



Culture/Sensitivity results		
Drug	Result	Date
Rifampicin (R)		
Isoniazid (H)		
Pyrazinamide (Z)		
Ethambutol (E)		

Patient HIV Status		
Test Result	Tick	Date
Positive (Pos)		
Negative (Neg)		
Declined (D)		
Not done (ND)		

Prophylaxis for Opportunistic Infections		
	Tick	Date start
Cotrimoxazole		
Others indicate:		

Viral Load/CD4 Count (if done)		
Date	Results	
	Viral Load	CD4

Partner HIV Status		
Test Result	Tick	Date
Positive (Pos)		
Negative (Neg)		
Declined (D)		
Not done/Unknown		
No partner (NP)		

ART Regimen		
1 <sup>st</sup> and 2 <sup>nd</sup> line ART	Tick	Date started ART
ABC + 3TC + LPV/r		
AZT + 3TC + LPV/r		
ABC + 3TC + NVP		
ABC + 3TC + RAL		
AZT + 3TC + NVP		
AZT + 3TC + RAL		
ABC + 3TC + LPV/r		
ABC + 3TC + EFV		
ABC + 3TC + RAL		
TDF + 3TC + EFV		
TDF + 3TC + RAL		
TDF + 3TC + NVP		
AZT + 3TC + ATV/r		
TDF + 3TC + ATV/r		
ABC + 3TC + ATV/r		
Third line ART (Please specify)		

Patient referred by		
Unit	Tick	Date
HTC		
OPD		
Comprehensive care unit		
Diabetes		
Private Sector		
Antenatal/PMTCT clinic		
Self-referral		
Contact Invitation		
Chemist/Pharmacist		
Community Health Worker		

ADR	Date	Comments
Rash		
Hepatitis		
Peripheral neuropathy		
Others (specify)		

Co-morbidity/Risk factor	Tick as appropriate
COVID-19	
Diabetes	
Hypertension	
Smoking	
Lung Cancer (If other cancer, Specify)	
Alcoholism	
Asthma	
Liver & Renal Disease(s)	
COPD	
Drug & Substance Abuse	
Others (Specify)	

Patient referred to		
Unit	Tick	Date
HTC		
Comprehensive care unit		
Community/Home Based Care		
Diabetes Clinic		
Antenatal/PMTCT clinic		
Nutrition Clinic		
Private Sector		
Not Referred		

Nutrition	Tick
Therapeutic feeds (RUTF)	
Supplementary (FBF)	
Nutritional Counseling (NC)	
Pyridoxine	
Vitamin A	
Not Done (ND)	

Treatment Outcome		
Outcome	Tick	Date
Cured (C)		
Treatment completed (TC)		
Treatment failure (F)		
Death (D)		
Lost to follow-up (LTFU)		
Not evaluated (NE)		
Moved to category 4 (MT4)		



Visit 6	(Y/N)	----- ----- ----- ----- ----- -----
Visit 7	(Y/N)	----- ----- ----- ----- ----- -----
Visit 8	(Y/N)	----- ----- ----- ----- ----- -----

Intensive phase of treatment - Tick and/or write date of daily intake as observed by health worker or treatment supporter													
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	32	33	34	35	36	37	38	39	40	41	42
43	44	45	46	47	48	49	50	51	52	53	54	55	56
57	58	59	60	61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80	81	82	83	84

Continuation phase of treatment											
Month of treatment	3	4	5	6	7	8	9	10	11	12	
Date of drug collection											