

Social History

Please fill in or circle the appropriate answer.

Diet and Exercise	
What type of diet are you following?	Regular / Heart / Diabetic / Specific: _____
What is your exercise level?	None / Mild / Moderate / Heavy / Occasional
How many days of moderate to strenuous exercise did you do in the last 7 days?	

Public Health and Travel		
Have you been to an area known to be high risk for COVID-19?	YES	NO
In the last 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?	YES	NO
In the last 14 days before symptom onset, have you had close contact with a person who is under investigation for COVID-19 while that case was ill?	YES	NO
Do you reside in or have you traveled to an area where Ebola virus transmission is active?	YES	NO
Have you processed blood or body fluids from Ebola virus disease patient without appropriate PPE?	YES	NO

Substance Use		
Do you or have you ever smoked tobacco?	YES	NO
If yes, how many years have you smoked tobacco?		
At what age did you start smoking tobacco?		
How much tobacco do you smoke?		
Do you or have you ever used any other forms of tobacco or nicotine?	YES	NO
What was the date of your most recent tobacco screening?		
What is your level of alcohol consumption?	None / Occasional / Moderate / Heavy	
Do you use any illicit or recreational drugs?	YES	NO
What is your level of caffeine consumption?	None / Occasional / Moderate / Heavy	

Lifestyle		
Do you feel stressed (tense, restless, nervous, or anxious or unable to sleep at night)?	Not at all / Rarely / Occasional / Often / Every Day	
Do you use your seat belt or car seat routinely?	YES	NO

Advanced Directive		
Do you have an advanced directive?	YES	NO