## DRUG ABUSE MONITORING SYSTEM - Proforma

### NAME OF THE CENTER

### A. General

1. Date of Registration/Admission

2. File/Registration No.

### B. Socio-demographics (Enter appropriate code given under each item)

3. Age (Actual Years)


5. Marital Status
   1. Never married
   2. Married
   3. Divorced/Seprated

6. Education
   1. Illiterate
   2. Literate (read & write)
   3. Primary (upto 5th)
   4. Middle (upto 8th)

7. Employment status
   1. never employed
   2. Presently unemployed
   3. Full Time employed
   4. Part time employed

8. Current living arrangement
   1. Joint family
   2. Nuclear family
   3. Alone

### C. Substance of abuse (Enquiry for all substances listed below) (Enter code as : 1. Yes 2. No. 9. NA for the following items)

<table>
<thead>
<tr>
<th>Substance of abuse</th>
<th>Current use</th>
<th>Ever use</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Alcohol</td>
<td></td>
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<tr>
<td>9.2 Heroin (Smack, Brown Sugar, No. 4 etc.)</td>
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<tr>
<td>9.3 Opium (Opium, Doda etc.)</td>
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<tr>
<td>9.4 Other opioids (Morphin, Proxyvon, Parvon forte, Parvon Plus Parvon, Parvon-N, Spasmoproxyvon, Parvodore, Forwin etc.)</td>
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<tr>
<td>9.5 Cannabinoids (Ganja, Charas etc.)</td>
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<tr>
<td>9.6 Sedatives/hypnotics e.g valium, Nitravet, Tablet No. 10 etc.)</td>
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<tr>
<td>9.7 Cocaine</td>
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<td>9.8 Other stimulates including Amphetamine</td>
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<tr>
<td>9.9 Hallucinogens (I.S.D, P.C.P etc.)</td>
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<tr>
<td>9.10 Volatile solvents</td>
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<td>9.11 Tobacco</td>
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<tr>
<td>9.12 Any other (Specify)</td>
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</tbody>
</table>

- 10. (a) Injecting drug use
  - (i) Ever used
  - (ii) Current use

- (b) Route of administration (1. I.V. 2. M. 3.S.C.)

- © Sharing of Syringe/Needle/Injection.

- Paraphemalia

- 11. Name of the injectable compound (s), if known, Mention

- 12. Ever had any of the following symptoms suggesting STI
  - (a) Genital ulcer growth
  - (b) Urethral discharge
  - (c) Vaginal discharge
  - (d) Burning urination
  - (e) Itching around genital organs
  - (f) Rectal pain, discharge

- 13. Ever had Jaundince (Enquire symptoms suggestive of Hepatitis)

- 14. Ever had sex with sex workers

- 15. Ever had HIV Screening

- Result, if available 1. Positive 2. Negative

- 16. Concurrent Psychiatric Illness

- Mention, if any

- 17. Concurrent Medical Illness

- Mention, if any (Physical illness).................

- 18. Previous treatment for drug Abuse, if any

- 19. Ever hospitalized for treatment of drug abuse