

Status

Father ___ Living ___ Deceased ___ Unknown
 ___ Age of Death Cause of Death _____

Mother ___ Living ___ Deceased ___ Unknown
 ___ Age of Death Cause of Death _____

Social History

Current Marital Status ___ Married ___ Single ___ Divorced
 ___ Separated ___ Widowed

Living Arrangement ___ Alone ___ Spouse
 ___ Significant Other ___ Family Member
 ___ In Home Caregiver ___ Assisted Living

Occupation ___ Retired ___ Employed
 ___ Unemployed ___ Student

Current/Former Occupation _____

Deficits ___ Hearing Loss ___ Poor Vision/Blindness
 ___ Limited Mobility ___ Transport Challenges

Habits

Tobacco Use ___ Current ___ Former ___ Never Used
Type ___ Cigarettes ___ Pipes ___ Cigars
Frequency ___ Everyday ___ Some Days ___ Unknown
 ___ Packs a day ___ Year Started ___ Year Quit

Alcohol Use

Amount ___ Current User ___ Former User ___ Never Used
 ___ Occasional social drink
 ___ 1-2 drinks per day
 ___ 3 or more drinks per day ___ Year Quit

Recreational Drug Use

Type ___ Marijuana ___ Heroin ___ Cocaine
 ___ Ecstasy ___ Amphetamines ___ Barbiturates
 ___ LSD ___ Opium ___ Other
 ___ Year Quit