SOCIAL HISTORY

Name:____ Date of Birth: ________________________

Marital Status:	☐ single ☐ married ☐ divorced ☐ separated ☐ widowed
Number of Children:	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10+
Race:	☐ African-American ☐ American Indian ☐ Asian ☐ Multiracial ☐ Native Hawaiian ☐ Pacific Islander ☐ White
Ethnicity:	☐ Hispanic ☐ Non-Hispanic
Preferred Language:	☐ English ☐ Spanish ☐ Chinese ☐ Korean ☐ Russian ☐ Polish ☐ Other (specify)____________________
Highest Level of Education:	☐ Not completed high school ☐ High school graduate ☐ GED or equivalent ☐ Trade school ☐ Associate's degree ☐ Bachelor's degree ☐ Masters degree ☐ Ph.D ☐ Law school ☐ Medical school ☐ Doctorate (other than medical)
Do you eat a well-balanced diet?	☐ never ☐ rarely ☐ occasionally ☐ usually ☐ regularly
Do you exercise?	☐ never ☐ rarely ☐ occasionally ☐ usually ☐ regularly
If yes, what kinds of exercise(s) do you perform?	☐ baseball ☐ basketball ☐ football ☐ golf ☐ group exercises ☐ running/jogging ☐ soccer ☐ swimming ☐ walking ☐ weightlifting ☐ yoga/pilates ☐ tennis ☐ other (specify)______________________________
Do you drink alcohol?	☐ never ☐ occasionally ☐ frequently (more than 3 days per week) ☐ daily
Do you use tobacco products?	☐ never ☐ occasionally ☐ frequently (more than 3 days per week) ☐ daily
Have you ever used illicit drugs?	☐ yes ☐ no
If yes, which drugs:	☐ acid ☐ angel dust ☐ cocaine ☐ crack ☐ crystal meth ☐ ecstasy ☐ heroin ☐ LSD ☐ marijuana ☐ opium ☐ phencyclidines
Have you ever had a substance abuse problem?	☐ yes ☐ no
If yes, which substance(s)?	☐ alcohol ☐ amphetamines ☐ anti-depressants ☐ crack/cocaine ☐ diet pills ☐ hallucinogens ☐ inhalants ☐ marijuana ☐ methamphetamine ☐ muscle relaxants ☐ nicotine ☐ opiates ☐ pain medications ☐ phencyclidines ☐ sleep pills ☐ steroids
Have you ever received treatment for substance abuse?	☐ yes ☐ no