
HELPS BRAIN INJURY SCREENING TOOL

Consumer Information: _____

Agency/Screener's Information: _____

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

Note: Prompt client to think about all 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. A TBI can also occur from violent shaking of the head, such as whiplash or being shaken as a child.

E Were you ever seen in the **E**mergency 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 **L**ose consciousness or experience a period of being dazed and confused? Yes No

Note: While significant in helping to determine the extent of the injury, many people with minor brain injury may not lose consciousness, yet still have difficulties as a result of their injury.

P Do you experience any of these **P**roblems in your daily life? Yes No

Note: Other problems may include: visual, auditory, sensory impairments, paralysis, weakness of any extremity, balance problems, fatigue, apathy, silliness, impulsivity, mood swings, irritability, decreased self-awareness, decreased ability to learn new information or retrieve old information, shift from one topic to another, set goals or plan tasks, monitor own behavior and difficulty with abstract thinking.

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

S Any significant **S**icknesses? Yes No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, stroke, heart attack, seizures, high fever, etc. Also screen for instances of oxygen deprivation such as near drowning or near suffocation.

Scoring the HELPS Screening Tool

For this TBI screening to be considered positive, the following **3** items must be 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 of being dazed and confused (yes to L) **and**
- 3.) the presence of **2** or more problems listed under P.

Note: Positive answers to these questions are not sufficient to suggest the presence of a brain injury. It is recommended that positive responses be placed within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning. This information in along with your judgment can be used as a basis for further inquiry, e.g. referral to a physician, further evaluation, clinical observation, etc.

Refer to the *Instructions for Use of the HELPS Brain Injury Screening Tool* for administration instructions and follow-up.

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.

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