

SOCIAL HISTORY

(Provide updates if done before)

Substance Use:

Tobacco use:

Have you ever smoked tobacco? Never Former Current

How many years have you smoked tobacco? _____

At what age did you start smoking tobacco? _____

How much tobacco do/did you smoke? _____

When did you quit smoking? _____

Have you ever used any other forms of tobacco or nicotine? Yes No

Have you ever used e-cigarettes or vape? Never Former Current

Have you ever used smokeless tobacco? Never Former Current

Date of most recent tobacco screening? _____

Alcohol use:

Level of alcohol consumption: None Occasional Moderate Heavy

How many times per week do you consume alcohol? _____

How many alcoholic drinks do you consume per day on average? _____

How many days in the past year have you consumed 4 or more drinks? _____

Have you ever been counseled for unhealthy alcohol use? _____

Illicit or Recreational Drugs:

Do you use any illicit or recreational drugs? Yes No

Which illicit or recreational drugs have you used? _____

Caffeine:

What is your level of caffeine consumption?

None

1 cup per day

2 cups per day

3 cups per day

Advance Directive

Do you have an advance directive? Yes No

If you were to collapse and your heart was stopped, do you want me to try to revive you and send you to the hospital? Yes (Full Code) No (Do not resuscitate)

Do you have an out of hospital DNR? Yes No

Do you have a medical power of attorney? Yes No

Is blood transfusion acceptable in an emergency? Yes No

Diet and Exercise:

What type of diet are you following?

- Regular
- Vegetarian
- Vegan
- Gluten Free
- Carbohydrate
- Cardiac
- Diabetic
- Specific _____

What is your exercise level?

- None
- Occasional
- Moderate
- Heavy

How many times per week do you exercise?

- Less than 1 time
- 1-2 times
- 3-4 times
- 5-7 times

How many days of moderate to strenuous exercise, like a brisk walk, did you do in the last 7 days? _____

On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise? _____

Marriage and Sexuality:

What is your relationship status?

- Married
- Single
- Divorced
- Separated
- Widowed
- Domestic partner
- Other

Are you sexually active? Yes No

How many children do you have? _____

Education and Occupation:

What is the highest grade or level of school you have completed or the highest degree you have received?

- Never attended/kindergarten only
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, no diploma
- GED or equivalent
- High school graduate
- Some college, no degree
- Associate degree: occupational, technical, or vocational program
- Associate degree: academic program
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)
- Professional school degree (e.g. MD, DDS, DVM, JD)
- Doctoral degree (e.g. PhD, EdD)
- Don't know
- Refused

Are you currently employed? Yes No

What is/was your occupation? _____

Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?

- Not at all
- Only a little
- To some extent
- Rather much
- Very much

Do you use your seat belt routinely? Yes No

Home and Environment Safety

- Do you have smoke and carbon monoxide detectors in your home? Yes No
- Are you passively exposed to smoke? Yes No
- Are there any guns present in your home? Yes No
- Do you use sunscreen routinely? Yes No

Public Health and Travel

- Have you recently traveled abroad? Yes No
- Where to? _____

Activities of Daily Living

- Are you able to care for yourself? Yes No
- Are you blind or do you have difficulty seeing? Yes No
- Are you deaf or do you have serious difficulty hearing? Yes No
- Do you have difficulty concentrating, remembering or making decisions? Yes No
- Do you have difficulty walking or climbing stairs? Yes No
- Do you have difficulty dressing or bathing? Yes No
- Do you have difficulty doing errands alone? Yes No
- Do you have transportation difficulties? Yes No
- Which of your hands is dominant?
 - Right
 - Left
 - Bilateral