

**SOCIAL HISTORY DETAILS:**

- NOT SEXUALLY ACTIVE
- SEXUALLY ACTIVE WITH ONE PARTNER
- SEXUALLY ACTIVE WITH MORE THAN ONE PARTNER
- SAME SEX PARTNER
- DRUG USE
- IV DRUG USE
- OTHER
- ALCOHOL: NONE
- ALCOHOL: LESS THAN 1 DRINK PER DAY
- ALCOHOL: 3 OR MORE DRINKS PER DAY
- PATIENT FEELS SAFE AT HOME
- PATIENT FEELS UNSAFE AT HOME

**CIGARETTE SMOKING**

- NEVER SMOKER
- QUIT: FORMER SMOKER
- SMOKES LESS THAN DAILY
- SMOKES DAILY

**HOW OFTEN DO YOU EXERCISE?**

- SEVERAL TIMES A DAY
- ONCE A DAY
- A FEW TIMES A WEEK
- A FEW TIMES A MONTH
- NEVER
- OTHER

**WHAT IS YOUR CAFFEINE USE?**

- SEVERAL TIMES A DAY
- ONCE A DAY
- A FEW A TIMES A WEEK
- A FEW TIMES A MONTH
- NEVER
- OTHER

Occupation and Work Place: \_\_\_\_\_

What is your language? (please circle) English Spanish Other: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

- WHITE
- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR PACIFIC ISLAND
- OTHER RACE
- HISPANIC
- NOT HISPANIC OR LATINO
- UNKNOWN