

Supplementary File 4: TB Treatment Card

TB 01: Tuberculosis Treatment Card

Name: _____ Registration TB No.: _____
 Physical Address: _____ Date of Registration: _____
 _____ Health Facility: _____
 Sex: (M / F) _____ Age: _____ Contact Number: _____ Pregnant / Non Pregnant: _____
 Name of Treatment Supporter: _____ FP Method: _____
 Contact No.: _____ Height: _____

Anthropometrics (Monthly)					Baseline Xpert Ultra		Sputum Smear Microscopy				Culture		
	Baseline	Month 2	Month 5	End of Treatment	Result	Date/Lab No.	Month	Date	Result	Lab No.	Date	Result	Lab No.
Weight							0						
BMI							2						
MUAC							5						
BP	/ /	/ /	/ /	/ /			End						
RBS													
Alt													
HB													
Creatinine													

DST		X-RAY	
Date:		Date:	
R		Results	
H			
E			
S			

Disease Classification	
Pulmonary <input type="checkbox"/>	Extrapulmonary <input type="checkbox"/>
Specify:	
Patient Registration Group	
New	<input type="checkbox"/>
Relapse	<input type="checkbox"/>
Previously Treated	<input type="checkbox"/>
Previously Treated History unknown	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>

Nutritional Support/Food by Prescription Start Date:	
Nutritional Support/Food by Prescription End Date:	

HIV Testing and Counselling				HIV Care	
Date of Test	Result	Post-Test Counselling Date	CPT/Daps one	Date Started	
			CD4	Date/at initiation	
			VL	Date/Most Recent	
			ART	Y/N/Unk	
				Date Started ART	
				ART Number	
				ART Regimen/Doses	

Initial Phase: 1. Fill in prescribed regimen and dosage 2. Indicate number of tablets per dose and dosages in milligrams (mg)	Description of Drugs: R: Rifampicin H: Isoniazid Z: Pyrazinamide E: Ethambutol Other
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ADULT <input type="checkbox"/>	CHILD <input type="checkbox"/>	OTHER: <input type="text"/>
4FDC (HRZE) <input type="checkbox"/>	HRZ <input type="checkbox"/> E <input type="checkbox"/>	

ADMINISTRATION OF DRUGS: Use one row per month. Mark in the boxes copying from the treatment supporter card: √ = directly observed card; - = Not supervised; 0 = Not taken

Day	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	Drugs given to supporter, date
M																																

