



Name: _____

Date of Birth: _____

Phone Number: _____

Patient Social History Questionnaire

Substance Use & Sexual Activity

- Tobacco use:** Never smoker Passive smoke exposure - Never smoker
 Current: Every day Some days Light tobacco smoker Former smoker
- Types of tobacco used:** Cigarettes Pipe Cigars Twist Dry snuff Moist Snuff
- Chewing tobacco Redman Vaping
- Smokeless tobacco use:** Never used Current use

Start Date: _____ Quit Date: _____ Are you ready to quit?
 Yes No

- Alcohol use:** Never Not currently Yes
- How often do you have a drink containing alcohol
 Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week
- How many drinks containing alcohol do you have on a typical day when you are drinking
 1 2 3 4 5 6 7 8 9 10+
- How often do you have six or more drinks on one occasion
 Never Less than monthly Monthly Weekly Daily or almost daily

Drinks per week: _____ Glasses of wine _____ Cans of beer _____ Shots of liquor

- Substance use:** Never Not currently Yes
- Types: IV Cocaine Marijuana Methamphetamines Amphetamines Amyl nitrate Anabolic steroids Barbiturates
- Benzodiazepines "Crack" cocaine Codeine Fentanyl Flunitrazepam GHB Hashish Heroin
- Hydrocodone Hydromorphone Ketamine LSD MDMA (Ecstasy) Mescaline Methaqualone Methylphenidate
- Uses per week: Morphine Nitrous oxide Opium Oxycodone PCP Psilocybin Solvent inhalants Other _____

- Sexual activity:** Never Not currently Yes
- Birth control: Condom Pill Surgical Spermicide
- Implant Rhythm Injection Sponge
- Inserts Abstinence Cervical cap OCP
- Partners: Male Female Other _____ Other _____

Socioeconomic

Employment: Employer: _____ Occupation: _____

- Demographics:** Single Married Legally separated Divorced Widowed Significant other Other _____

Spouse/Significant Other: _____ Number of children: _____
 Years of education: _____ What is the highest level of school or degree you have completed _____

- Financial resource strain:** How hard is it for you to pay for the very basics like food, housing, medical care, and heating
 Not hard at all Not very hard Somewhat hard Hard Very hard Decline to answer

- Food insecurity:** Within the past 12 months, you worried that your food would run out before you got money to buy more
 Never true Sometimes true Often true Decline to answer
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more
 Never true Sometimes true Often true Decline to answer

- Transportation needs:** In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications
 Yes No Decline to answer
- In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living
 Yes No Decline to answer

Lifestyle

Physical activity: On average, how many **days per week** do you engage in moderate to strenuous exercise? Examples would be walking fast, running, dancing, swimming, biking, or other activities that cause a light or heavy sweat

1 2 3 4 5 6 7

On average, how many minutes do you engage in exercise at this level

0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 1 0 0
 1 1 0 1 2 0 1 3 0 1 4 0 1 5 0

Stress: Do you feel stress - tense, restless, nervous, anxious) or unable to sleep at night because your mind is troubled all the time - these days

- Not at all To some extent Very much
 Only a little Rather much Decline to answer

Relationships

Social connections: In a typical week, how many times do you talk on the phone with family, friends, or neighbors

- Never true Twice a week More than three Decline to answer
 Once a week Three times a week times a week

How often do you get together with friends or relatives

- Never true Twice a week More than three Decline to answer
 Once a week Three times a week times a week

How often do you attend church or religious services

- Never 1-4 per year More than 4 per year Decline to answer

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups

- Yes No Decline to answer

How often do you attend meetings of the clubs or organizations you belong to

- Never 1-4 per year More than 4 per year Decline to answer

Are you now married, widowed, divorced, separated, never married or living with a partner

- Married Divorced Never married Decline to answer
 Widowed Separated Living with partner

Intimate partner violence:

Within the last year, have you been afraid of your partner or ex-partner

- Yes No Decline to answer

Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner











- Yes No Decline to answer

Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner

- Yes No Decline to answer

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner

- Yes No Decline to answer

		Yes / No
	In the last 12 months*, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services in your home?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are you worried that in the next 2 months, you may not have stable housing?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do problems getting child care make it difficult for you to work or study? <i>(leave blank if you do not have children)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you needed to see a doctor, but could not because of cost?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do you ever need help reading hospital materials?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do you often feel that you lack companionship?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight	<input type="checkbox"/> Y <input type="checkbox"/> N
	If you checked YES to any boxes above, would you like to receive assistance with any of these needs?	<input type="checkbox"/> Y <input type="checkbox"/> N