

**Problem Importance Worksheet**

Complete a separate form for each health issue identified by your Community Health Assessment Team.

Health Issue \_\_\_\_\_ Rank # \_\_\_\_\_

Check the appropriate box for each item and record the score under Subtotal

	10 High	9	8	7	6	5	4	3	2	1 Low	Subtotal
<b>Magnitude</b> (Size of Problem)											
<b>Consequences</b> (Seriousness of Problem)											
<b>Feasibility</b> (Prospects for Changeability)											
<b>Problem Importance Index (Sum of Subtotals)</b>											

If topic is not chosen as a top priority would you be willing to look further into this particular topic? YES \_\_\_ NO \_\_\_

Comments regarding this topic \_\_\_\_\_

Health Issue \_\_\_\_\_ Rank # \_\_\_\_\_

Check the appropriate box for each item and record the score under Subtotal

	10 High	9	8	7	6	5	4	3	2	1 Low	Subtotal
<b>Magnitude</b> (Size of Problem)											
<b>Consequences</b> (Seriousness of Problem)											
<b>Feasibility</b> (Prospects for Changeability)											
<b>Problem Importance Index (Sum of Subtotals)</b>											

If topic is not chosen as a top priority would you be willing to look further into this particular topic? YES \_\_\_ NO \_\_\_

Comments regarding this topic \_\_\_\_\_

Health Issue \_\_\_\_\_ Rank # \_\_\_\_\_

Check the appropriate box for each item and record the score under Subtotal

	10 High	9	8	7	6	5	4	3	2	1 Low	Subtotal
<b>Magnitude</b> (Size of Problem)											
<b>Consequences</b> (Seriousness of Problem)											
<b>Feasibility</b> (Prospects for Changeability)											
<b>Problem Importance Index (Sum of Subtotals)</b>											

If topic is not chosen as a top priority would you be willing to look further into this particular topic? YES \_\_\_ NO \_\_\_

Comments regarding this topic \_\_\_\_\_