In the **PAST 30 DAYS**: *(for each item, please fill in the number of days)*

- How many days did you spend in the emergency room or CPEP? ___
- How many days did you spend on a psychiatric hospital ward? ___
- How many days were you paid for working (employment)? ___
- How many days did you go on eating binges during which you ate so much that you felt uncomfortably full? ___
- How many days did you force yourself to vomit, exercise excessively, use laxatives, or go on strict diets? ___
- How many days did you try to harm yourself by cutting, overdose, puncturing, burning, or smothering? ___
- How many days did you physically harm or threaten to harm another person? ___
- How many days did you have 5 or more drinks containing alcohol (wine, beer, liquor, etc.)? ___
- How many days did you use an illegal drug or use a prescription medication for nonmedical reasons? ___
References
