



Social History

Household 1:

Parent/Guardian _____ Relationship _____

Parent/Guardian _____ Relationship _____

Address: _____

Phone: _____

Custody: Joint Exclusive State/OCS

Anyone at the household that smokes/vapes/e-cigarette? YES NO

Any pets at the household? YES NO _____

Household 2:

Parent/Guardian _____ Relationship _____

Parent/Guardian _____ Relationship _____

Address: _____

Phone: _____

Custody: Joint Exclusive State/OCS

Anyone at the household that smokes/vapes/e-cigarette? YES NO

Any pets at the household? YES NO _____

Household 3:

Parent/Guardian _____ Relationship _____

Parent/Guardian _____ Relationship _____

Address: _____

Phone: _____

Custody: Joint Exclusive State/OCS

Anyone at the household that smokes/vapes/e-cigarette? YES NO

Any pets at the household? YES NO _____