3 Question DVBIC TBI Screening Tool
Instruction Sheet

Purpose and Use of the DVBIC 3 Question TBI Screen

The purpose of this screen is to identify service members who may need further evaluation for mild traumatic brain injury (MTBI).

Tool Development

The 3 Question DVBIC TBI Screening Tool, also called The Brief Traumatic Brain Injury Screen (BTBIS), was validated in a small, initial study conducted with active duty service members who served in Iraq/Afghanistan between January 2004 and January 2005.


Who to Screen

Screen should be used with service members who were injured during combat operations, training missions or other activities.

Screening Instructions

Question 1: A checked [✓] response to any item A through F verifies injury.

Question 2: A checked [✓] response to A-E meets criteria for a positive (+) screen. Further interview is indicated. A positive response to F or G does not indicate a positive screen, but should be further evaluated in a clinical interview.

Question 3: Endorsement of any item A-H verifies current symptoms which may be related to an MTBI if the screening and interview process determines a MTBI occurred.

Significance of Positive Screen

A service member who endorses an injury [Question 1], as well as an alteration of consciousness [Question 2 A-E], should be further evaluated via clinical interview because he/she is more highly suspect for having sustained an MTBI or concussion. The MTBI screen alone does not provide diagnosis of MTBI. A clinical interview is required.

For more information contact:
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1. Did you have any injury(ies) during your deployment from any of the following? (check all that apply):
   A. △ Fragment
   B. △ Bullet
   C. △ Vehicular (any type of vehicle, including airplane)
   D. △ Fall
   E. △ Blast (Improvised Explosive Device, RPG, Land mine, Grenade, etc.)
   F. △ Other specify: ________________________________

2. Did any injury received while you were deployed result in any of the following? (check all that apply):
   A. △ Being dazed, confused or “seeing stars”
   B. △ Not remembering the injury
   C. △ Losing consciousness (knocked out) for less than a minute
   D. △ Losing consciousness for 1-20 minutes
   E. △ Losing consciousness for longer than 20 minutes
   F. △ Having any symptoms of concussion afterward (such as headache, dizziness, irritability, etc.)
   G. △ Head Injury
   H. △ None of the above

3. Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion? (check all that apply):
   A. △ Headaches
   B. △ Dizziness
   C. △ Memory problems
   D. △ Balance problems
   E. △ Ringing in the ears
   F. △ Irritability
   G. △ Sleep problems
   H. △ Other specify: ________________________________

NOTE: Endorsement of A-E meets criteria for positive TBI Screen
NOTE: Confirm F and G through clinical interview


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