

CLIENT MONITORING SYSTEM (CMS)

Computer ID

Year			Month		Sl.No.		

Note: Tick (✓) Correct box for multiple-choice questions

Treatment Center: _____ G.O. N.G.O. Private

01. Registration No. _____ 02. Date of Registration: _____

Day		Month		Year			

03. New Old 03a. If Old, Here Elsewhere and how many times: _____

04. Name: _____ 05. Age: _____ Years 06. Sex: Male Female

07. Marital Status: [Any one].

Unmarried Married Separated Widowed Divorced Others

08. Address of residence: _____

Village/House No. _____ Road/Post Office _____ District/City _____

09. Father alive? Yes No If alive, Occupation: _____

10. Mother alive? Yes NO If alive, Occupation: _____

11. Educational Status: Schooling? Yes None If yes, specify years: _____ years

12. Employment Status : [Any one].

Unemployed Business Service (Private/Public) Labourer
 Driver Student Agriculture Others(Specify) _____

13. Monthly Income:Self Tk. _____ Family Tk._____ 14. No.of people in House hold: _____

15. Status of Smoking: Yes No 16. Name of Primary Drug of abuse: _____

17. Age of initiation: _____ Years. 18. Total Period of Drug abuse: _____ Years _____ Months.

19 Usual method of taking Primary Drug (Route of Administration) [Any one]

Smoking/chasing Oral Injections Sniffing Other (Specify)_____

20. Frequency of abuse Primary Drug [Any one] :

Daily _____times More than once a week _____times More than once a month _____times

21. Name of Other(s) drugs of abuse: _____

22. Pattern of abuse Other(s) drugs [Any one]: Occasional Regular

23. Sources of drug Acquisition [one or more].

Street sale Diversion of prescription drugs Others (specify)_____

24. Average Expenditure for drug abuse: Daily Tk _____ Monthly Tk._____

25. Primary Reason for Drug Abuse [one or more]

Curiosity Influence of friends & companions
 Desire to get easy pleasure Psychological disorder
 Adverse atmosphere in the family Drug Abuse within the family
 Easy access to drugs Unemployment
 Frustration Lack of drug awareness
 Iatrogenic Others (Specify) _____

26. Family History: Yes No. 27. Source of Motivation for treatment: _____

28. Reasons for seeking treatment: _____

29. Treatment [Any one]: Advised in patient treatment Advised out patient treatment

30. If advised in-patient admission [Any one]: paying Non paying

31. (1) H/O Past illness: Physical: _____ Psychological: _____

(2) H/O Exposure: Yes No If Yes, Age of that time: _____ Years

(3) H/O Accident: Yes No (4) Forensic History: Yes No

Name of Interviewer: _____

Designation: _____

Signature of Interviewer _____