

## SOCIAL HISTORY

1. What is your occupation? \_\_\_\_\_

2. What is your marital status? \_\_\_\_\_

3. Were you born in the United States?      Yes      No

If no,

In what country were you born? \_\_\_\_\_

When did you come to the United States? \_\_\_\_\_

4. Do you smoke tobacco?    Yes    No

If yes,

What type of tobacco do you smoke? \_\_\_\_\_

How many do you have per day? \_\_\_\_\_

For how many years have you been smoking? \_\_\_\_\_

If no, have you smoked tobacco in the past?    Yes    No

What type of tobacco did you smoke? \_\_\_\_\_

How many did you have per day? \_\_\_\_\_

For how many years did you smoke? \_\_\_\_\_

What date did you quit? \_\_\_\_\_

5. Have you ever used intravenous drugs?    Yes    No

6. Do you drink alcohol?    Yes    No

If yes,

What type of alcohol do you drink? \_\_\_\_\_

How many do you have? \_\_\_\_\_ per day / week / month / year (circle one)

If no, have you used alcohol in the past?    Yes    No

What date did you quit? \_\_\_\_\_

7. Do you drink beverages containing caffeine?    Yes    No

How many do you have? \_\_\_\_\_ per day

Reviewed by: \_\_\_\_\_

M.D.

Date: \_\_\_\_\_

Data entered by: \_\_\_\_\_