Psychological Distress Scale) *

DATE OF ASSESSMENT: ____/____/____

(Put a circle around the answer to each question)

In the last four weeks how often did you feel...

Nervous or Anxious?



None of the time Little of the time Some of the time Most of the time All of the time

Hopeless (without hope)?



None of the time Little of the time Some of the time Most of the time All of the time

* Adapted from the Menzies School of Health Research Aboriginal and Islander Mental health initiative (AIMhi) Stay Strong Plan



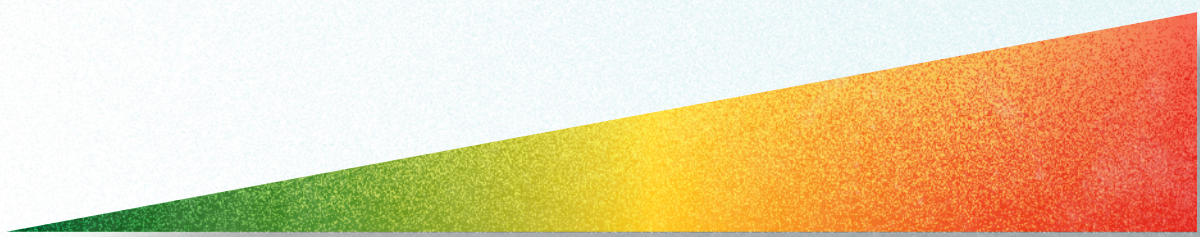
Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

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Other Names: _____

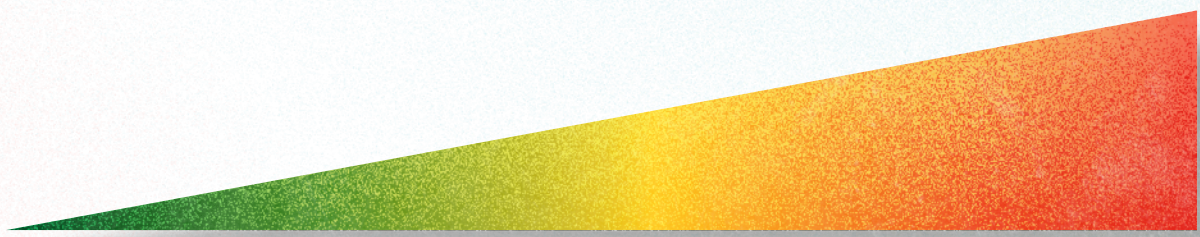
DOB: ____ / ____ / ____

Restless or Jumpy?



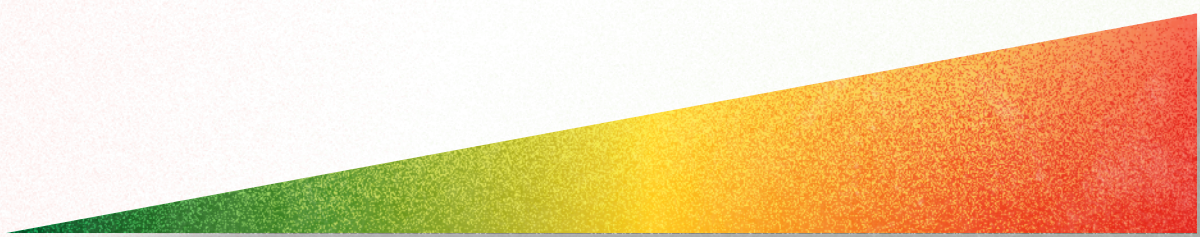
None of the time Little of the time Some of the time Most of the time All of the time

Everything was an effort?



None of the time Little of the time Some of the time Most of the time All of the time

So sad that nothing could cheer you up?



None of the time Little of the time Some of the time Most of the time All of the time

Would you like help with this?

☐ Yes ☐ Yes, but not today ☐ No



Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

THIS SECTION TO BE FILLED IN BY A HEALTH PROFESSIONAL.

DATE OF ASSESSMENT: ____/____/____

Health professionals can calculate the total score based on the young persons responses for every item in the K5 as follows:

- None of the time = 1 point
- A little of the time = 2 points
- Some of the time = 3 points
- Most of the time = 4 points
- All of the time = 5 points

Add up each score.

Assess the significance as per the score table.

K 5 SCORE = _____

Circle the relevant section:

ASSESS THE SIGNIFICANCE OF THE TOTAL K5 SCORE			
TOTAL SCORE	RISK OF DEPRESSION OR ANXIETY	ASK ABOUT SELF HARM/ SUICIDAL IDEAS	FOLLOW UP
5 – 11	Low risk to Moderate risk	May be necessary if other psychosocial risk factors are present	May be necessary
12 – 25	High risk to Very high risk	YES	Necessary

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

SECTION 3: ASSESSMENT BY HEALTH PROFESSIONAL

Date: ____ / ____ / ____

Confidentiality discussed ☐

Cultural social emotional wellbeing assessment (modified HEEADSSS)

(Begin with the answers on the Stay Deadly questionnaire. It is good to use open ended questions and probe or clarify as needed. You can refer to the question guide, but please do not ask every single question in it)

GENERAL (Begin by asking if the young person has any concerns. Then ask about the person's connection to culture, country, and language. Also ask about exposure to racism and prejudice.)

ACTIONS

☐ Refer to Youth group

☐ Refer to Community group

☐ Refer to GP

☐ Other

HOME (Ask about the home situation, family life, relationships and stability. We also want to identify any overcrowding)

ACTIONS

☐ Refer to GP

☐ Housing assistance needed

☐ Refer to counsellor/wellbeing worker

☐ Other

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

LEARNING/WORK (Check how the young person is going at school/work and relationships with teachers/peers/ workmates; whether there have been changes recently; whether there is bullying etc)

ACTIONS

Referral:

☐ Aboriginal education officer/ youth counsellor/
school counsellor

☐ GP

EATING/EXERCISE (Ask about the young person's food and eating habits, including bush tucker; whether they are getting enough to eat. Also ask about physical activity including traditional dance)

ASSESSMENT:

Eating enough fruit ☐ Yes ☐ No

Eating enough veggies ☐ Yes ☐ No

Drinking enough water ☐ Yes ☐ No

Having dairy ☐ Yes ☐ No

Type of Physical Activity: _____

For how long: _____

How often: _____

ISSUES:

☐ Not having enough to eat

☐ Too many sugary foods

☐ High fat foods

☐ Low physical activity

☐ Possible eating disorder

☐ Other

ACTIONS:

Brief intervention:

☐ Food & diet

☐ Physical activity

Referral:

☐ GP

☐ Financial counselling/ support

Follow up:

☐ Dietary assessment

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

HOBBIES/INTERESTS/FRIENDSHIPS (Ask about the young person's hobbies and interests and relationships with other young people, how they are socialising, and whether they are engaging in any high risk behaviours. Ask about use of seat belts helmets, sunglasses, sun screen etc. Ask about gambling, including online gambling)

High risk behaviours: ☐ Yes ☐ No

Gambling: ☐ Yes ☐ No

ACTIONS

Referral:

☐ GP

☐ Counselling

☐ Other

☐ Gambling assistance

Brief intervention:

☐ Safety advice

SUBSTANCE USE INCLUDING CIGARETTES (Ask about use, what type, how much and how often. If they are taking drugs or alcohol, find out if this has become a problem. Also find out if the people they live with smoke, vape, drink or use drugs)

Smoking tobacco: ☐ No ☐ Occasionally
☐ Yes Packs per day: _____ How many years?: _____

Exposed to other people smoking: ☐ No ☐ Yes

If smoker or exposed to smoke, ask about symptoms of:

Asthma (shortness of breath, chest tightness, wheeze, cough) ☐ Yes ☐ No

COPD (shortness of breath, chronic cough/sputum production, wheeze) ☐ Yes ☐ No

Smoking yarrdi/marijuana ☐ Yes ☐ No

Alcohol ☐ Yes ☐ No

ACTIONS

Brief intervention:

☐ Smoking

☐ Vaping

☐ Passive smoking

☐ Alcohol

☐ Drugs

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

AUDIT-C test score:

Vaping ☐ Yes ☐ No ☐ Occasionally

How much:

How often:

Hazardous drinking: ☐ Yes ☐ No

Other drugs ☐ Yes ☐ No

If yes, what drugs are being used?

Method of use:

When/ Where/ Who with:

How much:

How often:

If injecting, sharing needles ☐ Yes ☐ No

Referral:

☐ Drug & alcohol service

☐ GP

☐ Needle exchange service

☐ Quit smoking or vaping program/service

Follow up:

☐ Fagerstrom test for nicotine dependence

☐ Spirometry (symptoms of asthma/ COPD)

MENTAL HEALTH (Refer to the K5 plus one filled out by the young person. If the score indicates moderate to high risk, must ask about self-harm or suicidal thoughts. If no-low risk, consider asking about self harm if other risks present)

Enter the K5 score:

Is this score ☐ Low risk ☐ Moderate risk
☐ High risk

Is there risk of self harm or suicide ☐ Yes ☐ No

Enjoying things as usual ☐ Yes ☐ No

Appetite Normal ☐ Yes ☐ No

Sleep Normal ☐ Yes ☐ No

Affected by traumatic experience ☐ Yes ☐ No

ACTIONS

Referral:

☐ Mental health service

☐ GP

☐ Counsellor

☐ Self-harm prevention/intervention

☐ Hospital

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

SEXUAL HEALTH (Ask about sexual activity, contraception/protection, safe sex practices, sexual orientation, pressure to have sex, STIs)

Has been sexually active ☐ Yes ☐ No (If yes, offer STI testing)

Age first started: _____

Using protection (condoms) ☐ Yes, all the time

☐ Yes, sometimes ☐ No ☐ N/A

Has anyone ever taken advantage of you or used you? Have you ever felt uncomfortable or pressured about having sexual intercourse ☐ Yes ☐ No

Are you attracted to ☐ Boys/males

☐ Girls/ females ☐ Both

☐ Unsure

Do you feel comfortable with your sexuality ☐ Yes ☐ No

☐ Unsure

Have you had an STI (e.g. Gonorrhoea, Chlamydia)

☐ Yes ☐ No ☐ Unsure ☐ N/A

Consents to STI test ☐

ACTIONS

Brief intervention:

☐ Safe sex & condom use

Referral:

☐ Sexual health service

☐ GP

☐ Antenatal care (for females)

STI screen (see table 3 on page 27):

☐ HIV

☐ Chlamydia

☐ Gonorrhea

☐ Trichomonas vaginalis (for females)

☐ Syphilis

☐ Blood Borne Virus screen (see Tests)

☐ Appt for cervical screening test (for females only)

See current information on STI testing can be found here: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/national-guide/sexually-transmissible-infections-and-blood-borne>

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name:

Other Names:

DOB: / /

For females only:

On contraception ☐ Pill ☐ Depo ☐ Implanon ☐ Other ☐ No ☐ N/A

Is your monthly period regular ☐ Yes ☐ No ☐ There's problems ☐ N/A

When was your last period?

Have you had a cervical screening test ☐ Yes ☐ No ☐ Unsure ☐ N/A

If yes, was it in the last five years ☐ Yes ☐ No ☐ Unsure

Was the result ☐ Normal

☐ Had to go for more check ups ☐ Had treatment

For males only:

Partner on contraception ☐ Yes ☐ No ☐ Unsure

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

Table 3*

TESTING FOR SPECIFIC SEXUALLY TRANSMISSIBLE INFECTIONS AND BLOOD-BORNE VIRUSES		
TEST	PROCESS	CONSIDERATION
HIV	HIV antigen/antibody	Repeat in six weeks if there is recent exposure and antigen/antibody negative
Syphilis	Serology: syphilis antibody Swab of ulcer: PCR	Antibody tests are usually positive for life following infection RPR is a marker of disease activity and response to treatment; non-reactive if treatment is successful If there is recent exposure, repeat at 12 weeks and treat presumptively
Hepatitis B	HBsAg Anti-HBs antibody Anti-HBc antibody	HBsAg indicates active infection Anti-HBs antibody indicates immunity (vaccination or past infection) Anti-HBc antibody indicates infection (past or current)
Hepatitis C	Hepatitis C antibody test Hepatitis C RNA test	Hepatitis C antibody test indicates whether there has ever been HCV infection Hepatitis C RNA test indicates present HCV infection
Chlamydia, gonorrhoea, trichomoniasis	Urethral first-pass urine or vaginal swab for NAAT	Vaginal swab is more sensitive and the preferred method Trichomonas testing is only performed in populations with high prevalence
Herpes simplex virus	Swab from genital lesion for NAAT	Consider also testing for syphilis
Cervical screening	Either cervical smear or patient-collected vaginal swab	
Mycoplasma genitalium, bacterial vaginosis, HPV	Asymptomatic screening not recommended	
Anti-HBc antibody, anti-hepatitis B core antibody; anti-HBs antibody, anti-hepatitis B surface antibody; HBsAg, hepatitis B s antigen; HCV, hepatitis C virus; HPV, human papilloma virus; NAAT, nucleic acid amplification test; PCR, polymerase chain reaction; RPR, rapid plasma regain.		

* National Guide to Preventive Healthcare for Aboriginal and Torres Strait Islander people (4th edition, 2025): <https://www.racgp.org.au/getattachment/ef5164d0-14ce-40b6-bd2e-7fe38922f7d4/National-Guide-to-preventive-healthcare-for-Aboriginal-and-Torres-Strait-Islander-people.aspx>

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

VACCINATION STATUS

Yearly Influenza ☐ Yes ☐ No ☐ Unsure

dTpa (11–13 yrs booster) ☐ Yes ☐ No ☐ Unsure

dT (for those who have never received a dT vaccine in childhood) ☐ Yes ☐ No ☐ Unsure

Hepatitis B ☐ Started ☐ Completed

☐ No ☐ Unsure

Hepatitis A ☐ Started ☐ Completed

☐ No ☐ Unsure

HPV 12–25 yrs ☐ Started ☐ Complete

☐ No ☐ Unsure

Varicella ☐ Started ☐ Completed

☐ No ☐ Unsure

Pneumococcal ☐ Yes ☐ No

☐ Unsure

Status:

Immunisations up to date as per National Immunisation Schedule ☐

ACTIONS

☐ Check AIR for immunisations

☐ RN/GP/Immunisation clinic

YOUTH HEALTH CHECK (12-24 YEARS)

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

Examination and other screening

Date: ____ / ____ / ____		
Pulse rate: Pulse rhythm: ☐ Regular ☐ Irregular Blood Pressure reading (12+ yrs):		ACTIONS ☐ Refer to GP
Height: Weight: BMI: weight (kg)/height (m) ² Waist circumference measurement (recommended 18 yrs +): If BMI > 25 or > 85th percentile, do brief interventions and make necessary referrals. If BMI < 18.5 or < 5th percentile, refer to GP.		ACTIONS Brief intervention: ☐ Food & diet ☐ Physical activity Referral: ☐ Dietician ☐ GP ☐ Exercise physiologist Follow up: ☐ Weight management
DENTAL Do you have any problems with your teeth or gums ☐ Yes ☐ No If yes, describe the problems: _____ Risk for dental caries (high sugar intake, smoking, alcohol, teeth brushing, fluoride access (toothpaste and water): ☐ Yes ☐ No Have you seen a dentist in the last 12 months ☐ Yes ☐ No ORAL EXAM Check teeth, gums and inside mouth: ☐ Normal ☐ Abnormal		ACTIONS Brief intervention: ☐ Dental hygiene Referral: ☐ GP ☐ Dental Care

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name:

Other Names:

DOB: / /

EARS

Do you have any problems hearing ☐ Yes ☐ No

If yes, has the client been referred to or seen an audiologist

☐ Yes ☐ No

Otoscopy (up to age 15 years):

L Ear: ☐ Normal ☐ Abnormal

R Ear: ☐ Normal ☐ Abnormal

ACTIONS

Referral:

☐ GP

☐ Audiologist

Brief intervention:

☐ Risk of noise exposure

EYES

Do you have any problems/difficulties with your vision or eyes

☐ Yes ☐ No

Do you have any problems with your glasses or contact lenses

☐ Yes ☐ No ☐ N/A

Visual acuity check:

L eye:

R eye:

Eye check (for trachoma endemic areas):

L eye: ☐ Trichiasis ☐ Pterygium ☐ Scarring

R eye: ☐ Trichiasis ☐ Pterygium ☐ Scarring

ACTIONS

Brief intervention:

☐ Trachoma prevention

Referral:

☐ GP

☐ Optometrist

HEART EXAMINATION (HAS TO BE DONE BY A GP)

Cardiac murmur ☐ Present ☐ Absent

If present, give details:

ACTIONS

☐ ECG

Refer for echocardiography if murmurs are suggestive of valve disease, or if the patient has a past history of acute rheumatic fever.

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name:

Other Names:

DOB: / /

SKIN

Do you have any problems with your skin ☐ Yes ☐ No

If yes, describe them:

Do you have any tattoos or piercings ☐ Yes ☐ No

If yes, where this was done:

Examine skin for following:

- | | | | |
|---------------------------------------|---------------------------------|---------------------------------------|----------------------------------|
| ☐ Normal | ☐ Rashes | ☐ Eczema | ☐ Scabies |
| ☐ Head Lice | ☐ Acne | ☐ School sores | ☐ Bruises |
| ☐ Insect bites | ☐ Other | | |

ACTIONS

Referral:

☐ GP

Brief intervention:

- ☐ Risks of unsterilised tattoo equipment
- ☐ BBV screening (see Tests)



Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name:

Other Names:

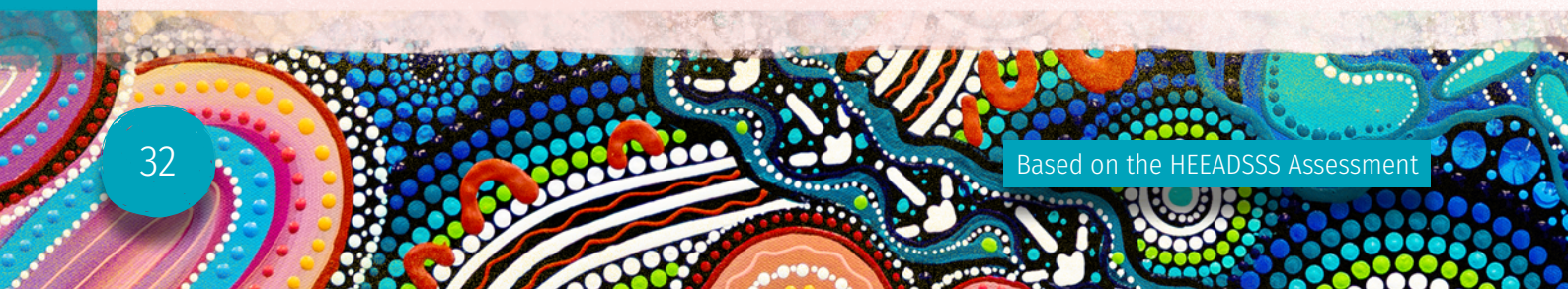
DOB: ____/____/____

SECTION 4: MY STAYING DEADLY HEALTH PLAN

Date: ____/____/____

THINGS THAT ARE GOING WELL

PROBLEMS IDENTIFIED





Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____/____/____

YOUNG PERSON’S PRIORITIES (WHICH THINGS I WANT TO TACKLE FIRST)

ADVICE OFFERED BY HEALTH PROFESSIONAL

REFERRALS





Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

My Staying Deadly action plan

Date: ____/____/____

TOP 3 ACTION ITEMS	WHAT'S GOING TO HAPPEN
1.	
2.	
3.	

If applicable:

☐ I give permission for this Health and Action Plan to be shared with my usual health provider or clinic

Updated on:



Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name:

Other Names:

DOB: / /

WHO'S INVOLVED	DATE FOR CHECKING ON ACTION ITEM	HOW THINGS ARE GOING
		☐ Not started ☐ Started ☐ A little way ☐ Half way ☐ Almost there ☐ Stalled ☐ Done
		☐ Not started ☐ Started ☐ A little way ☐ Half way ☐ Almost there ☐ Stalled ☐ Done
		☐ Not started ☐ Started ☐ A little way ☐ Half way ☐ Almost there ☐ Stalled ☐ Done

This Health Plan has been created by:

(My Name)

(Name and position of Health Professional)

