

# HELPS~ Brain Injury Screening Tool (Short Form)

FIRST & LAST NAME: \_\_\_\_\_  
CONTACT INFORMATION: \_\_\_\_\_

**H** Have you ever **H**it your **H**ead or been **H**it on the **H**ead?  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, and for military 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 **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 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** Have you experience any of these **P**roblems in your daily life since you hit your head?  Yes  No

**Note: Ask your client if they experience 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/schoolwork             |
| <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 **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, 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.**



## 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.

*A positive screening is NOT sufficient to diagnose a TBI, and if you experience any of the symptoms on the checklist, you may consider a more thorough evaluation by a trained professional.*

*The results for this assessment will vary from person to person depending on their individual life experiences. Your answers do not necessarily reflect a service-connected injury; however, if you believe you may have service connection to a TBI / ABI or if you are unsure, please contact the administrator at the time of this assessment for assistance and/or guidance.*

**Note: Service connection is Not necessary to receive assistance from WDVA Brain Injury and Recovery-TBI Program.**

Would you like to be contacted by the WDVA Brain Injury and Recovery-TBI Program for questions relating to Traumatic / Acquired Brain Injury?

YES                      NO

Would you like to be contacted by the WDVA for questions relating to something besides TBI?

YES                      NO

*If you are interested in speaking with the WDVA Brain Injury and Recovery-TBI Program, please find the WDVA programs staff listed below. They will be happy to help answer any questions that you may have and help guide you to useful resources.*

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