INTENSIVE PHASE :

Indicate number of tablets per dose

New Case AFB+	New Case AFB-/EP	Retreatment		Children	
RHZE	RHZE	S	RHZE	RHZ	E

Laboratory Results				
Month	Smear		Lab. No.	Body Weight
	Date	Result		
0				
1				
2				
3				
5				
7/8				

RHZE: Rifampicin, Isoniazid, Pyrazinamide, Ethambutol (4FDC)

S: Streptomycin

RHZ: Rifampicin, Isoniazid, Pyrazinamide

For patients on health-facility DOT, write the number of dose on the date of DOT. For patients on home-based DOT, draw a horizontal line to indicate the number of days of supply given to supporter, and then write number of dose on return date.

Month	Year	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
OCT	2014															1							8							15		
NOV	2014					22							29							36							43					X
DEC	2014			50																												

CONTINUATION PHASE Indicate number of tablets per dose

New case: RH _____ (4 Months)

Retreatment: RHE _____ (5 Months, daily)

Children: RH _____ (4 Months)

For patients on health-facility DOT, write the number of dose on the date of DOT. For patients at home-based DOT draw a horizontal line to indicate the number of days of supply given to support and then write number of doses on return date.

Month	Year	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

Treatment outcome date: _____/_____/_____