

Davidsons Mains Medical Centre
Lifestyle Questionnaire - Adult

Introduction - In order to help us focus our activities in the practice, we would be grateful if you would complete this short questionnaire. If you have already completed one on a previous visit, please return this questionnaire to the receptionist.

Title: Mr/Mrs/Miss/Ms (other) Date

Name Date of Birth

Address Post Code

Tel No: Mobile: Marital Status

Email Address

Have you been registered at the Practice before? Yes No

Are you happy to be contacted via text message? Yes No

What is your preferred pharmacy to send your prescriptions to

Next of Kin – Name Tel No

Next of Kin – Address

Which Ethnic Grouping describes you best? (Please Circle below)

Refuse to say: (Tick here)

White	Black Caribbean	Black African	Black other	
Indian	Pakistani	Bangladeshi	Chinese	Other Ethnic

Do you smoke? Yes No Ex Cigarette Smoker Ex Electronic Cigarette Smoker

If yes, do you:

- 1 - 9 cigarettes per day
- 10 – 19 cigarettes per day
- 20 – 39 cigarettes per day
- More than 40 cigarettes per day
- Smoke a pipe
- Smoke cigars
- Smoke an electronic Cigarette

Alcohol

Please tick the statement, which most closely describes your usual average alcohol intake.
(1 unit is equal to - 1 small glass of wine, half pint of beer or a single measure of spirit)

- I never drink alcohol (Teetotal)
- I drink less than 1 unit per day
- I drink between 1 and 2 units per day
- I drink between 3 and 6 units per day
- I drink between 7 and 9 units per day
- I drink more than 9 units per day on average

