

# Client Service Receipt Inventory Form



GENOE-F04

Trial ID:

Patient Name: \_\_\_\_\_

Date Completed:

## CSRI PART B

<b>7</b>	In the last 3 months, have you had any X-rays, Blood Tests, ECG, ultrasound, scans or any other tests?			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No	
7.1	If yes, please specify the tests	If yes, description of test	Who from?	Cost of test (include travel)	NOTE_1: For government tests, note the actual tests from case notes; for private tests you may take total costs of all tests in case there are no detailed receipts or prescription.  NOTE_2: if tests are repeated, list each separately.  <b>WHERE AVAILABLE, AND WITH THE PATIENT'S PERMISSION, TAKE A PHOTO OF THE PRESCRIPTION DESCRIBING THE TESTS</b>
			1= Govt.Lab 2= Pvt.Lab 3= Other (specify)	Rs.	
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			1= Govt.Lab 2= Pvt.Lab 3= Other (specify)	Rs.	
		<b>TOTAL</b>	1= Govt.Lab 2= Pvt.Lab 3= Other (specify)	Rs.	

<b>8</b>	In the last 3 months, have you taken tablets, medicines or injections?					<input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No	
8.1	If yes, Name/Description of drug	1 Paid 0 Free	<u>Type:</u> 1 Tablet 2 Syrup 3 Injections 4 Ointment 5 Spray 6 Drops 7 Powder 8 Others (specify)	Quan bought/given e.g. 1 Bo 1 strip of 10 tablets <b>(last 3 months)</b>	Dosage (i.e., strength of medica in <b>mg/ml</b> , etc.)	Consump past 3 months Per day e.g. tablets/teaspoons No. of Days	Cost of Drugs (if available: total cost of last 3 months)
	<b>TOTAL</b>						

**INTERVIEWER NOTE:** The aim of this table is to list all medicines and the duration taken so that the amount of rupees can be calculated; however, if the subject is unaware of these details, the total amount of money spent in the past **3 months** can also be entered in the Total Box. A subject may only know how much is spent each week; in this case, multiply the weekly cost by **12** to get the 3 - month total)

**WHERE AVAILABLE, AND WITH THE PATIENT'S PERMISSION, TAKE A PHOTO OF THE PRESCRIPTION DESCRIBING THE MEDICINES.**