

Patients Name _____ Date of Birth _____

ADULT SOCIAL HISTORY

For all new patients, those last seen over three years ago, and annual physical exams.
You may skip any questions you have already answered on the portal.

1. **What is your smoking status?**
Never Former smoker Current every day smoker Current someday smoker
2. **How much?** None 1/2 PPD 1-2PPD 3+PPD 1-2 PPW 3+PPW
3. **Years of tobacco use?** _____
4. **On average, how many days per week do you engage in moderate to strenuous EXERCISE (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?**

5. **On those days, how many minutes, on average, do you engage in EXERCISE at this level?** _____
6. **How often do you have a DRINK containing ALCOHOL?**
Never Monthly or less 2-4 times a month 2-3 times a week 4 or more a week
7. **On days when you drink alcohol, typically how many alcoholic drinks do you have?**
1-2 drinks 3-4 drinks 5-7 drinks 7-9 drinks 10+ drinks
8. **How often do you have six or more DRINKS on one occasion?**
Never Less than monthly Monthly Weekly Daily or almost daily
9. **What is your marital status?**
Married Single Divorced Separated Widowed Domestic Partner
10. **How many children do you have?** 0 1 2 3 4 5 6 7 8 9 10+
11. **Do you live alone or with others?** _____
12. **Diet?**
Regular Vegetarian Vegan Gluten Free Carbohydrates Cardiac Diabetic
Other _____
13. **What is your occupation?** _____
14. **Highest educational level?** _____
15. **How often do you intake caffeine drinks?** _____
16. **Have you ever used illegal drugs?** Yes No If so, which ones: _____
17. **Are you sexually active?** Yes No
18. **Do you practice safe sex?** Always Usually Never
19. **Sexual orientation?** Heterosexual Homosexual Bisexual
20. **Sunscreen used routinely?** Yes No
21. **Seat belts used routinely?** Yes No
22. **Smoke/CO detectors in home?** Yes No
23. **Guns present in home?** Yes No If so, are they locked? Yes No
24. **Do you have an Advance Directive?** Yes No