HELPS* Brain Injury Screening in Shelter

Name: ____

Advocate:____________________________________

Date:____

The following brief screening tool* is intended to assist staff in a shelter setting to speak to individuals about the possibility of brain injury and any needed accommodations, adaptations, or modifications to support the individual during their stay. Over 1 million brain injuries occur in the U.S. each year, or one injury every 15 seconds. The goal of this screening tool is to help link individuals with needed resources or support. This screening tool is not a medical evaluation and individuals should always seek professional medical advice for any concerns.

Directions: Read each question and subsequent prompt. Record 1 point for each 'YES' answer. A score of **3 or more** should be considered a sign of a possible brain injury; conduct the BISQ (Brain Injury Screening Questionnaire) as the next step. In all cases, consider any accommodations, adaptations, or modifications needed by the individual.

Circle answer

H	Has your **HEAD** ever been hit or injured?	Y	N

If yes, when was this? ☐ Recent ☐ < 1 year ☐ > 5 years ☐ > as a child

Describe how this happened:

- Playing sports?
- From a fall?
- From an assault/fight? (prompt: pushed, punched, shaken, or choked)
- In a car accident? Did you receive whiplash or have a violent shaking of your head/neck?
- Near drowning (oxygen deprivation)?

NOTE: Prompt individual to think about all incidents that may have occurred at any age, even those that did not seem serious.

E	Where you ever seen in an **EMERGENCY** Room, Urgent Care, Clinic or been hospitalized for your head injury?	Y	N

- When were you seen by a doctor/nurse/other medical professional?
- What did they do or recommend?
- Were you able to follow up on the recommendations?

NOTE: Individuals may be seen for treatment but sometimes they do not because of the cost of treatment or did not think they needed medical attention. Also, some individuals do not follow up with recommendations due to finances or other considerations.

L	Have you ever **LOST** consciousness, blacked out, passed out, or experienced a time of being dazed or confused because of a blow to your head or by losing oxygen?	Y	N

- If yes, what do you remember of the event?
- If you do not remember the event did someone tell you that you passed out?
- How long did you feel dazed, confused for: ☐ hours ☐ days ☐ months

NOTE: Even if an individual did not lose consciousness, they can still have difficulties.

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P

Have you or do you experience any of the following **PROBLEMS** in your daily life?	Y	N
Do you think any of the problems are related to a head injury?	Y	N

Symptoms or Concerns:					
	☐ headaches	☐ dizziness	☐ light sensitivity	☐ smell sensitivity	☐ hearing loss
	☐ insomnia	☐ impatience	☐ mood swings	☐ tiredness	☐ loss of taste
	☐ remembering	☐ concentrating	☐ reading	☐ writing	
	☐ school	☐ job	☐ relationships		

Would you like any assistance in these areas? If so, describe:

S

Any other **SICKNESS, illness,** surgery, physical or emotional concerns?	Y	N

Such as:	☐ Stroke	☐ Heart attack	☐ Brain tumor	☐ Diabetes	☐ Meningitis
	☐ Aneurysm	☐ Seizures	☐ Brain surgery	☐ Lead poisoning	☐ Encephalitis
Emotional:	☐ Anxiety	☐ Depression	☐ Agitation	☐ Anger	☐ Mental health concerns
Medications:	☐ Alcohol	☐ Prescriptions	☐ Other drug of choice		
Observations:	☐ Legs: Walks with a limp, weakness or uses a device	☐ Hands: Limited use of hand	☐ Scars: Visible	☐ Eyes: squinting, no eye contact, unable to focus	☐ Speech: unorganized, etc.

Would you like any assistance in these areas? If so, describe:

Do you have medical insurance?	☐ Yes	☐ No
If no, do you want us to help you secure medical insurance?	☐ Yes	☐ No
Do you have a documented disability?	☐ SMRT	☐ Social Security
If no, do you want us to help you determine what steps are necessary to get medical documentation?		

NOTES by 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.