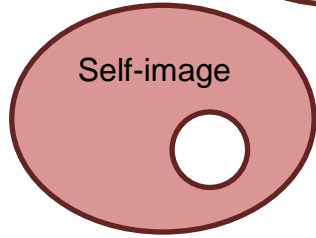



Health Needs Identification Tool

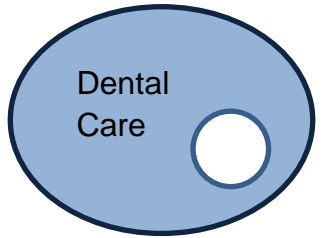
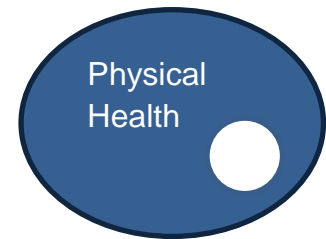
What shall we talk about?



 How important are these things to you? Please mark each section on a scale of 1-10?
Not Important = 1, Very Important = 10



What do you want to change?



Name:.....
Date:

