

**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