

- 2.4 Exercising: No ___ Yes ___ If yes, specify:
- frequency: _____ hours/day or _____ hours/week
 - Common forms of exercise: _____

2.5 Other behaviours	No	Yes	Unknown
2.5.1 Fasting	___	___	___
2.5.2 Food avoidance	___	___	___
2.5.3 Fear of weight gain/becoming fat	___	___	___
2.5.4 Preoccupation with food/food intake	___	___	___
2.5.5 Preoccupation with body weight	___	___	___
2.5.6 Perception that body shape/size is larger than it is	___	___	___
2.5.7 Denial of severity of illness	___	___	___
2.5.8 Somatic complaints (e.g., headache)	___	___	___
2.5.9 Others, please describe: _____			

2.6 Duration of bulimic symptoms before presentation: ___ weeks ___ months

2.7 Physical signs

- 2.7.1 Current weight: ___ kg Current height: ___ cm
- If weight has changed in last six months, please specify:
- Weight loss ___ amount: _____ kg, weight gain ___ amount: _____ kg
 - Maximum weight ever recorded: _____ kg date recorded : ___ / ___ / ___
DD MM YYYY

If height has changed in last six months, please specify the amount increased: ___ cm

2.7.2 Pubertal status: Sexual Maturity Rating (SMR), also known as Tanner staging

- Breast development: SMR 1 ___ SMR 2 ___ SMR 3 ___ SMR 4 ___ SMR 5 ___ N/A ___
- Pubic hair: SMR 1 ___ SMR 2 ___ SMR 3 ___ SMR 4 ___ SMR 5 ___

2.7.3 Medical consequences – check all that apply	No	Yes	Unknown
• Bradycardia (< 50 beats/min)	___	___	___
• Tachycardia (> 100 beats/min)	___	___	___
• Other arrhythmias	___	___	___
• Hypotension (systolic BP < 80)	___	___	___
• Hypokalemia	___	___	___
• Other electrolyte abnormalities	___	___	___
If yes, specify: _____			
• Dehydration	___	___	___
• Muscle weakness	___	___	___
• Callous on dorsum of hands (Russell’s sign)	___	___	___
• Dizziness	___	___	___
• Syncope	___	___	___
• Decreased gastrointestinal mobility	___	___	___
• Gastro-esophageal reflux	___	___	___
• Gastric dilatation	___	___	___
• Esophageal irritation/bleeding	___	___	___
• Blood in vomitus	___	___	___

SECTION 3 – SOCIAL HISTORY

3.1	Was there any changes in social relationship (e.g.: peers, family)? No ___ Yes ___ Unknown ___ If yes, specify: _____			
3.2	Relevant history – check all that apply	No	Yes	Unknown
3.2.1	Abuse If yes, specify: sexual ___ physical ___ emotional ___	___	___	___
3.2.2	Victim of bullying	___	___	___
3.2.3	Self-harm behaviour	___	___	___
3.2.4	Suicidal behaviour	___	___	___
3.2.5	Impulsive/risk-taking behaviour	___	___	___
3.2.6	Running away	___	___	___
3.2.7	Truancy	___	___	___
3.2.8	Sexual activity	___	___	___
3.2.9	Multiple sexual partners	___	___	___
3.2.10	Cigarette use If yes, how many per day: <5 ___ 5-10 ___ >10 ___	___	___	___
3.2.11	Alcohol use If yes, how much? _____ and frequency? _____	___	___	___
3.2.12	Street drug use If yes, how much? _____ and frequency? _____	___	___	___

SECTION 4 – PSYCHIATRIC ILLNESS

4.1	Current history	No	Yes	Unknown
4.1.1	Depression	___	___	___
4.1.2	Anxiety disorder	___	___	___
4.1.3	Obsessive-compulsive disorder	___	___	___
4.1.4	Others, please specify: _____			
4.2	Past history	No	Yes	Unknown
4.2.1	Depression	___	___	___
4.2.2	Anxiety disorder	___	___	___
4.2.3	Obsessive-compulsive disorder	___	___	___
4.2.4	Anorexia nervosa	___	___	___
4.2.5	Alcohol / substance use/abuse	___	___	___
4.2.6	Others, please specify: _____			
4.3	Family history	No	Yes	Unknown
4.3.1	Depression	___	___	___
4.3.2	Anxiety disorder	___	___	___
4.3.3	Obsessive-compulsive disorder	___	___	___
4.3.4	Anorexia nervosa	___	___	___
4.3.5	Bulimia nervosa	___	___	___
4.3.6	Alcohol / substance use/abuse	___	___	___
4.3.7	Attempted suicide	___	___	___
4.3.8	Completed suicide	___	___	___
4.3.9	Others, please specify: _____			

