

## Appendix 23. Treatment card for patients on first-line anti-TB therapy

Registration number: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_ Sex: M  F

Treatment centre: \_\_\_\_\_ Date: \_\_\_\_\_

**Bacteriologically confirmed TB case?** Yes  No

**Sub-group of bacteriological status:**

**Smear:** Positive  Negative  Not done

**Culture:** Positive  Negative  Not done

**Molecular test:** Positive  Negative  Not done

**Disease site**

Pulmonary  Extrapulmonary  Site (*specify*): \_\_\_\_\_

**Registration group (patient group)**

New  Failure  Relapse  Treatment after interruption

Other  (*describe*): \_\_\_\_\_

**Transfer in**

Yes  No  If yes, specify transfer in site: \_\_\_\_\_

**DST performed**

Yes  No  If yes, specify date, type of test and DST results: \_\_\_\_\_

\_\_\_\_\_

Month	Date/lab N°	Smear result	Weight (kg)
0			
2-3			
4-5			
6-8			

**HIV information**

HIV testing done: Yes  No  Unknown

Date of test:

Result: Positive  Negative  Unknown

Started on ART: Yes  No

Date:

Started on CPT: Yes  No

Date:

**1. Intensive phase**

Prescribed regimen and daily number of tablets:

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Date Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**2. Continuation phase**

Prescribed regimen and daily number of tablets:

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Date Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Remarks:

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