

Patient Name: _____

Date: _____

SOCIAL HISTORY

Please indicate beside each activity whether you engage in it:

Often = "O"

Sometimes = "S"

Never = "N"

- _____ Horseback Riding
- _____ Bowling
- _____ Golf
- _____ Volleyball
- _____ Baseball / Softball
- _____ Handball
- _____ Racquetball
- _____ Basketball
- _____ Walking (mile or less)
- _____ Walking (more than a mile)
- _____ Jogging (a mile or less)
- _____ Jogging (more than a mile)
- _____ Dancing
- _____ Scuba Diving
- _____ Back Packing
- _____ Swimming
- _____ Aerobics
- _____ Resistance Training
- _____ Free Weights
- _____ Exercise machines
- _____ Football

- _____ Tennis
- _____ Gymnastics
- _____ Skiing
- _____ Water Skiing
- _____ Hunting
- _____ Fishing
- _____ Lawn Mowing
- _____ Weed eater use
- _____ Snow Shoveling
- _____ Gardening
- _____ Child care
- _____ Age(s) _____
- _____ Weight(s) _____
- _____ Climbing stairs
- _____ Alcohol _____ per day
- _____ Alcohol _____ per week
- _____ Medication: _____
- _____ Tobacco _____
- _____ Other _____
- _____
- _____

FAMILY HISTORY

Please indicate, if any of the following is currently or has contributed to some stress or personal lifestyle changes within the past five years.

- _____ Marriage
- _____ Birth of a Child
- _____ Divorce
- _____ Death of a Spouse
- _____ Marital Separation
- _____ Death of a family member or friend
- _____ Handicapped household member
- _____ Caregiver to family member
- _____ Spousal Abuse

- _____ Dependency Problems
- _____ Alcohol
- _____ Drugs
- _____ Change in job
- _____ Loss of job
- _____ Retirement
- _____ Change in living conditions
- _____ Change in residence
- _____ Change in financial status