

Virginia Brain Injury Screening Tool (VBIST)

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The Virginia Brain Injury Screening Tool was developed to provide a method of efficient screening of history of brain injury in adult clients receiving services through state agencies. The VBIST was piloted in a sample of Area Agencies for Aging, Centers for Independent Living, Community Services Boards, and Free and Charitable Clinics in the Commonwealth of Virginia. The VBIST is a self-report form and was not correlated with documented medical history; thus, reliability and validity data was not obtained. The VBIST was designed to identify clients that might have a history of brain injury that merits further comprehensive evaluation and/or or referral for additional services.

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The Centers for Disease Control (CDC) defines a traumatic brain injury (TBI) “as a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury.” Immediate symptoms may include loss of consciousness, feeling dazed or confused, thinking difficulties headache, dizziness, nausea or vomiting, and sensitivity to light and/or sound. A TBI can be mild, moderate, or severe in nature.

Client Age: _____

Client Gender: F M Transgender M Transgender F Non-binary Other

1. Have you ever had a traumatic brain injury (TBI)?

Yes No (If no, skip to question 2)

○ What caused your TBI (mechanism of injury)? [Please check the box]

→ If patient had more than one TBI, ask them to provide information about their most serious injury.

- Falls
- Car accident
- Bicycle accident
- Hit by a vehicle while crossing or standing near a street (pedestrian)
- Hit in the head with a heavy object (blunt trauma)
- Exposed to blast forces in the military (blast injury)
- Partner violence
- Sports or recreational activity (sports team or activities like skiing, skateboarding, riding a horse)
- Other _____

Were you knocked out (unconscious) or in a coma?

Yes No

If yes, for how long?

1 to 30 minutes 31 to 60 minutes More than 60 minutes

2. Have you ever had any kind of other brain condition, event, or disorder diagnosed by a doctor such as any of the following? No If yes, please specify below:

- Stroke
- Seizures
- Loss of oxygen to the brain (near drowning, near suffocation, etc)
- Brain Infections
- Brain Tumor
- Dementia: Loss of memory and other mental abilities caused by brain changes, and resulting in interference with daily life. This includes Alzheimer’s and other types of dementia.



IF YOU ANSWERED NO TO QUESTIONS 1 AND 2, STOP HERE

IF YOU ANSWERED YES TO EITHER QUESTION 1 OR 2, PLEASE CONTINUE

3. Do you currently have any problems or issues with your thinking from this brain injury, condition, event, or disorder?

Yes

No

If yes, check off any symptoms reported by the patient:

- Memory
- Attention/Concentration
- Language/Speech
- Problem-Solving/Thinking
- Doing more than one thing at a time (multi-tasking)
- Other_____

4. Do you currently have any physical problems or issues from this brain injury, condition, event, or disorder?

Yes

No

If yes, check off any symptoms reported by the patient:

- Nausea
- Fatigue
- Balance/dizziness/walking
- Weakness or numbness in your hands, arms, or feet
- Trouble with your vision or hearing
- Pain, including headaches, neck pain, and/or body pain
- Sensitivity to light and/or sound
- Not getting enough sleep or sleeping too much
- Other_____

5. Do you currently have any emotional problems or issues that you think are due to your brain injury, condition, event, or disorder?

Yes

No

If yes, check off any symptoms reported by the patient:

- Depression
- Thoughts of hurting or killing yourself or attempts to hurt or kill yourself
- Anxiety or trouble with your nerves
- Post-traumatic stress disorder (PTSD)
- More emotional, such as a "short fuse," getting irritated easily or being more tearful
- Seeing or hearing things that others don't see or hear (hallucinations)
- Difficulty trusting others, feeling suspicious of others' motives
- Other_____