

# HELPS - TRAUMATIC BRAIN INJURY (TBI) SCREENING TOOL

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**Participant (Name / Age):** \_\_\_\_\_

**Agency / Screener's Information:** \_\_\_\_\_

**Purpose:** The following assessment is designed to screen for **possible** occurrences of TBI, which can aid the participant and agency/screener in determining if a medical referral is needed.

**H** Have you ever **Hit your Head** or been **Hit on the Head**?  Yes  No

Note: Prompt the participant to think about incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. 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.

**E** Were you ever seen in the **Emergency room, hospital, or by a doctor because of an injury to your head**?  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.

**L** Did you ever **Lose consciousness or experience a period of being dazed and confused because of an injury to your head**?  Yes  No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

**P** Do you experience any of these **Problems in your daily life since you hit your head**?  Yes  No

Note: Ask the participant if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

- |   |  |
|---|--|
| <input type="checkbox"/> headaches                | <input type="checkbox"/> difficulty reading, writing, calculating              |
| <input type="checkbox"/> dizziness                | <input type="checkbox"/> poor problem solving                                  |
| <input type="checkbox"/> anxiety                  | <input type="checkbox"/> difficulty performing your job/school work            |
| <input type="checkbox"/> depression               | <input type="checkbox"/> change in relationships with others                   |
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> poor judgment (being fired from job, arrests, fights) |
| <input type="checkbox"/> difficulty remembering   |  |

**S** Any significant **Sicknesses**?  Yes  No

Note: A TBI implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.

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## Scoring the HELPS Screening Tool

A HELPS 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, E **or** S), **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 by a medical professional.
  - **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.
  - If the participant is concerned about their results or would like more information, please talk to your health care provider or call the Brain Injury Alliance of Washington at 1-877-982-4292.
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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/ncipc/pub-res/tbi\\_toolkit/physicians/mtbi/diagnosis.htm](http://www.cdc.gov/ncipc/pub-res/tbi_toolkit/physicians/mtbi/diagnosis.htm).

This document was supported in part by Grant 6 H21 MC 00039-03-01 from the Department of Health and Human Services (DHHS) Health Resources and Services Administration, Maternal and Child Bureau to the Michigan Department of Community Health. The contents are the sole responsibility of the authors and do not necessarily represent the official views of DHHS.