



HELP Brain Injury Screening Tool and Follow-up Questions

The HELP screening tool can:

- Assist you in identifying an individual who may have a brain injury and additional support
- Be used as a script as you talk to someone about the possibility of a brain injury and learning if they need an accommodation, adaptation, or modification during their stay with us.

The HELP screening tool *is not a medical evaluation and does not provide a diagnosis.* Any individuals identified should seek professional medical advice for any concern.

Directions for using the HELP screening tool:

1. Read each question and following prompt
2. Check the individual's answer
3. Calculate a score by adding the "yes" responses. **3+** indicates a possible brain injury
4. In all cases (regardless of score), consider (and provide, if necessary) any accommodations or modifications the individual needs

A HELP screening is considered positive for a possible TBI when the following 3 items are identified:

- 1.) An event that could have caused a brain injury (yes to H or E), and
- 2.) A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E), and
- 3.) The presence of two or more chronic problems listed under P that were not present before the injury.

Note:

- A positive screening is not sufficient to diagnose TBI as the reason for current symptoms and difficulties - other possible causes may need to be ruled out
- Some individuals could present exceptions to the screening results, such as people who do have TBI-related problems but answered "no" to some questions
- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning

Date of Screening	Age of individual being screened _____	Positive (3+) <input type="checkbox"/> Negative <input type="checkbox"/>
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H- Have you ever had a hit to your head or been strangled?

Yes
 No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious. Screen for domestic violence and child abuse, and also for service-related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

If **yes**, when was your head hit or when were you strangled? Was it: (check all that apply)

- Within the year?
- 1- 2 years ago?
- 3-4 years ago?
- Longer than 4 years ago?
- As a child?

Please describe how it happened. Did it happen:

- Playing sports?
- Riding a bike?
 - Were you wearing a helmet?
- From a fall?
- From an assault or fight?
 - Were you pushed, punched, shaken, or strangled?
- In a car accident?
 - Did you receive whiplash or have a violent shaking of your head or neck?
- From almost drowning?
- Did you experience lack of oxygen for a significant amount of time?

Given the questions above, how many times had your head been hit or you were strangled?

- 1-3
- 4-6
- More than 6

Please think about all incidents that may have occurred at any age, even incidents that did not seem serious. Are there any other incidents you want to tell me about?

E- Were you ever seen in the emergency room, hospital, or by a doctor because of a hit to your head or because of strangulation?

- Yes
- No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

If **yes**, were you seen by a:

- Doctor
- Nurse
- Other medical professional

Were you given follow-up recommendations?

- Yes
- No

Did you follow the recommendations?

- Yes
- No

L-Did you ever lose consciousness or experience a period of being dazed and confused because of a hit to the head or due to strangulation?

- Yes
- No

Note: People with TBI may not lose consciousness.

For how long did you feel dazed or confused:

- Hours
- Days
- Months

How many times have you felt this way:

- 1-3
- 4-6
- More than 6

P-Do you experience any of these problems in your daily life because of a hit your head or due to strangulation?

- Yes
- No

Note: Ask your client if s/he experiences any of the following problems since the injury. You are looking for a combination of two or more problems that were not present prior to the injury.

Since the injury, have you experienced or are you experiencing: (mark all that apply)

- Headaches?
- Dizziness?
- Nausea?
- Sensitivity to light?
- Blurred or double vision?
- Numbness or weakness in any of your limbs?
- Insomnia, difficulty sleeping, or changes in your sleeping patterns?

- Feeling irritable or impatient?
- Feeling anxiety or depression?
- Confusion?
- Difficulty remembering?
- Difficulty concentrating or focusing?
- Challenges with going back to school or work and performing the tasks you used to?

Do you think any of the problems are related to a head injury?

- Yes
- No
- Uncertain

Would you like any resources or support for those problems? If so, please describe what you would like:

Notes for Shelter Advocate:

The original HELPS TBI screening tool was developed by M. Picard, D. Scarisbrick, R. Paluck, 9/91, International Center for the Disabled, TBI-NET, U.S. Department of Education, Rehabilitation Services Administration, Grant #H128A00022. The Helps Tool was updated by project personnel to reflect recent recommendations by the CDC on the diagnosis of TBI. See http://www.cdc.gov/ncjpc/pub-res/tbi_toolkit/physicians/mtbi/diagnosis.htm.