

# Southwest General Surgery

## Social History

Circle One

Do you smoke?            Y            N

**If Yes:**

Cigarettes?            Y            N            How Many Packs per day? \_\_\_\_\_

Cigars?            Y            N            How Many Cigars per week? \_\_\_\_\_

Pipes?            Y            N            How Many Pipes per week? \_\_\_\_\_

For how many years? \_\_\_\_\_

**If No:**

Did you smoke previously?            Y            N

If Yes, when did you quit? \_\_\_\_\_

Do you use smokeless tobacco?            Y            N

Do you Drink Alcohol?            Y            N

If yes, how many drinks per day? \_\_\_\_\_

Do you use illicit Drugs?            Y            N

If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_