

HEARTSMAP GUIDE

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 0	Mild Concerns 1	Moderate Concerns 2	Major Concerns 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: <ul style="list-style-type: none"> Social Supports neither requested nor initiated Social Supports 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 0	Mild Concerns 1	Moderate Concerns 2	Major Concerns 3
		Struggle to maintain. Difficulty attending. Attends more than misses.	Performance decline. Missing classes / activities. Misses more than attends.	Failing / major issues. Not attending. Completely truant (excluding holidays)
	○	○	○	○
	Resources: <ul style="list-style-type: none"> Educational/Activity issues not yet addressed Functional Plan in Place (counselor 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 0	Mild Concerns 1	Moderate Concerns 2	Major Concerns 3
		Infrequent. Mild recreational use.	Regular recreational use. Mild substance misuse.	Binging recreational use. Substance abuse.
	○	○	○	○
	Resources: <ul style="list-style-type: none"> No detox or rehabilitation services suggested yet Substance Use Services 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 0	Mild Concerns 1	Moderate Concerns 2	Major Concerns 3
		Minor conflicts / bullying. Struggle to maintain.	Conflicts / bullying. Negative changes.	Major conflicts / bullying. Lack of relationships. Major dysfunctional relationship.
	○	○	○	○
	Resources: <ul style="list-style-type: none"> 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 ever have times where you feel your brain is playing tricks on you? Do you generally feel safe? 			
Assessment Notes	No Concerns 0	Mild Concerns 1	Moderate Concerns 2	Major Concerns 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: <ul style="list-style-type: none"> 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? Have you ever tried to end your life? In the past few weeks, have you thought of harming yourself? 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.
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Resources: <ul style="list-style-type: none"> No plan for current safety concern Safety planning in place AND consistent with current 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.
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Resources: <ul style="list-style-type: none"> Sexual health issues not yet approached with health care professional Has a primary care provider and issues of sexual health/family planning addressed 			
MOOD & BEHAVIOUR	<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.
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Resources: <ul style="list-style-type: none"> 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.
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	Notification has occurred: <ul style="list-style-type: none"> 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.
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>