

**Upstate Behavior Inventory-9C** © Robert Gregory 3.4.20

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

Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R: Primary care validation of a single-question alcohol screening test. *J Gen Intern Med* 2009; 24(7):783-788. (Results indicate 81.8% sensitivity, 79.3% specificity for alcohol use disorder).

Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R: A single-question screening test for drug use in primary care. *Arch Int Med* 2010; 170(13):1155-1160. (Results indicate 100% sensitivity, 73.5% specificity for drug use disorder).