

SPR Screening Form



Problem Area	How Much of a Problem?
<p>Physical Health: Do you have any concerns about your own or a family member's physical health? (Describe)</p> <p>_____</p>	<p><input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other _____</p>
<p>Emotional Difficulties: Do you have any concerns about how you or a family member are coping emotionally? (Describe)</p> <p>_____</p>	<p><input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other _____</p>
<p>Safety: Do you have any concerns for your own or your family's safety right now or in the future? (Describe)</p> <p>_____</p>	<p><input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other _____</p>
<p>Basic Necessities: Do you have concerns about meeting the basic necessities of daily life? (Describe)</p> <p>_____</p>	<p><input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other _____</p>
<p>Substance Use/Abuse: Do you have any concerns about your own or a family member's use of alcohol, drugs, or prescription medications? (Describe)</p> <p>_____</p>	<p><input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other _____</p>
<p>Role Functioning: Do you have any concerns about how you or a family member are coping emotionally? (Describe)</p> <p>_____</p>	<p><input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other _____</p>
<p>Interpersonal Life: Do you have any concerns about how you are getting along with people—your spouse/partner, family members, neighbors, friends, or people at work or school? (Describe)</p> <p>_____</p>	<p><input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other _____</p>
<p>Other Concerns: Is there anything else that you are concerned about or want to share with me? (Describe)</p> <p>_____</p>	<p><input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other _____</p>