

# Social and Lifestyle Health History Questionnaire

## Personal Information

Full Name

Date of Birth

Email

## Social History

Marital Status

 Select 

Employment Status

 Select 

Who do you live with?

 e.g., Alone, Family, Friends

Number of Children

## Lifestyle

Describe your typical diet

Physical Activity

 Select 

Types of Exercise

Walking  Running  Cycling  Swimming  Gym/Weights  Other

Average Sleep (hours per night)

## Health Habits

Do you use tobacco products?

No  Yes  Former User

Do you use alcohol?

No  Yes  Occasionally

Do you use recreational drugs?

No  Yes  Former User

## Mental & Emotional Health

How would you rate your current stress level?

Select

Do you have a strong support system?

Select

Any mental health challenges you'd like to share?

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## Additional Notes

Anything else you would like to share?

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