

The HEADS-ED Under 6

	0 No action needed	1 Needs action but not immediate/moderate functional impairment	2 Needs immediate action/severe functional impairment
Home & caregivers <i>Example: What's it like caring for your child? How does your family get along with each other? Is your own physical and/or emotional health getting in the way of caring for your child?</i>	<ul style="list-style-type: none"> ○ Supportive/responsive to child's needs / secure attachment 	<ul style="list-style-type: none"> ○ Conflicts/ difficulty meeting child's needs/attachment concerns 	<ul style="list-style-type: none"> ○ Chaotic/dysfunctional /unable to meet child's needs / placement breakdown / severe attachment problems
Eating & sleeping <i>Example: How has your child been sleeping? How has your child been eating?</i>	<ul style="list-style-type: none"> ○ No concern 	<ul style="list-style-type: none"> ○ Disrupted sleep / moderate eating disturbance (overeats /under eats) 	<ul style="list-style-type: none"> ○ Sleep deprived / severe eating disturbance / failure to thrive
Activities & peers <i>Example: How does your child get along with other children? Does your child participate in any activities with other children?</i>	<ul style="list-style-type: none"> ○ Age-appropriate social skills and engaged in activities 	<ul style="list-style-type: none"> ○ Restricted range or interest in social and peer activities /limited social skills, friends 	<ul style="list-style-type: none"> ○ Withdrawn or extremely restricted range of activities / unable to function in a social context
Development, speech/language/motor <i>Example: Do you have any concerns with your child's growth, language, eye contact...?</i>	<ul style="list-style-type: none"> ○ Age-appropriate development 	<ul style="list-style-type: none"> ○ Moderate deficits in one or more areas 	<ul style="list-style-type: none"> ○ Severe or profound deficits in one or more areas
Safety <i>Example: Do you have any concerns that your child will hurt him/herself or others? Is your child in physical distress (listless, fever, labored breathing...)?</i>	<ul style="list-style-type: none"> ○ No concerns 	<ul style="list-style-type: none"> ○ Moderate level of risk/dangerous impulsive behaviour/ serious health issues 	<ul style="list-style-type: none"> ○ Moderate level of risk/dangerous impulsive behaviour / serious health issues
Emotions, behaviours <i>Example: Is your child difficult to calm or soothe? Is your child aggressive? Is your child overly fearful?</i>	<ul style="list-style-type: none"> ○ No concerns or mildly anxious / sad / acting out 	<ul style="list-style-type: none"> ○ Moderately anxious / difficult to soothe / aggressive 	<ul style="list-style-type: none"> ○ Significantly distressed / unable to function / out of control or aggressive
Discharge or current resources <i>Example: Does your child/you have any help or are you waiting to receive help (e.g, family therapy, speech therapy)?</i>	<ul style="list-style-type: none"> ○ Ongoing / well connected 	<ul style="list-style-type: none"> ○ Some / not meeting needs 	<ul style="list-style-type: none"> ○ None / on waitlist / non-compliant

The HEADS-ED Under 6 is a screening tool and is not intended to replace clinical judgment.

Scoring: Items can be evaluated independently in terms of need for action. To obtain a total score, add the value of each item together. Referral to a moderate-level service (e.g. mental health agencies which provide case management and crisis support) or higher should be considered if the total sum score is ≥ 6 . See www.heads-ed.com for more details.

*Polihronis C, Cloutier P, Robson S, et al. HEADS-ED Under 6: A clinician-administered mental health and developmental screening and triage tool. *Paediatrics & Child Health*. 2025 Apr 3;30(4):312–9.