

# HELPS Screening Tool: Traumatic Brain Injury<sup>1</sup>

## H = Hit on head

- Have you ever been hit in the head or had your head slammed into a wall or hard object?
- Have you ever been pushed so that you fell and hit your head?

\_\_\_ Yes \_\_\_ No

## E = Emergency Room

- Were you ever seen in an emergency room as a result of being hit or hurt by someone abusing you?

\_\_\_ Yes \_\_\_ No

- Please describe what injuries you had.

## L = Lose consciousness

- Did you ever black out after having been hit in or around your head?
- Have you ever lost consciousness? For how long? For what reason?

\_\_\_ Yes \_\_\_ No

## P = Problems

- Did you have any problems after you were hit on the head?
- Headaches, dizziness?
- Difficulty remembering, concentrating, reading, writing or doing math calculations?
- Changes in your behavior, attitude, or job performance?

\_\_\_ Yes \_\_\_ No

## S = Sickness

- Have you experienced any sicknesses after having hit your head?

\_\_\_ Yes \_\_\_ No

If a person answers “**yes**” to any of the questions in **two or more categories**, it’s important for this victim/survivor to get a **more specialized evaluation by a medical professional**. If the victim/survivor has experienced **repeated** head injuries, her ability to recover is at risk. Talk about your concerns, and encourage her to seek immediate medical care. Connect her with a TBI organization for specialized support.

<sup>1</sup>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; updated to reflect recent recommendations by the CDC on the diagnosis of TBI.