

Coös County Nursing Hospital  
West Stewartstown, NH

SOCIAL HISTORY QUESTIONNAIRE

Name: \_\_\_\_\_  Male  Female Admission Date: \_\_\_\_\_

EARLY LIFE

Birth Date: \_\_\_\_\_ Birth place: \_\_\_\_\_  
(city) (state) (country)

Mother's Maiden Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

History of moving, list towns and states: \_\_\_\_\_  
\_\_\_\_\_

Siblings: List in birth order if able and where they live, if in contact:

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

School Attended: \_\_\_\_\_ College: \_\_\_\_\_  
(grade level completed) (grade level completed)

Describe any early childhood experiences that were significant:

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

RELIGION

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

What role has religion played in the person's life? Have there been any changes?  
\_\_\_\_\_

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MARRIAGE & CHILDREN

1) Spouse's Name: \_\_\_\_\_ Year married: \_\_\_\_\_ Where: \_\_\_\_\_

2) Spouse's Name: \_\_\_\_\_ Year married: \_\_\_\_\_ Where: \_\_\_\_\_

Children (city & state): \_\_\_\_\_

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Are all children in contact? Please describe any unusual circumstances: \_\_\_\_\_

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If the spouse is deceased, when and how?

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How did person adjust to this loss?

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Comments on marriage/family/children:

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OCCUPATIONAL BACKGROUND

Primary occupation(s):

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Age when first employed: \_\_\_\_\_ Age of retirement: \_\_\_\_\_ Response to Retirement:

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Military Affiliation?

Comments: \_\_\_\_\_

Any helpful additional information:

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INTERST/HOBBIES

What kinds of interests/hobbies enjoyed:

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Involvement in any community clubs or organizations?

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Has there been a change in interest/hobbies, if so, how and why did it change?

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CIRCUMSTANCES LEADING TO PLACEMENT

Admitted from: \_\_\_\_\_ Prior living arrangement: \_\_\_\_\_

Please describe any agency or community services involvement?

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What circumstances lead to referral for living at Coös County Nursing Hospital?

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Please describe the individual's current temperament or personality, any changes noted, and helpful interventions:

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OTHER HELPFUL INFORMATION

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Information completed by: \_\_\_\_\_ Date: \_\_\_\_\_