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) or were attending school? __
- 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? *(Please include marijuana and prescribed THC)* __
References
