

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?

Additional Notes

Anything else you would like to share?