

HEARTSMAP GUIDE

Questions provided are a **SAMPLE** to guide you in conducting your assessment. Use them as pertinent to today's visit to keep assessment succinct.

HOME	<ul style="list-style-type: none"> Is there difficulty or fighting at home between family members? How do you get along with [guardian/parents/family]? How do you feel about your home environment? 			
Assessment Notes	No concerns	Mild Concerns	Moderate Concerns	Major Concerns
	0	1	2	3
		Supportive of youth's difficulties but some conflicts.	Unsupportive (parents at risk for burn out). Frequent conflicts.	Dysfunctional (parental burn out). Homelessness. Major conflicts.
	○	○	○	○
	Resources: ○ Social Supports or family counseling services neither requested nor initiated ○ Social Supports or family counseling involved (resource requested and services initiated)			
EDUCATION & ACTIVITIES	<ul style="list-style-type: none"> How is school going for you? Are there any difficulties going to school or staying in class? What do you do for fun? Has that changed recently? 			
Assessment Notes	No concerns	Mild Concerns	Moderate Concerns	Major Concerns
	0	1	2	3
		Struggle to maintain. Difficulty attending. Attends more than	Performance decline. Missing classes / activities. Misses more than attends.	Failing / major issues. Not attending. Completely truant (excluding holidays)
	○	○	○	○
	Resources: ○ Educational/Activity issues not yet addressed ○ Functional Plan in Place (counselor or school authorities involved)			
ALCOHOL & DRUGS	<ul style="list-style-type: none"> How much is alcohol use a part of your life? Do you use any substances like marijuana? How about any others? Do you ever use drugs or alcohol to feel better or to make a problem go away? 			
Assessment Notes	No Concerns	Mild Concerns	Moderate Concerns	Major Concerns
	0	1	2	3
		Infrequent. Mild recreational use.	Regular recreational use. Mild substance	Binging recreational use. Substance abuse.
	○	○	○	○
	Resources: ○ No substance use services or referral to Provincial Youth Concurrent Disorders (PYCD) in place ○ Substance Use Services or PYCD program in Place (referred and offered)			
RELATIONSHIPS & BULLYING	<ul style="list-style-type: none"> How are things going for you with friends and relationships? Do you have a close person/group of people that you can rely on? Do you feel teased, bullied, or excluded by others? Do you have any struggles with your sexual identity or sexual preference? 			
Assessment Notes	No Concerns	Mild Concerns	Moderate Concerns	Major Concerns
	0	1	2	3
		Minor conflicts / bullying. Struggle to maintain.	Conflicts / bullying. Negative changes.	Major conflicts / bullying. Lack of relationships. Major dysfunctional relationship.
	○	○	○	○
	Resources: ○ No support or resources initiated ○ Educational or Social Plan in Place (school authority or social worker aware and addressing)			
THOUGHTS & ANXIETY	<ul style="list-style-type: none"> Do you consider yourself someone who worries or thinks a lot about the past or future? Do you ever experience panic / extreme fear that comes out of the blue? Do you hear voices or see things that aren't there or aren't real? Do you believe you have special powers or receive special messages? Do you ever have times where you feel your brain is playing tricks on you? Do you generally feel safe? 			
Assessment Notes	No Concerns	Mild Concerns	Moderate Concerns	Major Concerns
	0	1	2	3
		Anxiety / odd thoughts (minimal impact).	Moderate anxiety or thought problems (strong, but able to power through).	High anxiety (impairing / insurmountable). Thought disorder / psychosis.
	○	○	○	○
	Resources: ○ No psychiatric assessment or services initiated yet (not yet referred or on wait list for initial assessment and no appointment in sight) ○ Care plan in place (CYMH, Crisis response team, psychiatrist, or private counselor/psychologist involved or will be involved shortly, and available in the long term irrespective of youth's adherence)			

SAFETY	<ul style="list-style-type: none"> Do you sometimes feel hopeless, or that life is not worth living? In the past few weeks, have you seriously considered ending your life or ending someone else's life? Have you ever tried to end your life or someone else's life? (If Yes:) How did you try to end your life or someone else's life? In the past few weeks, have you thought of harming yourself or others? In the past few weeks, have you felt that you or your family would be better off if you were dead? 			
Assessment Notes	No Concerns	Mild Concerns	Moderate Concerns	Major Concerns
	0	1	2	3
		Fleeting or improving thoughts. Non-suicidal self injury. Verbal threats to others but no action.	Passive suicidal ideation. Non-lethal gestures to self (suicide practicing) or others.	Formed plan. Lethal gestures to self or others. Attempt.
	○	○	○	○
	Resources: ○ No plan for current safety concern ○ Safety planning in place AND consistent with previous suicidality/homicidality			
SEXUAL HEALTH	<ul style="list-style-type: none"> Are you involved in any sexual activities / not limited to penetration? Do you use any mode of contraception? What of form of protection against sexually transmitted disease do you use if any? Do you get any counseling about sexual health from a doctor or nurse? 			
Assessment Notes	No Concerns	Mild Concerns	Moderate Concerns	Major Concerns
	0	1	2	3
		Sexually active and safe practice (contraception and STD protected).	Stable partner but inconsistent use of protection and contraception.	Multiple partners or no use of protection or contraception. Involved in sex trade.
	○	○	○	○
	Resources: ○ Sexual health issues not yet approached with health care professional ○ Has a primary care provider and issues of sexual health/family planning addressed			
MOOD	<ul style="list-style-type: none"> How would you rate your mood, with '0' being as low as possible, and '10' being perfectly happy? Do you feel down or depressed recently? Do you feel really happy or energetic lately? 			
Assessment Notes	No Concerns	Mild Concerns	Moderate Concerns	Major Concerns
	0	1	2	3
		Mood instability (minor). A few concerning behaviours.	Depression / irritability. Concerning behaviours.	Severe depression / manic. Major behavioral concern.
	○	○	○	○
	Resources: ○ No psychiatric assessment or services initiated yet (not yet referred or on wait list for initial assessment and no appointment in sight) ○ Care plan in place (CYMH, Crisis response team, psychiatrist, or private counsellor/psychologist involved or will be involved shortly, and available in the long term irrespective of youth's adherence)			
ABUSE	<ul style="list-style-type: none"> To child: Has anyone ever hurt you by touching you in a way you didn't like? To adolescent: Have you ever experienced abuse, either physical, emotional, or sexual? To caregiver: Do you have any concerns of abuse or mistreatment? 			
Assessment Notes	No Concerns	Moderate Concerns		Major Concerns
	0	2		3
		Concern has been raised and reported to the ministry. Historical concerns. At risk for grooming / victimization.		Current concern of abuse or neglect / not reported.
	○	○		○
	Notification has occurred: ○ Yes ○ No			
PROFESSIONALS & RESOURCES	<ul style="list-style-type: none"> Do you feel that there are people or places you can go to for help? Who are the people who are working with you on these issues? Does the current plan to help make sense to you? 			
Assessment Notes	No Concerns		Moderate Concerns	Major Concerns
	0		2	3
	Service plan in place or available. No new outpatient or long term referrals need to be made.		Referred for service, but access delayed (wait-listed).	Longitudinal services unavailable, but necessary. Not yet referred or refusing services/treatment.
	○		○	○