

SOCIAL HISTORY & LIFESTYLE

It is important that we understand your general lifestyle as it often has a significant impact on your overall health. Please check mark the box which most closely describes your general lifestyle for each question.

1. Smoking: (For cigars, pipes, or chewing tobacco estimate the amount of tobacco used per day.)

I do not smoke. I smoke 1/4 pack or less per day. I smoke 1/2 pack per day. I smoke 3/4 pack per day. I smoke 1 pack per day.

2. Alcohol: On average how many alcoholic drinks do you consume per week?

(one drink = 12 oz. of beer, 4 oz. of wine, 1 wine cooler, 1 cocktail, or 1 shot of hard liquor)

None 1 drink/week 2-7 drinks/week 8-14 drinks/weeks 15-21 drinks/week +22 drinks/week

3. Caffeine: On average how many caffeinated drinks do you consume per day? (soda, coffee, tea)

None 1 drink/day 2 drinks/day 3 drinks/day 4 drinks/day 5+ drinks/day

4. Exercise: For this questions, exercise means at least 30 minutes of activity.

I exercise 3-5 Days/week I exercise 2 Days/week I exercise 1 Days/week I exercise 1 Days/month I am not exercising

5. Diet: Fruits and Vegetables are abbreviated as F&V.

I eat 3 or more servings of F&V per day I eat 2 servings of F&V per day I eat 1 serving of F&V per day I eat 1-4 servings of F&V per week I eat NO servings of F&V per week

6. Sleep: How many hours of undisturbed sleep to you get each night?

Less than 6 hours 6 hours 7 hours 8 hours More than 8 hours

7. Stress: Rate the level of stress in your life on a daily basis 0 = NO STRESS and 10 = HIGH STRESS.

0 1 2 3 4 5 6 7 8 9 10

8. Health: How would you rate your overall health.

Excellent Very Good Good Fair Poor

Patient Signature _____

Date _____